

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em;">12</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST LAST MI SUFFIX Julia Hayes	OFFICE USE ONLY Date Received Date Hand-delivered Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 224402 Dallas TX 75222-4402		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 727-2605		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST LAST MI SUFFIX Jennifer Farmer		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 400 S. Zang Blvd. #350 Dallas TX 75208		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 948-8333		
9 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 2021 THROUGH 12 / 31 / 2021		
11 ELECTION	ELECTION DATE Month Day Year 03 / 03 / 2022	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Judge Dallas Co. Crim Ct 2	13 OFFICE SOUGHT (if known) Judge Dallas Co. Crim Ct. 2	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. 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	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME <i>Julia Hayes</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>4,200.61</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>914.29</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>3,117.96</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

[Handwritten Signature]
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Julia Hayes* this the *15th* day of *January*, 20*22*, to certify which, witness my hand and seal of office.

Roxanne Gonzales *Roxanne Gonzales* *Notary*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

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

19 FILER NAME <i>Julia Hayes</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4,200.61</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>694.29</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>220.00</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 6
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 7/1/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Bruce Patton	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 2626 Cole Ave #300 Dallas TX 75204		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		

Date 7/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sean Modjarrod	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 212 W. Spring Valley Rd Richardson TX 75081		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm MAS Law Firm		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

Date 7/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Kent Poynor	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 6116 N. Central Expy #605 Dallas TX 75206		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 6
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 7/1/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Dan Wood	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 14711 Co. Rd 349 Terrell TX 75161		
8 Contributor's principal occupation Attorney		9 Contributor's job title Retired
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		

Date 7/3/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Patricia Cathey	Amount of contribution (\$) \$30.00
Contributor address; City; State; Zip Code 7311 Wild Valley Dr Dallas TX 75231		
Contributor's principal occupation Commercial Real Estate		Contributor's job title Sr. Vice President
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

Date 7/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ William Cox III	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 325 N. St. Paul, Ste 2100 Dallas, TX 75201		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 6
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 7/6/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Julie Muhsmann	7 Amount of contribution (\$) \$10.61
6 Contributor address; City; State; Zip Code 6928 Wake Forest Dr. Dallas TX 75214		
8 Contributor's principal occupation Underwriter		9 Contributor's job title Underwriter
10 Contributor's employer/law firm Zurich		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		

Date 7/6/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Elizabeth Frizell	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 203 E. Colorado Blvd Dallas TX 75203		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

Date 7/6/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Chris Koustaoubaridi's	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 10432 Church Rd Dallas TX 75238-1606		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 6
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 7/9/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Bruce Anton	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 9420 Springwater Dr. Dallas TX 75228		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		
Date 7/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Marcus Fellman	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 4131 N. Central Expy #900 Dallas TX 75204		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		
Date 9/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Shook + Gunter	Amount of contribution (\$) \$750.00
Contributor address; City; State; Zip Code 2001 Bryan ST #1905 LB 92 Dallas TX 75201		
Contributor's principal occupation Law firm		Contributor's job title Law firm
Contributor's employer/law firm Shook + Gunter Law firm		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 6
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 11/23/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Beth Newman	7 Amount of contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code 712 Ridgenway St. Dallas TX 75214		
8 Contributor's principal occupation College Professor		9 Contributor's job title College Professor
10 Contributor's employer/law firm SMU		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		

Date 11/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ James McClinton	Amount of contribution (\$) \$30.00
Contributor address; City; State; Zip Code 411 Dublin St. Lewisville TX 75067		
Contributor's principal occupation Consultant		Contributor's job title Consultant - Pres/CEO
Contributor's employer/law firm McClinton Consulting		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

Date 12/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jeff Rosenfield	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 7812 Glenneagle Dr Dallas TX 75248		
Contributor's principal occupation Retired		Contributor's job title Retired
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 6
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 7/15/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jane Hamilton	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 623 Aspen Valley Ln Dallas TX 75208		
8 Contributor's principal occupation Manager		9 Contributor's job title Manager
10 Contributor's employer/law firm Noodle Partners		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		
Date 7/28/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Dawna Kim	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 8111 Lyndon B. Johnson Fwy #480 Dallas TX 75251		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		
Date 7/28/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Mimi Coffey	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 4700 Airport Fwy # B Fort Worth TX 76117		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Mimi Coffey Law Firm		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Julia Hayes	3 Filer ID (Ethics Commission Filers)
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4 Date 7/1/21-12/31/21	5 Payee name PayPal
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6 Amount (\$) 38.57	7 Payee address; 2211 N. 1st St. San Jose CA 95131	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fees	(b) Description Fee to allow online contributions
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/1/21-12/31/21	Payee name Neighborhood Credit Union
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Amount (\$) 55.72	Payee address; 13651 Montfort Dr. Dallas TX 75240	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description - paper stmt fee - check order
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/10/21	Payee name Dallas Co. Democratic Party
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Amount (\$) 100.00	Payee address; 1414 N. Washington Ave Dallas TX 75204	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Attendance at Event Expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>2</u>	2 FILER NAME <u>Julia Hayes</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>12/24/21</u>	5 Payee name <u>Dallas Co. Democratic Party</u>	
6 Amount (\$) <u>500.00</u>	7 Payee address; City; State; Zip Code <u>1414 N. Washington Ave Dallas TX 75204</u>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Donation</u>	(b) Description <u>Donation-get out the vote</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Julia Hayes</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/17/21</i>	5 Payee name <i>Texas Coalition of Black Democrats</i>	
6 Amount (\$) <i>30.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>P.O. Box 763024 Dallas TX 75376</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>fees</i>	(b) Description <i>membership fee</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <i>12/17/21</i>	Payee name <i>Texas Coalition of Black Democrats</i>	
Amount (\$) <i>150.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>P.O. Box 763024 Dallas, TX 75376</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>	Description <i>Donation - Sponsorship of Christmas events</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <i>9/26/21</i>	Payee name <i>23rd Senatorial District Tejano Democrats</i>	
Amount (\$) <i>40.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>P.O. Box 226534 Dallas TX 75222-6534</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>membership fees</i>	Description <i>membership fees</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED