

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00065750	<b>2</b> Total pages filed:  51				
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Julia A.	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 01/18/2022			
	NICKNAME	LAST Maldonado	SUFFIX				
<b>4</b> 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			
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Dennis M.	MI				
	NICKNAME	LAST Slate	SUFFIX				
<b>6</b> 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						
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	(281) 476-9447			
<b>8</b> 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)						
<b>9</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
		07/01/2021			12/31/2021		
<b>10</b> ELECTION	ELECTION DATE Month Day Year 03/01/2022		ELECTION TYPE				
			<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other		
		<input type="checkbox"/> General	<input type="checkbox"/> Special				
<b>11</b> OFFICE	OFFICE HELD (if any) District Judge District 507 Harris			<b>12</b> OFFICE SOUGHT (if known) Supreme Court Justice Place 9			

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 51

**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.

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

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	43,696.19
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	17,530.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	104,075.21
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

<b>18 FILER NAME</b> Maldonado, Julia A. (The Honorable)		<b>19 Filer ID</b> 00065750	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b>			<b>SUBTOTAL AMOUNT</b>
	<b>NAME OF SCHEDULE</b>		
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	43,696.19
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	\$	17,071.54
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	\$	458.68
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/9 Rpt: 4/51
<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 10/28/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alford, Matthew B. (Mr.)	<b>7</b> Amount of Contribution (\$) \$1,500.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77098	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney At Law
<b>10</b> Contributor's employer/law firm Law Office of Matthew B. Alford		<b>11</b> Law firm of contributor's spouse (if any) None
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez Staufer Bremer PLLC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Houston, TX 77002	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Archer, Dawn (Ms.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Houston, TX 77041	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney At Law
Contributor's employer/law firm Bobby Newman 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/9 Rpt: 5/51
<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 11/06/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azios, Aaron (Mr.)	<b>7</b> Amount of Contribution (\$)  \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77008	
<b>8</b> Contributor's Principal Occupation Clerk		<b>9</b> Contributor's Job Title Court Clerk
<b>10</b> Contributor's employer/law firm Justice of the Peace, Pct. 5, Pl. 1		<b>11</b> Law firm of contributor's spouse (if any) None
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby K. Newman, P.C.	Amount of Contribution (\$)  \$3,500.00
	Contributor address; City; State; Zip Code  Houston, TX 77098	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coronado, Naria (Ms.)	Amount of Contribution (\$)  \$300.00
	Contributor address; City; State; Zip Code  Houston, TX 77057	
Contributor's Principal Occupation Entrepreneur		Contributor's Job Title Owner
Contributor's employer/law firm Houston Pain & Injury Chiropractic		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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/9 Rpt: 6/51
<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 10/28/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daughtry, Allan (Mr.)	<b>7</b> Amount of Contribution (\$) \$2,500.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney At Law
<b>10</b> Contributor's employer/law firm Law Office Of Alan Daughtry		<b>11</b> Law firm of contributor's spouse (if any) None
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, James (Mr.)	Amount of Contribution (\$) \$26.25
	Contributor address; City; State; Zip Code  Spring, TX 77373	
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)		
Date 08/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana, Branson (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Roanoke, TX 76262	
Contributor's Principal Occupation Project Manager		Contributor's Job Title PMO Operation Lead
Contributor's employer/law firm HollyFrontier Corporation		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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/9 Rpt: 7/51
<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 09/26/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dror, Gabriella (Ms.)	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77006		
<b>8</b> Contributor's Principal Occupation Entrepreneur		<b>9</b> Contributor's Job Title Owner/Designer
<b>10</b> Contributor's employer/law firm Gabriela Dror LLC		<b>11</b> Law firm of contributor's spouse (if any) None
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gabel, Catherine (Ms.)	Amount of Contribution (\$)  \$2,500.00
Contributor address; City; State; Zip Code  Sugar Land, TX 77478		
Contributor's Principal Occupation Nurse		Contributor's Job Title Registered Nurse
Contributor's employer/law firm NAPA Anesthesia		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 10/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) John E. Van Ness, PC	Amount of Contribution (\$)  \$2,500.00
Contributor address; City; State; Zip Code  Houston, TX 77098		
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/9 Rpt: 8/51
<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 10/28/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karges, Curtis <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77008	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>8</b> Contributor's Principal Occupation Banker		<b>9</b> Contributor's Job Title Investment banker
<b>10</b> Contributor's employer/law firm Self-employed		<b>11</b> Law firm of contributor's spouse (if any) none
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowenberg Law Firm, PLLC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  \$5,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDonald Worley, PC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 6/9 Rpt: 9/51
<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 12/13/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Noe (Mr.)	<b>7</b> Amount of Contribution (\$)  \$257.94
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77007		
<b>8</b> Contributor's Principal Occupation Mediator		<b>9</b> Contributor's Job Title Mediator
<b>10</b> Contributor's employer/law firm Moreno Mediation, P.C.		<b>11</b> Law firm of contributor's spouse (if any) None
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, F. Garnder (Mr.)	Amount of Contribution (\$)  \$2,000.00
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)		
Date 08/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts Markland LLP	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code  Houston, TX 77004		
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

