JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The JC/OH Instruction Guide explains how to complete this form. 10 MS/MRS/MR CANDIDATE / FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Julia NAME Date Receive **NICKNAME** LAST SUFFIX Malveaux CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** P.O. Box 740363 MAILING Receipt # **ADDRESS** X Change of Address Dallas, TX 75374 Date Processed Date Imaged FIRST CAMPAIGN MS) MRS/MR MI TREASURER NAME Julia NICKNAME LAST SUFFIX Malveaux CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE **TREASURER ADDRESS** P.O. Box 740363 (Residence or Business) Dallas, TX 75374 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Exceeded modified Final Report (Attach C/OH-FR) July 15 8th day before election reporting limit PERIOD Month Day Year Month Day Year COVERED 01/01/2023 **THROUGH** 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) Probate Court No. 1 Dallas **GO TO PAGE 2**

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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Malveaux, Julia	ID								
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								
			0.00						
		\$	2,750.00						
3. TOTAL UNITEM	\$	0.00							
4. TOTAL POLIT	ICAL EXPENDITURES	\$	2,630.31						
		OF THE \$	25,278.24						
		\$	0.00						
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. Olga M Moreno My Commission Expires 10/01/2024 ID No 11533655 Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said of 10/01/2024, to certify which witness my hand and seal of office. NOTARY Signature of Officer administering oath Printed name of officer administering oath Title of officer administering oath									
	This box is for notice of pandidate / officeholder. consent. Candidates and COMMITTEE TYPE GENERAL SPECIFIC SPECIFIC 1. TOTAL UNITEMING REPORTING PORTURE THAN IN TOTAL POLITICATION OF THE REPORTING PORTURE PORT	This box is for notice of political contributions accepted or political expenditures madicandidate / officeholder. These expenditures may have been made without the candiconsent. Candidates and officeholders are required to report this information only if the consent. Candidates and officeholders are required to report this information only if the consent. Candidates and officeholders are required to report this information only if the consent of the c	This box is for notice of political contributions accepted or political expenditures made by political committee candidate or officeholder. These expenditures may have been made without the candidate's or officeholder's consent. Candidates and officeholders are required to report this information only if they receive notice of significant consent. Candidates and officeholders are required to report this information only if they receive notice of significant consents. Committee Name COMMITTEE NAME COMMITTEE NAME COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURE						

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

3 of 10

18 FII	18 FILER NAME 19 Filer ID										
Ma	Malveaux, Julia										
20 SC	20 SCHEDULE SUBTOTALS										
NAME OF SCHEDULE SUBTOTAL AMOUNT											
1.	Х	\$	2,750.00								
2.		\$									
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$							
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$							
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	2,404.31						
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$							
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$							
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$							
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	226.00						
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$							
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$							
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	6.38						

MONET	ΓΑ	RY POLITICAL CONTRIBUTION	ONS		SCHEDULE A(J)1
The Instru	ıct	ion Guide explains how to complete this f	1	Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/10	
FILER NAME				3	Filer ID
Malveaux, J 4 Date 03/08/2023	5	Full name of contributor		7	Amount of Contribution (\$) \$250.0
	6	Contributor address; City; State; Zip Code 10440 North Central Expressway, Suite 1040			
Contributor's	Pri	Dallas, TX 75231 ncipal Occupation	9 Contributor's Job Title		
Attorney		Social Social State of the Stat	Monceaux Law Firm		
O Contributor's			11 Law firm of contributor's sp	oous	se (if any)
March In Shortel on		child, law firm of parent(s) (if any)			
Date 03/08/2023	Γ	Full name of contributor)		Amount of Contribution (\$) \$2,500.0
		Contributor address; City; State; Zip Code 1807 Ross Avenue, Suite 325			
		Dallas, TX 75201			
Contributor's I	Pri	ncipal Occupation	Contributor's Job Title Tillotson Johnson & Pat	tton	
8 88 8 88		ployer/law firm	Law firm of contributor's sp		
N 10/2/2017 10 16/2		child, law firm of parent(s) (if any)			
orms provided	hv	Texas Ethics Commission www.ethics	s.state.tx.us		Version V3.5.1.a18ea2

