FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT Filer ID Total pages filed: The JC/OH Instruction Guide explains how to complete this form. 30 **FIRST** MI CANDIDATE / MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** Juli NAME Date Received SUFFIX **NICKNAME** LAST JAN 17 2014 RCVD Mathew Date Hand-delivered or Date Postmarked ZIP CODE CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; **OFFICEHOLDER** 301 Jackson MAILING Receipt # Amount **ADDRESS** Rm 101 Change of Address Richmond, TX 77469 Date Processed Date Imaged CAMPAIGN MS/MRS/MR **FIRST** MI **TREASURER** NAME SUFFIX NICKNAME LAST STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY: STATE; **TREASURER ADDRESS** (Residence or Business) PHONE NUMBER **EXTENSION** CAMPAIGN AREA CODE **TREASURER PHONE** REPORT TYPE 15th day after campaign treasurer 30th day before election Runoff January 15 appointment (officeholder only) Exceeded modified Final Report (Attach C/OH-FR) July 15 8th day before election reporting limit Day Month Day Year PERIOD Year Month COVERED **THROUGH** 12/31/2023 07/01/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day X Primary Runoff Other

Forms provided by Texas Ethics Commission	

Fort Bend

11 OFFICE

03/03/2026

OFFICE HELD (if any)

Statutory County Judge Place CCL # 3 District 268th

General

Special

12 OFFICE SOUGHT (if known)

Statutory County Judge Place CCL #3 District 268th

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

3011 01(1	a TOTALS				2 of 30
13 C / OH NAME	Mathew, Juli		14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure. These expenditures may have been made without to officeholders are required to report this information.	he candidate's or officel	holder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	S		
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(OTHER THAN	PLEDGES LOANS		
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$	0.00
		CAL CONTRIBUTIONS		\$	1,100.00
EXPENDITURE	<u> </u>	PLEDGES, LOANS, OR GUARANTEES OF LOANS ZED POLITICAL EXPENDITURES	.)		04.00
TOTALS				\$	94.99
	4. TOTAL POLITI	CAL EXPENDITURES		\$	9,890.65
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	ST DAY OF THE	\$	10,679.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS (TING PERIOD	OF THE LAST DAY	\$	0.00
	B M CHARLES Notary ID #7534251 My Commission Expire April 27, 2026 TARY STAMP / SEAL ABO cribed before me, by the sa	Signature of 0		be reporte	
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office a	administer	ing oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

3 of 30								
	18 FILER NAME Mathew, Juli 19 Filer ID							
	LE SUBTOTALS SCHEDULE		SUB	TOTAL AMOUNT				
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$					
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,100.00				
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$					
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	,	\$	9,890.65				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	INS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$					
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	ETURNED	\$	300.00				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Sch Sch: 1/2 Rpt:	
2 FILER NAME			3 Filer ID	4/30
Mathew, Ju			3 FILET ID	
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5 Date 09/21/2023	6 Full name of contributor out-of-state PAC (ID#: Abraham, Sarah		8 Amount of contribution (\$)	In-kind contribution description
	7 Contributor address; City; State; Zip Code 14 Haven Shore		\$150.001	DAYA Luncheon
10 5	Sugar Land, TX 77479			utside of Texas. Complete Schedule T.
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See in:	structions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
Business		Owner		
14 Contributor's Self	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (F	FOR JUDICIAL)
	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	, , , ,		
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of	In-kind contribution
10/20/2023	Hoover Slovacek		contribution (\$)	description JRR Dinner ticket
	Contributor address; City; State; Zip Code 5051 Westheimer		\$230.001 	JAN DIIIIei licket
	Ste 1200		į	
	Houston, TX 77056		Check if travel ou	utside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See in:	structions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (F	FOR JUDICIAL)
If contributor i	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
11/16/2023	Hoover Slovacek		contribution (\$)	description
	Contributor address; City; State; Zip Code 5051 Westheimer		I.	TX Assoc of Civil Trial and Appellate Specialists Awards Dinner
	Ste 1200		i	
	Houston, TX 77056		Check if travel ou	atside of Texas. Complete Schedule T.
Principal occu	pation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ins	structions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (F	FOR JUDICIAL)
If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	action Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/2 Rpt: 5/30						
2 FILER NAME Mathew, Ju		3 Filer ID						
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$					
5 Date 07/15/2023	6 Full name of contributor ☐ out-of-state PAC (ID#:Indo-American Chamber 7 Contributor address; City; State; Zip Code 1 Riverway Dr #1700 Houston, TX 77056		8 Amount of contribution (\$) 9 In-kind contribution (\$) description \$250.00 Gala ticket					
10 Principal occu	upation / 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 contributo	or's spouse (if any) (FOR JUDICIAL)					
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date 10/05/2023	Full name of contributor out-of-state PAC (ID#:Sheikh, Sofia Contributor address; City; State; Zip Code 8014 Agora Circle)	Amount of In-kind contribution description \$150.00 Alliance Gala Ticket					
	Sugar Land, TX 77479		Check if travel outside of Texas. Complete Schedule T.					
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)		-JUDICIAL) (See instructions)					
Contributor's Small Busin	principal occupation (FOR JUDICIAL) ess	Contributor's job title Owner	(FOR JUDICIAL) (See instructions)					
Contributor's Self	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)					
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date 07/18/2023	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) In-kind contribution (\$) description \$150.00 Access Health Back to School Breakfast					
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 contribute	or's spouse (if any) (FOR JUDICIAL)					
If contributor i	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