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 7/9 Rpt: 10/51
2 FILER NAME Maldonado, Julia A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065750
4 Date 09/23/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose Sanders Law Firm PLLC	7 Amount of Contribution (\$) \$3,500.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77046	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwarz, Trey (Mr.)	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Houston, TX 77043	
Contributor's Principal Occupation President		Contributor's Job Title CEO
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)		
Date 10/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheives, David (Mr.)	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  Houston, TX 77005	
Contributor's Principal Occupation accountant		Contributor's Job Title accountant
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 8/9 Rpt: 11/51
<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 10/28/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Slate & Associates Attorneys At Law <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dear Park, TX 77536	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sukaly, Cooper <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098	Amount of Contribution (\$)  \$77.00
Contributor's Principal Occupation Energy/Oil and Gas		Contributor's Job Title Scheduler
Contributor's employer/law firm Musket Corporation		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 09/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) The Gonzalez Law Group, P.L.L.C. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77087	Amount of Contribution (\$)  \$1,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 9/9 Rpt: 12/51
<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 10/28/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) The Law Office of Robert S. Hoffman, P.L.L.C <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77019	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Womack, Gerald <hr/> Contributor address; City; State; Zip Code  Houston, TX 77004	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Realtor		Contributor's Job Title Owner
Contributor's employer/law firm Womack Real Estate		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.

<b>1</b>	Total pages Schedule F1: Sch: 1/34 Rpt: 13/51	<b>2</b>	FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00065750	
<b>4</b>	Date 08/21/2021	<b>5</b>	Payee name 290 Express-Chevron			
<b>6</b>	Amount (\$) \$49.45	<b>7</b>	Payee address; City; State; Zip Code 12305 Eintrage Dr  Manor, TX 78653			
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel to Austin for signatures			
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 12/20/2021		Payee name 501 Plat Parking			
	Amount (\$) \$12.00		Payee address; City; State; Zip Code 611 Clay  Houston, TX 77002			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</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 staff's x-mas lunch			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 12/22/2021		Payee name Allied Printing Service			
	Amount (\$) \$418.16		Payee address; City; State; Zip Code 4507 Enchantedgate Dr.  Sping, TX 77373			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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			
		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.

<b>1</b>	Total pages Schedule F1: Sch: 2/34 Rpt: 14/51	<b>2</b>	FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00065750
<b>4</b>	Date 10/26/2021	<b>5</b>	Payee name Anything Wireless		
<b>6</b>	Amount (\$) \$485.32	<b>7</b>	Payee address; City; State; Zip Code 5020 Louetta Rd., Ste. 180  Spring, TX 77379		
<b>8</b>	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TV services for courthouse/staff		
<b>9</b>		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/19/2021		Payee name Avenida South Garage		
	Amount (\$) \$25.00		Payee address; City; State; Zip Code 1600 Lamar St  Houston, TX 77010		
	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</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 at political event-collect signatures		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/05/2021		Payee name Avis		
	Amount (\$) \$322.89		Payee address; City; State; Zip Code 1010 Webster Street  Houston, TX 77002		
	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Car Rental-travel across Texas for signatures		
		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.

<b>1</b>	Total pages Schedule F1: Sch: 3/34 Rpt: 15/51	<b>2</b>	FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00065750
<b>4</b>	Date 11/18/2021	<b>5</b>	Payee name Avis		
<b>6</b>	Amount (\$) \$7.70	<b>7</b>	Payee address; City; State; Zip Code 1010 Webster Street  Houston, TX 77002		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls on rental vehicle		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/22/2021		Payee name Avis		
	Amount (\$) \$13.17		Payee address; City; State; Zip Code 1010 Webster Street  Houston, TX 77002		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls on rental vehicle		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/29/2021		Payee name Avis		
	Amount (\$) \$1.06		Payee address; City; State; Zip Code 1010 Webster Street  Houston, TX 77002		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense toll fees on rental vehicle		
		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.