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee L	ift/Awards/Memorials egal Services The Instruction G	Expense		xpens Wages	e /Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	
L	Sch: 1/4 Rpt: 5/10	L	Malveaux, Ju	ılia							
4	Date	5	Payee name								
	03/23/2023		African Amer	ican Museum	of Dallas						
6	Amount (\$)	7	Payee address	s; City;	State;	Zip Co	ode				
	\$75.00		3536 Grand /	Ave							
			Dallas, TX 75	5210							
8	PURPOSE	(a)	Category (See	Categories listed at t	he top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Office Overh	ead/Rental Exp	pense					de of Texas. Complete Schedule T.	
	EXI ENDITORIE									officeholder living expense	
								Program tick	еι		
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Office	eholder name	C	Office sou	ight			Office held	
Г	Date		Payee name								
	03/18/2023		America's Cr	edit Union							
Г	Amount (\$)		Payee address	s; City;	State;	Zip Co	ode				
	\$2.00		2154 Forest	Ln							
	*										
			Garland, TX	75042							
L						-		was as with a			
	PURPOSE OF	(a)		Categories listed at t	he top of this sche	edule)	(b)	Description	outrie	de of Texas. Complete Schedule T.	
	EXPENDITURE		Accounting/B	anking				_		officeholder living expense	
								Temporary cl			
								in 152			
H	Complete ONLY if direct		Candidate/Office	eholder name	C	Office sou	ight			Office held	
	expenditure to benefit C/OF	Н									
⊨	Date						_		_		
	Date		Payee name	a of Count							
L	02/07/2023		American Inn	is of Court		5-2400 10-2-00					
	Amount (\$)		Payee address			Zip Co	ode				
	\$90.00		225 Reinekei	rs Lane, Suite	770						
			Alexandria, V	'A 22314							
	PURPOSE	(a)	Category (See	Categories listed at t	he top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Office Overh	ead/Rental Exp	pense					de of Texas. Complete Schedule T.	
	EXPERIENCE							_		officeholder living expense	
								Joint Meeting	ווט נ	iller	
L							_				
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	eholder name	C	Office sou	ight			Office held	
L	experience to belieff C/Or	ed.									

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 2/4 Rpt: 6/10	Malveaux, Julia
4	Date	5 Payee name
	03/01/2023	Arts District Mansion
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.50	2101 Ross Ave
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPERDITORE	Check if Austin, TX, officeholder living expense
		DBA Probate Lunch
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialture to benefit Grot	
	Date	Payee name
	05/18/2023	Arts District Mansion
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,278.70	2101 Ross Ave
		Dallas, TX 75201
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Food for investiture
L		
	Complete ONLY if direct expenditure to benefit C/OR	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/30/2023	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.25	601 King Street
		Suite 200
		Alexandria, VA 22314
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide expla		ages/Contract Labor		OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	IE			3	Filer ID
L	Sch: 3/4 Rpt: 7/10	Malveaux,	Julia				
4	Date	5 Payee name	е				
	01/06/2023	El Fenix					
6	Amount (\$)	7 Payee addr	ess; City; St	ate; Zip Co	de		
	\$28.82	1601 McK	inney Ave				
		Dallas, TX	75202				
8	PURPOSE	(a) Category (See Categories listed at the top of this	schedule)	(b) Description		
	OF EXPENDITURE	Food/Beve	erage Expense				le of Texas. Complete Schedule T.
					Meeting with		officeholder living expense
					meeting min	Olu	•
9	Complete ONLY if direct		ficeholder name	Office sou	ght		Office held
	expenditure to benefit C/O	Н					
Г	Date	Payee name	e				
	04/02/2023	Grand Pra	irie Independent School [District Educ	ation Foundation	i	
	Amount (\$)	Payee addr	ess; City; Sta	ate; Zip Co	de		
	\$79.73	2602 S. Be	eltline Rd				
		Grand Pra	irie, TX 75052				
	PURPOSE	(a) Category (See Categories listed at the top of this	schedule)	(b) Description		
	OF EXPENDITURE	Office Ove	rhead/Rental Expense				e of Texas. Complete Schedule T. officeholder living expense
					Program ticke		officeroider living expense
		2			3		
Н	Complete ONLY if direct		ficeholder name	Office sou	ght		Office held
	expenditure to benefit C/O	Н					
Г	Date	Payee name	9				
	03/02/2023	National B	ar Association				
	Amount (\$)	Payee addr	ess; City; Sta	ate; Zip Co	de		
	\$600.00	1816 12th	St. NW 4th Floor				
		Washingto	n, DC 20009				
Г	PURPOSE	(a) Category (s	See Categories listed at the top of this	schedule)	(b) Description		
	OF EXPENDITURE	Office Ove	rhead/Rental Expense				e of Texas. Complete Schedule T.
							officeholder living expense ce Registration
					Ainda Come	21011	ee Negistration
\vdash	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	aht		Office held
	expenditure to benefit C/O				,		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees

Food/Beverage Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Exp Legal Services The Instruction Guide			Wages	s/Contract Labor	Travel Out of Distri OTHER (enter a ca	ct stegory not listed above)
1	Total pages Schedule F1:	2	FILER NAME					В	3 Filer ID	
	Sch: 4/4 Rpt: 8/10		Malveaux, J	ulia						
4	Date	5	Payee name							
	04/28/2023		Sams Club							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode			
	\$39.96		6185 Retail	Rd						
	8000000									
			Dallas, TX 7	5231						
8	PURPOSE	(a)	Category (Se	e Categories listed at the to	op of this sche	edule)	(b)	Description		
	OF EXPENDITURE			nead/Rental Exper				Check if travel	outside of Texas. Comple	te Schedule T.
	EXPENDITORE								, TX, officeholder living ex	
								Sheet cakes	and water for sta	ff appreciation lunch
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ight		Office held	
	expenditure to benefit C/O	1								
	Date		Payee name							
	06/30/2023		Stripe							
	Amount (\$)		Payee addres	s; City;	State:	Zip Co	nde			
	\$80.35		354 Oyster		State,	Zip Co	de			
	Ψ00.33		334 Oyster	OIII DIVA						
			San Francis	co , CA 94080						
	PURPOSE	(a)	Category (Se	e Categories listed at the to	op of this sche	dule)	(b)	Description		
	OF EXPENDITURE		Accounting/	Banking					outside of Texas. Comple	
								Donation prod	TX, officeholder living ex	cpense
								Donation prot	cessing lees	
_	0 1 0 0 0 0 0 0 0	L,				ur.			045	
	Complete ONLY if direct expenditure to benefit C/OF		Jandidate/Offic	eholder name	0	ffice sou	gnt		Office held	
	201-201 EL (170-190-2000) 4 (1-40-0) (1									
	Date		Payee name							
	04/12/2023		Warren, Ing	rid						
	Amount (\$)		Payee address	s; City;	State;	Zip Co	de			
	\$72.00		P.O. Box 13	1205						
			Dallas, TX 7	5313						
	DUDDOCE	15	CONTRACTOR NO. 1000 CONTRACTOR NO.	(1000 C 100 C	2000	No. 1885	(h)	Description		
	PURPOSE OF	(a)		e Categories listed at the to		dule)	(a)	Description	outside of Texas. Comple	te Schedule T
	EXPENDITURE		GITT/Awards/	Memorials Expens	se				TX, officeholder living ex	The Indiana Control of the Control o
										ministrative Judge
									1 3 0)	
	Complete ONLY if direct		Candidate/Offic	eholder name	0	ffice sou	aht		Office held	
	expenditure to benefit C/OH									

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	I Committee Legal Services	Polling Expense nse Printing Expense Salaries/Wages/Contract Labor explains how to complete this form.	Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID
Sch: 1/1 Rpt: 9/10	Malveaux, Julia		
	5 Payee name		
05/20/2023	USPS		
15 15	7 Payee address; City;	State; Zip Code	
\$226.00	9130 MARKY	ILLE DR.	
Reimbursement from political contributions intended	DALLAS, TX	75243	
	(a) Category (See Categories listed at the top	of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Office Overhead/Rental Expens		Check if Austin, TX, officeholder living expense
		Post office box	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/10 2 FILER NAME 3 Filer ID Malveaux, Julia 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 06/30/2023 \$6.38 America's Credit Union 6 Address of person from whom amount is received; City; State; Zip Code 2154 Forest Ln Garland, TX 75042 7 Purpose for which amount is received Check if political contribution returned to filer Account interest