

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:

31

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Julia
Hayes

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

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

MI

NICKNAME

LAST

SUFFIX

Jennifer
Farmer

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

901 Main St, Ste 5330
Dallas, TX 75202

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 948-8333

9 REPORT TYPE

☒

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

07 / 01 / 2025

THROUGH

12 / 31 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 03 / 2026

ELECTION TYPE

☒

Primary

☐

Runoff

☐

Other
Description

☐

General

☐

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)

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

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

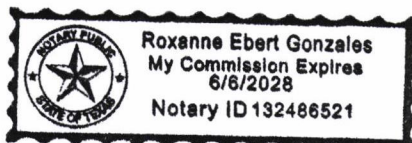
15 JC/OH NAME <u>Julia Hayes</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>15,161.67</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>8,033.95</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>6,646.87</u>
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.

[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, 2020, 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

Julia Hayes

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,061.67
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 100.00
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	\$ 5,199.39
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,498.86
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 300.00
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: 16
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 7/12/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Randel Cross	7 Amount of contribution (\$) \$ 1,000
6 Contributor address; City; State; Zip Code 3500 Oak Lawn Ave Dallas TX 75219 #530		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of Randel Cross		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 8/20/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Russell Wilson II	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 1910 Pacific Ave Dallas TX 75201 #12050		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Russell Wilson II Law Office		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

Date 8/26/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Adam Seidel	Amount of contribution (\$) \$ 150.00
Contributor address; City; State; Zip Code 8150 N. Central Ewy Dallas TX 75206 #250		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Adam Seidel, P.C.		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: 16
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 9/2/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Randall Isenberg	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 4303 N. Central Exwy Dallas TX 75205		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of Randall Isenberg		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 9/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Charlie Humphreys	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 11300 N. Central Exwy #430 Dallas TX 75243		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Humphreys & Peterson Law Firm PLLC		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

Date 9/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: David Burrows	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 100 N. Central Exwy Richardson TX 75080		
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: 16
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 8/30/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ James Burnham	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 6116 N. Central Ewy #515 Dallas TX 75206		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Offices of Jim Burnham		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 9/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Channie Hopkins	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 120 Wild River Ct. DeSoto TX 75115		
Contributor's principal occupation University Devel Counselor		Contributor's job title University Devel Counselor
Contributor's employer/law firm Grand Canyon Univ		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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)		

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: 16
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 9/15/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Raymond Williams	7 Amount of contribution (\$) \$129.22
6 Contributor address; City; State; Zip Code		
8 Contributor's principal occupation Sheriff Deputy		9 Contributor's job title Sheriff Deputy
10 Contributor's employer/law firm Dallas Co. Sheriff's Dept.		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 9/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Sheridan Lewis	Amount of contribution (\$) \$205.00
Contributor address; City; State; Zip Code 8150 N. Central Expy Dallas TX 75206		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Udashaen Anton 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 9/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Afra Cobb	Amount of contribution (\$) \$151.99
Contributor address; City; State; Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/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: 16
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Charles Maduka	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 2201 Main St #800 Dallas TX 75201-4378		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Ofcs of Charles Maduka PLLC		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 9/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Ex Martin, III	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 8828 Greenville Ave Dallas TX 75243		
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 9/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Heath Harris	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 1910 Pacific Ave Dallas TX 75201		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Heath Harris		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: 16
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Eric Puente	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 601 Haines Ave Dallas TX 75208-4030		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Puente Law Firm PLLC		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 9/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Brady T. Wyatt, III	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 3300 Oak Lawn Ave Dallas TX 75219		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Brady T Wyatt, III		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