<b>1</b> Total pages Schedule F1: Sch: 4/34 Rpt: 16/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 07/15/2021	<b>5</b> Payee name BBVA	
<b>6</b> Amount (\$) \$5.00	<b>7</b> Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A  Houston, TX 77011	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense June-paper statement fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/16/2021	Payee name BBVA	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A  Houston, TX 77011	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense July image statement fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/15/2021	Payee name BBVA	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A  Houston, TX 77011	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense August 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.

<b>1</b> Total pages Schedule F1: Sch: 5/34 Rpt: 17/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 08/08/2021	<b>5</b> Payee name Bellaire Braeswood Democrats	
<b>6</b> Amount (\$) \$25.00	<b>7</b> Payee address; City; State; Zip Code 5116 Huisache St.  Bellaire, TX 77401-4930	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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 thru 5/31/2022
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2021	Payee name Benihana Houston I	
Amount (\$) \$270.18	Payee address; City; State; Zip Code 1318 Louisiana St.  Houston, TX 77002	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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's X-mas celebration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2021	Payee name Bexar County Tejano Democrats	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 574 Kendalia  San Antonio, TX 78221	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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 Tejano State Tejano Democrats
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.

<b>1</b> Total pages Schedule F1: Sch: 6/34 Rpt: 18/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 10/30/2021	<b>5</b> Payee name Bexar County Tejano Democrats	
<b>6</b> Amount (\$) \$35.00	<b>7</b> Payee address; City; State; Zip Code 574 Kendalia  San Antonio, TX 78221	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense convention fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2021	Payee name Blackburn Photography	
Amount (\$) \$535.84	Payee address; City; State; Zip Code 12515 Mossycup Drive  Houston, TX 77024	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Portrait Session for TX Supreme Court
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2021	Payee name Budget Car Rental	
Amount (\$) \$196.66	Payee address; City; State; Zip Code 10967 Northwest Freeway  Houston, TX 77092	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense car rental - travel to obtain signatures throughout texas
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.

<b>1</b> Total pages Schedule F1: Sch: 7/34 Rpt: 19/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 08/04/2021	<b>5</b> Payee name Burta Rhoads Raborn Inn of Court	
<b>6</b> Amount (\$) \$669.00	<b>7</b> Payee address; City; State; Zip Code C/O Ronique Bastine 4800 Sugar Grove Blvd., Ste. 400 Houston, TX 77477	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2021	Payee name Cadillac Bar Restaurant	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 1802 Shepherd Dr.  Houston, TX 77007	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meeting on campaign related issued
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2021	Payee name China Garden Restaurant	
Amount (\$) \$35.93	Payee address; City; State; Zip Code 1602 Leeland St.  Houston, TX 77003	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meeting with Assoc. Judge
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.

<b>1</b> Total pages Schedule F1: Sch: 8/34 Rpt: 20/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 11/11/2021	<b>5</b> Payee name China Garden Restaurant	
<b>6</b> Amount (\$) \$116.71	<b>7</b> Payee address; City; State; Zip Code 1602 Leeland St.  Houston, TX 77003	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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/farewell to employee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2021	Payee name Circle K - # 2740	
Amount (\$) \$35.43	Payee address; City; State; Zip Code 911 Studewood St.  Houston, TX 77008	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel-travel to Abilene
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2021	Payee name Circle K - #2742	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1816 Sheperd Dr.  Houston, TX 77007	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel-travel to San Antonio State Tejano Democrat convention
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.