Printing Expense
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 FILER NAME 3 Filer ID Sch: 1/24 Rpt: 6/30 Mathew, Juli 4 Date 5 Payee name 07/10/2023 Agas Payee address; 6 Amount (\$) City; State; Zip Code \$42.84 11842 Wilcrest Dr Houston, TX 77031 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/05/2023 Amazon Amount (\$) Payee address; City; State; Zip Code \$47.72 410 Terry Ave N Seattle, TX 98109 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Campaign shirts **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign shirts Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 10/27/2023 Amazon Payee address; State; Zip Code Amount (\$) City; \$21.64 410 Terry Ave N Seattle, TX 98109 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Collared shirt Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense
Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 2/24 Rpt: 7/30 Mathew, Juli 4 Date Payee name 07/17/2023 Avenida South Garage 6 Amount (\$) Payee address; State; Zip Code \$18.00 1710 Polk St Houston, TX 77002 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Parking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/02/2023 Best Burger Amount (\$) Payee address; City; State; Zip Code \$36.21 2203 S Main St Stafford, TX 77477 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/30/2023 Bluehost State; Zip Code Payee address; City; Amount (\$) \$21.99 560 Timpanogos PKWY OREM, UT 84097 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Office Overhead/R
Food/Beverage Expense Folding Expense
Folding Expense Printing Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	al Co	mmittee Legal Services Salaries/ The Instruction Guide explains how to co	-	oTHER (enter a category not listed above) lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID
	Sch: 3/24 Rpt: 8/30		Mathew, Juli		
4	Date	5	Payee name		•
	10/10/2023		Branding Matters		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$106.09		8034 Highway 90a		
Ļ			Sugar Land, TX 77478		
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Campaign logo embroidery
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Candidate/Officeholder name Office sou	ught	Office held
	Date		Payee name		
	10/20/2023		Branding Matters		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$73.61		8034 Highway 90a		
			Sugar Land, TX 77478		
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Campaign logo embroidery		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Campaign logo embroidery
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OF	Н			
	Date		Payee name		
	09/01/2023		Canopy by Hilton San Antonio Riverwalk		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$58.88		123 N. Saint Marys St		
			San Antonio, TX 78205		
		(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Food/Beverage Expense		Check if Austin TV, officeholder living expense.
					Check if Austin, TX, officeholder living expense Meeting
					Modulig
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıaht	Office held
	expenditure to benefit C/OF		artification of the state of th	19	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 4/24 Rpt: 9/30 Mathew, Juli 4 Date Payee name 07/03/2023 Cantu, Jennifer Payee address; 6 Amount (\$) City; State; Zip Code \$150.00 24200 SW Fwy #402, Box 229 Rosenberg, TX 77471 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/03/2023 Charles, Benny Payee address; Amount (\$) City; State; Zip Code \$15.00 301 Jackson County Court at Law 3 Richmond, TX 77469 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Reimbursement Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/16/2023 Charles, Benny Payee address; City; State; Zip Code Amount (\$) \$30.00 301 Jackson County Court at Law 3 Richmond, TX 77469 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Cake Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