Date 9/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Robert C. Hinton, Jr.	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 4810 N. Central Expwy Dallas TX 75204-3103		
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: 16
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Reed Prospero	7 Amount of contribution (\$) \$ 50.00
6 Contributor address; City; State; Zip Code 8111 Preston Rd, #500, Dallas TX 75225		
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 9/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Danyale K. Holland	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 329 Centre St. Dallas TX 75208		
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 9/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Michael J. Todd	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 700 N. Pearl St #2170 Dallas TX 75201-7441		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Michael J. Todd		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: 16
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/25	5 Full name of contributor Jennifer Castillo	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 6934 Rocky Top Cir Dallas TX 75252		
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 9/16/25	Full name of contributor Sakinna Thomas	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 600 W. John Carpenter Hwy #276 Irving TX 75062		
Contributor's principal occupation Attorney	Contributor's job title Attorney	
Contributor's employer/law firm Thomas Hunter Law Group PLLC	Law firm of contributor's spouse (if any) N/A	
If contributor is a child, law firm of parent(s) (if any)		

Date 100.00	Full name of contributor Ken Molberg	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		
Contributor's principal occupation Judge (Ret)	Contributor's job title Judge (Ret)	
Contributor's employer/law firm State of Texas	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: 16
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: David Reyna	7 Amount of contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code 300 Centre St. Dallas TX 75208		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm David Reyna Law Firm		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 9/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Ramon Rincon	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 6060 N Central Expwy #306 Dallas TX 75206-5275		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Ramon Rincon Atty @ Law		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

Date 9/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Anthony Farmer	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 901 Main St. Dallas TX 75202-5330 3720		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Farmer Law Group PLLC		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: 16
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Taylor Johnson	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 900 Jackson St #650 Dallas TX 75202-4461		
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 9/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Thomas Cox, III	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code P.O. Box 192198 Dallas TX 75219		
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 9/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Olegario Estrada	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 5224 W. Jefferson Blvd. Dallas TX 75211		
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: 16
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Okey Anyiam	7 Amount of contribution (\$) \$ 200.00
6 Contributor address; City; State; Zip Code P.O. Box 743201 Dallas TX 75374		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of Okey Anyiam		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 10/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Mimi Coffey	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 10742 White Settlement Rd TX 76108		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm The Coffey Firm		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

Date 10/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Monique Walters	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 4627 N. Central Expwy Dallas TX 75205		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Walters Law Office		Law firm of contributor's spouse (if any)
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: 14
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Lou Bryant	7 Amount of contribution (\$) \$103.48
6 Contributor address; City; State; Zip Code 107 McKenzie St Waxahachie TX 75165		
8 Contributor's principal occupation Retired		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 9/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Kent Poyner	Amount of contribution (\$) \$ 365.00
Contributor address; City; State; Zip Code 2501 Oak Lawn Ave #350 Dallas TX 75219		
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 9/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sharita Blacknall	Amount of contribution (\$) \$ 257.94
Contributor address; City; State; Zip Code 5465 Legacy Dr. #650 Plano TX 75024		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm The Blacknall 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: 16
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Roichelle White	7 Amount of contribution (\$) \$103.48
6 Contributor address; City; State; Zip Code 539 W. Commerce St #1035 Dallas TX 75207		
8 Contributor's principal occupation Realtor		9 Contributor's job title Realtor
10 Contributor's employer/law firm Alexander Realty Group		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 9/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Fa Cheryl Dixon	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 7616 N. Stemmons Fwy Dallas TX 75247		
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 9/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Helen Harnis Allen	Amount of contribution (\$) \$151.99
Contributor address; City; State; Zip Code 8640 Forest Glen Dr. Irving TX 75063		
Contributor's principal occupation Sales		Contributor's job title Sales Associate
Contributor's employer/law firm Associated Bank		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: 14
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Kenneth Weatherspoon	7 Amount of contribution (\$) \$206.46
6 Contributor address; City; State; Zip Code 1700 Pacific Ave #2260 Dallas TX 75201		
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 9/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Durrand Hill	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code P.O. Box 925 DeSoto TX 75123		
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 9/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Jeffrey Rosenfield	Amount of contribution (\$) \$103.48
Contributor address; City; State; Zip Code		
Contributor's principal occupation Judge (Ret)		Contributor's job title Judge (Ret)
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
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: 16
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 10/2/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Toby Shook	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 717 N. Harwood, Hilltop Tower #2750 Dallas TX 75201		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Shook + Gunter Attys@Law		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 10/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Kennard Bowen	Amount of contribution (\$) \$108.63
Contributor address; City; State; Zip Code		
Contributor's principal occupation Retired Military		Contributor's job title Retired Military
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)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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)		