<b>1</b> Total pages Schedule F1: Sch: 9/34 Rpt: 21/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 08/28/2021	<b>5</b> Payee name Dallas Marriott Downtown	
<b>6</b> Amount (\$) \$209.00	<b>7</b> Payee address; City; State; Zip Code 650 North Pearl St.  Dallas, TX 75201	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lodging while in the Dallas/Ft. Worth area for signatures
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2021	Payee name Dallas Marriott Downtown	
Amount (\$) \$26.90	Payee address; City; State; Zip Code 650 North Pearl St.  Dallas, TX 75201	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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/signatures/Dallas-Ft. Worth area
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2021	Payee name East End Alliance	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 6724 Sylvan Rd.  Houston, TX 77023	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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

# 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.

<b>1</b> Total pages Schedule F1: Sch: 10/34 Rpt: 22/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 10/31/2021	<b>5</b> Payee name Estancia Del Norte-Tapestry Collection by Hilton	
<b>6</b> Amount (\$) \$218.00	<b>7</b> Payee address; City; State; Zip Code 37 NEW Loop 410  San Antonio, TX 78216	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging for Tejano Democrat convention
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2021	Payee name Garrison, Tanya	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 201 Caroline, 11th Fl  Houston, TX 77002	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 Clay Boman's retirement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2021	Payee name GoDaddy.com, LLC	
Amount (\$) \$177.70	Payee address; City; State; Zip Code 14455 N. Hayden Rd., Suite 219  Scottsdale, AZ 85260	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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 address expense
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.

<b>1</b> Total pages Schedule F1: Sch: 11/34 Rpt: 23/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 07/30/2021	<b>5</b> Payee name GoDaddy.com, LLC	
<b>6</b> Amount (\$) \$62.32	<b>7</b> Payee address; City; State; Zip Code 14455 N. Hayden Rd., Suite 219  Scottsdale, AZ 85260	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email address expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/06/2021	Payee name GoDaddy.com, LLC	
Amount (\$) \$89.42	Payee address; City; State; Zip Code 14455 N. Hayden Rd., Suite 219  Scottsdale, AZ 85260	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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 costing website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2021	Payee name GoDaddy.com, LLC	
Amount (\$) \$94.99	Payee address; City; State; Zip Code 14455 N. Hayden Rd., Suite 219  Scottsdale, AZ 85260	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Standard SSL package
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.

<b>1</b> Total pages Schedule F1: Sch: 12/34 Rpt: 24/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 09/25/2021	<b>5</b> Payee name Hampton Inn & Suites El Paso/East	
<b>6</b> Amount (\$) \$160.00	<b>7</b> Payee address; City; State; Zip Code 12055 Gateway West Blvd.  El Paso, TX 79936	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lodging for overnight stay in El Paso
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2021	Payee name Hampton Inn - Vernon	
Amount (\$) \$124.00	Payee address; City; State; Zip Code 4131 Western Trail  Vernon, TX 76384	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging for overnight stay in Vernon TX for signatures
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2021	Payee name Hampton Inn Longview	
Amount (\$) \$132.00	Payee address; City; State; Zip Code 160 Lucy Dr.  Longview, TX 75602	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging - overnight stay for signatures
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.

<b>1</b> Total pages Schedule F1: Sch: 13/34 Rpt: 25/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 09/01/2021	<b>5</b> Payee name Harris County Democratic Lawyer's Association	
<b>6</b> Amount (\$) \$75.00	<b>7</b> Payee address; City; State; Zip Code 1302 Waugh Dr.  Houston, TX 77019	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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/membership
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2021	Payee name Harris County Democratic Party	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 4619 Lyons Ave.  Houston, TX 77020	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fundraiser at Chapman & Kirby
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2021	Payee name Holiday Inn	
Amount (\$) \$229.00	Payee address; City; State; Zip Code 3525 West Lake Rd.  Abilene, TX 79601	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging for overnight in Abilene for signatures
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.

<b>1</b> Total pages Schedule F1: Sch: 14/34 Rpt: 26/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 11/26/2021	<b>5</b> Payee name Home Depot	
<b>6</b> Amount (\$) \$46.52	<b>7</b> Payee address; City; State; Zip Code 999 West North Loop  Houston, TX 77008	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ties for signs
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2021	Payee name Houston Bar Association	
Amount (\$) \$156.00	Payee address; City; State; Zip Code 1111 Bagby St FLB 200 Houston, TX 77002	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Harvest Celebration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2021	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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: Sch: 15/34 Rpt: 27/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
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<b>4</b> Date 08/29/2021	<b>5</b> Payee name Joe's Fast Lane-Exxon
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<b>6</b> Amount (\$) \$30.00	<b>7</b> Payee address; City; State; Zip Code 1234 S. Broadway  Sulphur Springs, TX 75482
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel to return to Houston after signatures
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/08/2021	Payee name Khan, Shapnik
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 20506 Autumn Shore Dr.  Katy , TX 77450
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> 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 toy drive
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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 11/08/2021	Payee name Kim Son Restaurant
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Amount (\$) \$25.71	Payee address; City; State; Zip Code 2001 Jefferson  Houston, TX 77003
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meeting with Judge Evans
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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.