Credit Ca	ard Payment	The Instruction Guide explains	how to comp	lete this form.
1 Total pa	ges Schedule F1:	2 FILER NAME		3 Filer ID
Sch: 5	/24 Rpt: 10/30	Mathew, Juli		
4 Date		5 Payee name		•
07/24/2	2023	Choir Robe Creations		
6 Amount	(\$)	7 Payee address; City; State	e; Zip Code	
	\$185.00	3804 Poplar St		
		Houston, TX 77087		
	POSE	(a) Category (See Categories listed at the top of this sci	hedule) (b)	Description
	OF IDITURE	Judicial Robe		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Robe
				Nobe
9 Complet	e ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expendit	ture to benefit C/O			
Date		Payee name		
08/01/2	023	Courtyard by Marriott Dallas Grand Pra	airie	
Amount	(\$)	Payee address; City; State	; Zip Code	
	\$304.19	2850 South State Highway 161		
		Grand Prairie, TX 75052		
	POSE	(a) Category (See Categories listed at the top of this sch	nedule) (b)	Description
	OF IDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Hotel
				Tioter
Complete	e ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	ure to benefit C/O			
Date		Payee name		
07/02/2	023	Covenant Glen		
Amount	(\$)	Payee address; City; State	; Zip Code	
	\$100.00	5243 Savannah Pkwy		
		Rosharon, TX 77583		
	POSE	(a) Category (See Categories listed at the top of this sch	nedule) (b)	Description
	OF DITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Comm	littee	Check if Austin, TX, officeholder living expense Donation
				2
Complete	e ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	ure to benefit C/O			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 6/24 Rpt: 11/30 Mathew, Juli Date Payee name 08/02/2023 Google Suite Amount (\$) Payee address; City; State; Zip Code \$19.19 1600 Amphitheatre Parkway Mountain View, CA 94043 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/05/2023 Google Suite Amount (\$) Payee address; City; State; Zip Code 1600 Amphitheatre Parkway \$19.19 Mountain View, CA 94043 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Email Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name Google Suite 10/02/2023 State; Zip Code Payee address; City; Amount (\$) \$19.19 1600 Amphitheatre Parkway Mountain View, CA 94043 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email** Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