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: 16
2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/25	5 Full name of contributor Christopher Webb out-of-state PAC ID#: _____	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 2929 Knip Rd #5203 Dallas TX 75219		
8 Contributor's principal occupation Clerk		9 Contributor's job title Clerk
10 Contributor's employer/law firm Dallas County		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 9/16/25	Full name of contributor Joel Leach out-of-state PAC ID#: _____	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 300 Crescent Ct #1200 Dallas TX 75201		
Contributor's principal occupation Paralegal		Contributor's job title Paralegal
Contributor's employer/law firm McKool Smith		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

Date 9/16/25	Full name of contributor Earl Hudley out-of-state PAC ID#: _____	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1156 Landon Ln Allen TX 75013		
Contributor's principal occupation Ramp Agent Trainer		Contributor's job title Ramp Agent Trainer
Contributor's employer/law firm American Airlines		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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

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 A2: <div style="text-align: center; font-size: 2em;">1</div>	
2 FILER NAME <div style="font-size: 1.5em; color: blue;">Julia Hayes</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <div style="font-size: 1.5em; color: blue;">10/11/25</div>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.5em; color: blue;">Krisi Kastl</div>	8 Amount of Contribution \$ <div style="font-size: 1.5em; color: blue;">100.00</div>	9 In-kind contribution description <div style="font-size: 1.5em; color: blue;">event ticket</div>
7 Contributor address; City; State; Zip Code <div style="font-size: 1.5em; color: blue;">4144 N. Central Ewy Dallas TX 75204</div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Julia Hayes	3 Filer ID (Ethics Commission Filers)
4 Date 10/24/25	5 Payee name Dallas Co. Dem Pty	
6 Amount (\$) \$258.32	7 Payee address; City; State; Zip Code 1414 N. Washington Ave. Dallas TX 75204 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Event ticket
	(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 11/6/25	Payee name Political Arm	
Amount (\$) \$1389.70	Payee address; City; State; Zip Code 8604 TurtleCreek Blvd. #12484 Dallas TX 75225 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing
	<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 11/18/25	Payee name Alpha Xi Omega	
Amount (\$) 92.88	Payee address; City; State; Zip Code Alpha Kappa Alpha Sorority Inc. chapter P.O. Box 222333 Dallas TX 75222-2333 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Event ticket
	<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 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)	
4 Date 12/5/25		5 Payee name Shirley Daniels			
6 Amount (\$) 200.00		7 Payee address; City; State; Zip Code 1360 Fox Glenn Cedar Hill TX 75104 <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) contract Labor		(b) Description petition circulation		
	(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					
Date 12/5/25		Payee name Lisa Gray			
Amount (\$) 100.00		Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contract labor		Description petition circulation		
	<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					
Date 12/8/25		Payee name Political Arm			
Amount (\$) 389.70		Payee address; City; State; Zip Code 8604 Turtle Creek Blvd #12484 Dallas TX 75225 <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Marketing		
	<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 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Julia Hayes	3 Filer ID (Ethics Commission Filers)
4 Date 12/15/25	5 Payee name 23d Sen. Tejano Democrats Dallas	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code P.O. Box 226534 Dallas TX 75222 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation made by officeholder	(b) Description Christmas Pty Sponsorship
	(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 12/17/25	Payee name 23d Sen. Tejano Democrats Dallas	
Amount (\$) 100.00	Payee address; City; State; Zip Code P.O. Box 226534 Dallas TX 75222 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation made by officeholder	Description raffle tickets
	<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 7/1/25-12/31/25	Payee name Paypal	
Amount (\$) 155.82	Payee address; City; State; Zip Code 2211 N. 1st. St. San Jose, CA 95131 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description money receipt fees
	<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 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME Julia Hayes		3 Filer ID (Ethics Commission Filers)	
4 Date 9/18/25		5 Payee name Julia Hayes			
6 Amount (\$) 3,062.97		7 Payee address; P.O. Box 224402 Dallas TX 75222-4402		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement		(b) Description Reimbursement made by pers of political expenditures		
	(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					
Date 10/14/25		Payee name Alpha Merit Group, Alpha Sigma Lambda Alpha Phi Alpha Frat Inc.			
Amount (\$) \$100		Payee address; 3126 Al Lipscomb Way Dallas TX 75215		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Gala Ad		
	<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					
Date 10/14/25		Payee name Lambda Legal			
Amount (\$) \$100.		Payee address; 3500 Oak Lawn Ave #500, Dallas TX 75219		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation made by off. Holder		Description donation made by office holder		
	<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					