<b>1</b> Total pages Schedule F1: Sch: 16/34 Rpt: 28/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 12/29/2021	<b>5</b> Payee name Kingdom Builders Cathedral	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 8011 W. Orem Dr.  Houston, TX 77085	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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 event
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2021	Payee name Kwik Copy	
Amount (\$) \$87.68	Payee address; City; State; Zip Code 4001 San Jacinto St.  Houston, TX 77004	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2021	Payee name Kwik Copy	
Amount (\$) \$85.52	Payee address; City; State; Zip Code 4001 San Jacinto St.  Houston, TX 77004	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</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
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.

<b>1</b> Total pages Schedule F1: Sch: 17/34 Rpt: 29/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 11/05/2021	<b>5</b> Payee name Kwik Kopy	
<b>6</b> Amount (\$) \$74.69	<b>7</b> Payee address; City; State; Zip Code 4001 San Jacinto St.  Houston, TX 77044	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense political business cards
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2021	Payee name La Quinta	
Amount (\$) \$99.00	Payee address; City; State; Zip Code 105 Christy Plz.  Stephenville, TX 76401	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging-overnight in stephenville for signatures
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2021	Payee name Luby's Cafeteria	
Amount (\$) \$22.04	Payee address; City; State; Zip Code 201 Caroline  Houston, TX 77002	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense continue research on case during 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.

<b>1</b> Total pages Schedule F1: Sch: 18/34 Rpt: 30/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 12/30/2021	<b>5</b> Payee name Maldonado, Julia	
<b>6</b> Amount (\$) \$458.68	<b>7</b> Payee address; City; State; Zip Code P. O. Box 2804  Houston, TX 77252	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</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 the period 7/1/2021-12/30/2021
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2021	Payee name Marshalls Home Goods	
Amount (\$) \$259.78	Payee address; City; State; Zip Code 1540 West Gray Street  Houston, TX 77019	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense misc accent staff lounge
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2021	Payee name Mi Tierra Cafe y Panaderia	
Amount (\$) \$41.35	Payee address; City; State; Zip Code 218 Produce Row  San Antonio, TX 78207	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meeting with Tejano Democrats
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.

<b>1</b> Total pages Schedule F1: Sch: 19/34 Rpt: 31/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 09/19/2021	<b>5</b> Payee name New Hope Baptist Church	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 1001 Houston St.  Vernon, TX 76384	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2021	Payee name Nothing Bundt Cake	
Amount (\$) \$63.00	Payee address; City; State; Zip Code 6025 Crenshaw Rd., Suite 101  Pasadena, TX 77505	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cake for staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/06/2021	Payee name Office Depot	
Amount (\$) \$17.88	Payee address; City; State; Zip Code 1401 N. Loop W.  Houston, TX 77008	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense clipboards and pens
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.

<b>1</b> Total pages Schedule F1: Sch: 20/34 Rpt: 32/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 08/06/2021	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) \$11.99	<b>7</b> Payee address; City; State; Zip Code 1401 N. Loop W.  Houston, TX 77008	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense highlighters-sep.TX Crt of Appeals Districts
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/23/2021	Payee name Office Depot	
Amount (\$) \$36.81	Payee address; City; State; Zip Code 1401 N. Loop W.  Houston, TX 77008	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</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 of signature pages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/23/2021	Payee name Office Depot	
Amount (\$) \$11.04	Payee address; City; State; Zip Code 1401 N. Loop W.  Houston, TX 77008	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</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 of signatures pages
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.

<b>1</b> Total pages Schedule F1: Sch: 21/34 Rpt: 33/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 11/23/2021	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) \$39.13	<b>7</b> Payee address; City; State; Zip Code 1401 N. Loop W.  Houston, TX 77008	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies to obtain signatures
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2021	Payee name P.F. Chang's	
Amount (\$) \$36.02	Payee address; City; State; Zip Code 400 Throckmorton, Ste. 102  Fort Worth, TX 76102	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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/signatures for ballot
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2021	Payee name PNC	
Amount (\$) \$3.00	Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A  Houston, TX 77011	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sept. Image Statement monthly charge
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.