Printing Expense Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 7/24 Rpt: 12/30 Mathew, Juli 4 Date Payee name 11/02/2023 Google Suite Payee address; 6 Amount (\$) City; State; Zip Code \$31.19 1600 Amphitheatre Parkway Mountain View, CA 94043 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/04/2023 Google Suite Payee address; Amount (\$) City; State; Zip Code \$19.19 1600 Amphitheatre Parkway Mountain View, CA 94043 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email** Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 07/24/2023 **HEB Gas** Amount (\$) Payee address; City; State; Zip Code \$51.03 4724 Hwy 6 S Missouri City, TX 77459 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Fuel Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 8/24 Rpt: 13/30	2 FILER NAME Mathew, Juli 3 Filer ID					
4	Date 10/17/2023	5 Payee name HEB Gas					
6	Amount (\$) \$51.32	7 Payee address; City; State; Zip Code 4724 Hwy 6 S Missouri City, TX 77459					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H					
	Date 08/14/2023	Payee name HOUSTON CENTER					
	Amount (\$) \$6.00	Payee address; City; State; Zip Code 909 Fannin St Houston, TX 77010					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date 07/25/2023	Payee name Hobby Lobby					
	Amount (\$) \$5.20	Payee address; City; State; Zip Code 246336 Commerical Dr Rosenberg, TX 77471					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
	Total pages Schedule F1: Sch: 9/24 Rpt: 14/30	Mathew, Juli
L	Date 08/06/2023	5 Payee name ICC
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 8888 W Bellfort Blvd Houston, TX 77031
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gala Table
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date 11/06/2023	Payee name ICC
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 8888 W Bellfort Blvd Houston, TX 77031
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date 10/30/2023	Payee name Immanuel Mar Thoma Church
	Amount (\$) \$30.00	Payee address; City; 'State; Zip Code 12803 Sugar Ridge Blvd Stafford, TX 77477
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Le	t/Awards/Memorials Expens gal Services ne Instruction Guide ex	Salaries/	Wages	s/Contract Labor	Travel Out of District OTHER (enter a category not listed	above)
1	Total pages Schedule F1:	2	FILER NAME			<u> </u>	1:	3 Filer ID	
	Sch: 10/24 Rpt: 15/30		Mathew, Juli						
4	Date	5	Payee name						
	08/02/2023		Is It Online						
6	Amount (\$) \$380.00	7	Payee address; 10862 Redsto Missouri City,		State; Zip C	ode			
8	PURPOSE	(a)			45	(b)	Description		
J	OF EXPENDITURE	(α)	Fees	ategories listed at the top of	this schedule)	(b)	Check if travel ou	utside of Texas. Complete Schedule T. TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeh	nolder name	Office so	ught		Office held	
	Date		Payee name						
	09/11/2023		KULTURE Re	stuarant					
_	Amount (\$)		Payee address;	City;	State; Zip C	ode			
	\$133.12			e las Americas Ste	Α				
			Houston, TX 7	7010					
	PURPOSE OF	(a)		ategories listed at the top of	this schedule)	(b)	Description		
	EXPENDITURE		Food/Beverag	e Expense				utside of Texas. Complete Schedule T. TX, officeholder living expense	
							Meeting		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	nolder name	Office so	ught		Office held	
	Date		Payee name						
	07/13/2023		Kroger Fuel						
	Amount (\$)		Payee address;	City;	State; Zip C	ode			
	\$47.86		18861 Univers	ity					
			Sugar Land, T	X 77479					
	PURPOSE OF	(a)		ategories listed at the top of	this schedule)	(b)	Description	utside of Texas. Complete Schedule T.	
	EXPENDITURE		Travel In Distr	ct				TX, officeholder living expense	
							Fuel		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	nolder name	Office so	ught		Office held	

SCHEDULE F1

dvertising Expense Event Expense Loan Repayment/Reimbu coounting/Banking Fees Office Overhead/Rental E

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 11/24 Rpt: 16/30	Mathew, Juli
4	Date	5 Payee name
	08/15/2023	Kroger Fuel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$52.97	18861 University
		Sugar Land, TX 77479
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
-	Date	Payee name
	08/24/2023	Kroger Fuel
-	Amount (\$)	Payee address; City; State; Zip Code
	\$56.41	18861 University
	Ψ30.41	10001 Offiversity
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	4
	Date	Payee name
	08/30/2023	Kroger Fuel
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.61	18861 University
		Sugar Land, TX 77479
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense
Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 12/24 Rpt: 17/30 Mathew, Juli 4 Date Payee name 09/06/2023 Kroger Fuel 6 Amount (\$) Payee address; City; State; Zip Code \$51.91 18861 University Sugar Land, TX 77479 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Fuel Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 09/13/2023 Kroger Fuel Amount (\$) Payee address; City; State; Zip Code \$53.08 18861 University Sugar Land, TX 77479 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Fuel Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 09/22/2023 Kroger Fuel Payee address; State; Zip Code City; Amount (\$) \$52.32 18861 University Sugar Land, TX 77479 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Fuel Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solaring Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