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>5</u>		2 FILER NAME <u>Julia Hayes</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>7/125-12/31/25</u>		5 Payee name <u>Neighborhood Credit Union</u>			
6 Amount (\$) <u>35.70</u>		7 Payee address; City; State; Zip Code <u>13651 Montfort Dr. Dallas TX 75240</u> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Accting/BKng</u>		(b) Description <u>bK acct fees</u>		
	<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 <input type="checkbox"/> Check if individual's residence address.			
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 <input type="checkbox"/> Check if individual's residence address.			
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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 4	2 FILER NAME Julia Hayes	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 CREDIT CARD ISSUER Citibank	Name of financial institution Citibank
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6 PAYMENT 389.70	(a) Amount Charged \$ 389.70	(b) Date Expenditure Charged 7/2/25	(c) Date(s) Credit Card Issuer Paid 9/18/25
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7 PAYEE Political Arm	(a) Payee name Political Arm	(b) Payee address; City, State, Zip Code
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Marketing
(c) <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
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PAYMENT 26.00	(a) Amount Charged \$ 20.00	(b) Date Expenditure Charged 7/5/25	(c) Date(s) Credit Card Issuer Paid 9/18/25
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PAYEE 23d Dist. Tejano Dems	(a) Payee name 23d Sen Dist Tejano Dems	(b) Payee address; City, State, Zip Code
---------------------------------------	---	---

PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) other	(b) Description membership fees
(c) <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
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PAYMENT 67.70	(a) Amount Charged \$ 67.70	(b) Date Expenditure Charged 7/24/25	(c) Date(s) Credit Card Issuer Paid 9/18/25
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PAYEE Dallas Bl. Women's Assoc	(a) Payee name Dallas Bl women's Assoc	(b) Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) other	(b) Description event tickets
(c) <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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institution <u>Citibank</u>		
6 PAYMENT <u>389.70</u>	(a) Amount Charged \$ <u>389.70</u>	(b) Date Expenditure Charged <u>8/3/25</u>	(c) Date(s) Credit Card Issuer Paid <u>9/28/25</u>
7 PAYEE <u>Political Arm</u>	(a) Payee name <u>Political Arm</u>	(b) Payee address; City, State, Zip Code <u>8604 Turtle Creek Blvd #12484 Dallas TX 75225</u>	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description <u>Marketing</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		
PAYMENT <u>40.00</u>	(a) Amount Charged \$ <u>40.00</u>	(b) Date Expenditure Charged <u>8/26/25</u>	(c) Date(s) Credit Card Issuer Paid <u>9/28/25</u>
PAYEE <u>Dallas Co. Dem Pty</u>	(a) Payee name <u>Dallas Co. Dem Party</u>	(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <u>other</u>		(b) Description <u>event tickets</u>
	(c) <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		
PAYMENT <u>35.00</u>	(a) Amount Charged \$ <u>35.00</u>	(b) Date Expenditure Charged <u>9/12/25</u>	(c) Date(s) Credit Card Issuer Paid <u>9/23/25</u>
PAYEE <u>Stonewall Dems</u>	(a) Payee name <u>Stonewall Dems</u>	(b) Payee address; City, State, Zip Code <u>P.O. Box 192305 Dallas TX 75219</u>	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <u>other</u>		(b) Description <u>event ticket</u>
	(c) <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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 CREDIT CARD ISSUER	Name of financial institution <i>Citibank</i>
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6 PAYMENT <i>50.00</i>	(a) Amount Charged \$ <i>50.00</i>	(b) Date Expenditure Charged <i>9/12/25</i>	(c) Date(s) Credit Card Issuer Paid <i>9/28/25</i>
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7 PAYEE <i>AW photography</i>	(a) Payee name <i>AW photography</i>	(b) Payee address; City, State, Zip Code
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>event expense</i>	(b) Description <i>photography of event</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
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PAYMENT <i>28.12</i>	(a) Amount Charged \$ <i>28.12</i>	(b) Date Expenditure Charged <i>9/14/25</i>	(c) Date(s) Credit Card Issuer Paid <i>9/28/25</i>
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PAYEE <i>Staples</i>	(a) Payee name <i>Staples</i>	(b) Payee address; City, State, Zip Code <i>4351 Dallas FW Turnpike Dallas TX 75211</i>
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>event expense</i>	(b) Description <i>event materials</i>
(c) <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
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PAYMENT <i>1,082.50</i>	(a) Amount Charged \$ <i>1,082.50</i>	(b) Date Expenditure Charged <i>9/16/25</i>	(c) Date(s) Credit Card Issuer Paid <i>9/28/25</i>
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PAYEE <i>LaComida</i>	(a) Payee name <i>Kitchen + LaComida Cocktails</i>	(b) Payee address; City, State, Zip Code <i>1101 N. Beckley Ave. Dallas TX 75203</i>
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Event Food</i>
(c) <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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Julia Hayes		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institution Citibank		
6 PAYMENT 250.00	(a) Amount Charged \$ 250.00	(b) Date Expenditure Charged 9/17/25	(c) Date(s) Credit Card Issuer Paid 9/28/25
7 PAYEE Awphotog.	(a) Payee name Awphotog.	(b) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Event photog. balance
	(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 Julia Hayes Judge #2 Office Sought Dallas Co. Crim Office Held Dallas Co. Crim		
PAYMENT 146.14	(a) Amount Charged \$ 146.14	(b) Date Expenditure Charged 6/12/25	(c) Date(s) Credit Card Issuer Paid 9/23/25
PAYEE Political Arm	(a) Payee name Political Arm	(b) Payee address; City, State, Zip Code 8604 Turtle Creek Blvd Dallas TX 75225	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Marketing
	(c) <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		
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <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

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Julia Hayes	3 Filer ID (Ethics Commission Filers)
4 Date 9/17/25	5 Payee name Frank McCright	
6 Amount (\$) 300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 1409 Botham Jean Blvd. #631 City: Dallas State: TX Zip Code: 75215 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description DJ fee
	(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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <u>Julia Hayes</u>	Filer ID #
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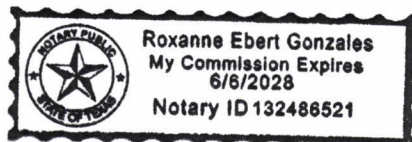
OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

2025 JAN 15 AM 10:03
FILED
JOHN F. AUSTIN COUNTY CLERK
DALLAS COUNTY

- I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the Campaign Finance report due on 1/15/2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

[Signature]
Signature of Filer

Sworn to and subscribed before me by Julia Hayes this the 15th day of January 2026, 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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