<b>1</b> Total pages Schedule F1: Sch: 22/34 Rpt: 34/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 12/22/2021	<b>5</b> Payee name PNC	
<b>6</b> Amount (\$) \$29.99	<b>7</b> Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A  Houston, TX 77011	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</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 check printing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2021	Payee name PNC	
Amount (\$) \$3.00	Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A  Houston, TX 77011	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Oct. statement fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2021	Payee name PNC	
Amount (\$) \$2.00	Payee address; City; State; Zip Code 7047 Harrisburg Blvd., Bldg. A  Houston, TX 77011	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Nov. paper 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.

<b>1</b> Total pages Schedule F1: Sch: 23/34 Rpt: 35/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 09/25/2021	<b>5</b> Payee name Pappasitos #613	
<b>6</b> Amount (\$) \$8.00	<b>7</b> Payee address; City; State; Zip Code 7800 Airport Blvd.  Houston, TX 77061	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meal at airport to ELP
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2021	Payee name Paradise Airport Shops	
Amount (\$) \$8.99	Payee address; City; State; Zip Code El Paso International Airport  El Paso, TX 79925	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense misc. at airport
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2021	Payee name Parking Managment	
Amount (\$) \$2.00	Payee address; City; State; Zip Code P. O. Box 4997  Houston, TX 77210-4997	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</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 political event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: Sch: 24/34 Rpt: 36/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 11/13/2021	<b>5</b> Payee name Parking Managment	
<b>6</b> Amount (\$) \$2.00	<b>7</b> Payee address; City; State; Zip Code P. O. Box 4997  Houston, TX 77210-4997	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</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 at democratic party fundraiser
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/13/2021	Payee name PayPal	
Amount (\$) \$1.21	Payee address; City; State; Zip Code P. O. Box 45950  Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</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 contribution from Diana Branson
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2021	Payee name PayPal	
Amount (\$) \$14.94	Payee address; City; State; Zip Code P. O. Box 45950  Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</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 contribution from Robers Markland LLP
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.

<b>1</b> Total pages Schedule F1: Sch: 25/34 Rpt: 37/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 09/23/2021	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$43.84	<b>7</b> Payee address; City; State; Zip Code P. O. Box 45950  Omaha, NE 68145-0950	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</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 contribution from Gabriela Dror
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2021	Payee name PayPal	
Amount (\$) \$43.84	Payee address; City; State; Zip Code P. O. Box 45950  Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</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 contribution from Marco Gonzalez
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2021	Payee name PayPal	
Amount (\$) \$0.78	Payee address; City; State; Zip Code P. O. Box 45950  Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</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 contribution from Aaron Azios
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.

<b>1</b> Total pages Schedule F1: Sch: 26/34 Rpt: 38/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 11/15/2021	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$1.25	<b>7</b> Payee address; City; State; Zip Code P. O. Box 45950  Omaha, NE 68145-0950	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</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 contribution from James Davis
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2021	Payee name PayPal	
Amount (\$) \$7.94	Payee address; City; State; Zip Code P. O. Box 45950  Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</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 Noe Moreno
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2021	Payee name PayPal	
Amount (\$) \$2.72	Payee address; City; State; Zip Code P. O. Box 45950  Omaha, NE 68145-0950	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</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 Cooper Sukaly
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.

<b>1</b> Total pages Schedule F1: Sch: 27/34 Rpt: 39/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
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<b>4</b> Date 11/20/2021	<b>5</b> Payee name PublicData.com
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<b>6</b> Amount (\$) \$37.74	<b>7</b> Payee address; City; State; Zip Code 7750 N. MacArthur Blvd., Ste. 120-320  Irving, TX 75063-7501
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense account renewal
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/26/2021	Payee name PublicData.com
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Amount (\$) \$37.74	Payee address; City; State; Zip Code 7750 N. MacArthur Blvd., Ste. 120-320  Irving, TX 75063-7501
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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 account renewal
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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 12/14/2021	Payee name PublicData.com
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Amount (\$) \$37.74	Payee address; City; State; Zip Code 7750 N. MacArthur Blvd., Ste. 120-320  Irving, TX 75063-7501
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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 account renewal
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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.

<b>1</b> Total pages Schedule F1: Sch: 28/34 Rpt: 40/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 12/14/2021	<b>5</b> Payee name Quality Custom Tailors	
<b>6</b> Amount (\$) \$28.00	<b>7</b> Payee address; City; State; Zip Code 3805 Kirby Dr.  Houston, TX 77098-4117	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense repairs to robe
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2021	Payee name Quick Trip #00953	
Amount (\$) \$47.59	Payee address; City; State; Zip Code 1110 N. Beltline Rd.  Grand Prairie, TX 75050	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel o Dallas to obtain registered voter signatures
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2021	Payee name Raising Canes	
Amount (\$) \$16.22	Payee address; City; State; Zip Code 1887 Zaragoza Rd.  El Paso, TX 79936	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 at end of day
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.

<b>1</b> Total pages Schedule F1: Sch: 29/34 Rpt: 41/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 10/06/2021	<b>5</b> Payee name Randalls	
<b>6</b> Amount (\$) \$68.30	<b>7</b> Payee address; City; State; Zip Code 2225 Louisiana  HOUSTON, TX 77002	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense water and misc for courtroom
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/11/2021	Payee name Rooms To Go	
Amount (\$) \$1,385.58	Payee address; City; State; Zip Code 10000 Katy Fwy.  Houston, TX 77955	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense couches for staff lounge area
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2021	Payee name Rotary Club Of University Area	
Amount (\$) \$500.00	Payee address; City; State; Zip Code P. O. Box 980834  Houston, TX 77098	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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

# 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.

<b>1</b> Total pages Schedule F1: Sch: 30/34 Rpt: 42/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 09/15/2021	<b>5</b> Payee name Sam's Club	
<b>6</b> Amount (\$) \$347.59	<b>7</b> Payee address; City; State; Zip Code 2101 SE Simple Savings Dr.  Bentonville, AR 72712	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TV for staff lounge area
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2021	Payee name Sell-Richland Store	
Amount (\$) \$54.60	Payee address; City; State; Zip Code 100 South Austin Ave.  Richland, TX 76681	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel to Vernon TX-Panhandle
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2021	Payee name Shell	
Amount (\$) \$77.23	Payee address; City; State; Zip Code 2150 Highway 290 W.  Brenham, TX 77833	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fuel expense to Austin for filing petition
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.

<b>1</b> Total pages Schedule F1: Sch: 31/34 Rpt: 43/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 08/14/2021	<b>5</b> Payee name Shiplely Donut	
<b>6</b> Amount (\$) \$24.82	<b>7</b> Payee address; City; State; Zip Code 3011 Highway 30W, Ste. 103A  Hunstville, TX 77340	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 Walker Count Dem.
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2021	Payee name Southwest Airlines	
Amount (\$) \$470.96	Payee address; City; State; Zip Code 2702 Love Field Dr.  Dallas, TX 75235	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare to El Paso
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2021	Payee name Star Stop #59	
Amount (\$) \$41.85	Payee address; City; State; Zip Code 2211 N. Main  Houston, TX 77009	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fuel expense from Austin for filing petition
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.

<b>1</b> Total pages Schedule F1: Sch: 32/34 Rpt: 44/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 11/03/2021	<b>5</b> Payee name State Bar Of Texas	
<b>6</b> Amount (\$) \$75.00	<b>7</b> Payee address; City; State; Zip Code 1414 Colorado Street  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texas Bar College-Annual renewal
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2021	Payee name State Print	
Amount (\$) \$1,568.45	Payee address; City; State; Zip Code P. O. Box 262121  Houston, TX 77207	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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 and campaign designs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2021	Payee name Target	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 2580 Shearn St.  Houston, TX 77007	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> 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 gifts for staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
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.

<b>1</b> Total pages Schedule F1: Sch: 33/34 Rpt: 45/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 08/28/2021	<b>5</b> Payee name Tarrant County Democratic Party	
<b>6</b> Amount (\$) \$20.00	<b>7</b> Payee address; City; State; Zip Code 3130 Plumwood St.  Fort Worth, TX 76111	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fundraiser contributions
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2021	Payee name Texas Democratic Party	
Amount (\$) \$3,750.00	Payee address; City; State; Zip Code P. O. Box 15707  Austin, TX 78761	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense application filing fee for Texas Supreme Court Place 9
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2021	Payee name Uber Technologies, Inc.	
Amount (\$) \$115.00	Payee address; City; State; Zip Code 1455 Market Street Suite 400 San Francisco , CA 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) transportation	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transportation expense after vehicle broke down in Beaumont Texas
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.

<b>1</b> Total pages Schedule F1: Sch: 34/34 Rpt: 46/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 08/16/2021	<b>5</b> Payee name United States Postal Service	
<b>6</b> Amount (\$) \$63.90	<b>7</b> Payee address; City; State; Zip Code 1500 Hadley  Houston, TX 77002	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</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 expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2021	Payee name Wildcat Express	
Amount (\$) \$57.06	Payee address; City; State; Zip Code 720 S. Eagle  Weimer, TX 78962	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel to travel to San Antonio for signatures
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2021	Payee name Wood Street Baptist Church	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 2401 Dean St.  Vernon, TX 76384	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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

# 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.

<b>1</b> Total pages Schedule G: Sch: 1/5 Rpt: 47/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 10/28/2021	<b>5</b> Payee name 4 Houston Center	
<b>6</b> Amount (\$) \$10.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1331 Lamar St.  Houston, TX 77010	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</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 at HYLEA event
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/26/2021	Payee name Avis	
Amount (\$) \$113.56  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6505 Convair Rd., Ste. 400  El Paso, TX 79925	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense car rental in el paso
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/15/2021	Payee name Family Dollar	
Amount (\$) \$7.58  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 624 11th St.  Huntsville, TX 77340	
<b>PURPOSE OF EXPENDITURE</b>	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 envelopes for signatures
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.

<b>1</b> Total pages Schedule G: Sch: 2/5 Rpt: 48/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 11/28/2021	<b>5</b> Payee name Family Dollar	
<b>6</b> Amount (\$) \$27.06  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 6831 W. Montgomery Rd  Houston, TX 77091	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</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 and umbrella / signatures
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/28/2021	Payee name Hotel Zaza	
Amount (\$) \$20.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9787 Katy Freeway  Houston, TX 77024	
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 lunch during CLE presentation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/28/2021	Payee name Hotel Zaza	
Amount (\$) \$12.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9787 Katy Freeway  Houston, TX 77024	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related 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 CLE presentation
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.

<b>1</b> Total pages Schedule G: Sch: 3/5 Rpt: 49/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 09/26/2021	<b>5</b> Payee name Hudson	
<b>6</b> Amount (\$) \$5.09  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 9800 Airport Blvd.  San Antonio, TX 78216	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hold over during travel
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/16/2021	Payee name Hurley, David (Mr.)	
Amount (\$) \$27.10  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P. O. Box 226534  Dallas, TX 75222	
<b>PURPOSE OF EXPENDITURE</b>	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 postage for Mr. Hurley to mail me the signatures collected
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/19/2021	Payee name Kroger Fuel #145	
Amount (\$) \$17.44  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 223 Interstate 45 S  Huntsville, TX 77340-4903	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel expense to Vernon TX for signatures
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.

<b>1</b> Total pages Schedule G: Sch: 4/5 Rpt: 50/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 09/19/2021	<b>5</b> Payee name Kroger Fuel #145	
<b>6</b> Amount (\$) \$30.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 223 Interstate 45 S  Huntsville, TX 77340-4903	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel to Vernon Tx for signatures
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/14/2021	Payee name Link To Phone	
Amount (\$) \$11.88  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6155 Eastex Freeway  Beaumont, TX 77706	
<b>PURPOSE OF EXPENDITURE</b>	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 COVID Masks
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/30/2021	Payee name Office Depot	
Amount (\$) \$30.62  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1401 N. Loop W.  Houston, TX 77008	
<b>PURPOSE OF EXPENDITURE</b>	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 clipboards/misc
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.

<b>1</b> Total pages Schedule G: Sch: 5/5 Rpt: 51/51	<b>2</b> FILER NAME Maldonado, Julia A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065750
<b>4</b> Date 12/04/2021	<b>5</b> Payee name T.J. Max	
<b>6</b> Amount (\$) \$94.09  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 4520 Dacoma  Houston, TX 77092	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> 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 gifts for staff
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/28/2021	Payee name Victory FS Houston	
Amount (\$) \$30.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1110 S. Victory Dr.  Houston, TX 77088	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fuel/obtaining signatures
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/29/2021	Payee name Walmart	
Amount (\$) \$22.26  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7401 Interstate Hwy. 30  Greenville, TX 75402	
<b>PURPOSE OF EXPENDITURE</b>	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 medicine to treat injuries at signature site.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held