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. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 13/24 Rpt: 18/30 Mathew, Juli 4 Date Payee name 09/25/2023 Kroger Fuel 6 Amount (\$) Payee address; City; State; Zip Code \$54.98 18861 University Sugar Land, TX 77479 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Fuel Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/03/2023 Kroger Fuel Amount (\$) Payee address; City; State; Zip Code \$51.07 18861 University Sugar Land, TX 77479 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel In District EXPENDITURE Check if Austin, TX, officeholder living expense Fuel Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 11/06/2023 Kroger Fuel Amount (\$) Payee address; City; State; Zip Code \$44.17 18861 University Sugar Land, TX 77479 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Fuel Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Office Overneaum
Fees Pool/ing Expense
Gift/Awards/Memorials Expense
Food/Beverage Expense
Frinting Expense
Salaries/Wages/C

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 14/24 Rpt: 19/30	Mathew, Juli
4 Date	5 Payee name
11/15/2023	Kroger Fuel
6 Amount (\$) \$28.90	7 Payee address; City; State; Zip Code 18861 University Sugar Land, TX 77479
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/17/2023	Kroger Fuel
Amount (\$) \$25.50	Payee address; City; State; Zip Code 18861 University Sugar Land, TX 77479
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/08/2023	Kroger Fuel
Amount (\$) \$33.94	Payee address; City; State; Zip Code 18861 University Sugar Land, TX 77479
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not li	sted above)
L		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		
	Sch: 15/24 Rpt: 20/30	Mathew, Juli	
4	Date	5 Payee name	
	07/10/2023	Kroger	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	\$50.60	18861 University	
	φ30.00	10001 Offiversity	
		Sugar Land, TX 77479	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	т.
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Event	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	И	
	Date	Payee name	
	09/22/2023	Kroger	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.97	18861 University	
	Ψ11.91	10001 Offiversity	
		Sugar Land, TX 77479	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	т.
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Food	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	П	
	Date	Payee name	
	11/02/2023	Kroger	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	18861 University	
	\$100.00	10001 Offiversity	4
		Sugar Land, TX 77479	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	т.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Gift	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Oł	П	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense
Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 16/24 Rpt: 21/30 Mathew, Juli 4 Date Payee name 11/16/2023 Kroger State; Zip Code Payee address; 6 Amount (\$) City; \$73.07 18861 University Sugar Land, TX 77479 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Party Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 11/17/2023 Kroger Payee address; Amount (\$) City; State; Zip Code \$29.59 18861 University Sugar Land, TX 77479 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Fuel Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 10/04/2023 Literacy Counsel of Ft Bend Cty State; Zip Code Amount (\$) Payee address; City; 12530 Emily Court \$1,510.00 Sugar Land, TX 77478 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Event table Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Printing Expense Salaries/Wages/Contract Labor Travel Out of District
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 FILER NAME 3 Filer ID Sch: 17/24 Rpt: 22/30 Mathew, Juli Payee name 08/02/2023 Lone Star Exchange Club 6 Amount (\$) Payee address; City; State; Zip Code \$200.00 310 Morton St Richmond, TX 77469 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/24/2023 Los Gallitos Payee address; City; State; Zip Code Amount (\$) \$20.00 3385 Highway 6 Sugar Land, TX 77478 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/13/2023 Maheshs Kitchen Payee address; City; State; Zip Code Amount (\$) \$49.93 16019 City Walk Sugar Land, TX 77479 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selarias/Manas/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	d Committee	Legal Services The Instruction Guide ex		Wages	/Contract Labor	(OTHER (enter a category not listed	above)
1	Total pages Schedule F1:	2 FILER NAME					3 F	iler ID	
	Sch: 18/24 Rpt: 23/30	Mathew, Ju	li						
4	Date	5 Payee name							
	10/03/2023	Maldonado,	Antonio (Mr.)						
6	Amount (\$) \$50.00	7 Payee addre 6814 Evans Houston, TX	: St	State; Zip Co	ode				
8	PURPOSE	(a) Category (Se	ee Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Fees						e of Texas. Complete Schedule T.	
						Contract work		fficeholder living expense	
						Contract Worl	K		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offi H	ceholder name	Office sou	ıght			Office held	-
	Date	Payee name							
	09/28/2023	Manzanales	s, Joseph						
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode				
	\$500.00	8816 Ray M	IIII Drive						
		Houston, TX	(77080						
	PURPOSE OF	(a) Category (Se	ee Categories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Fees						e of Texas. Complete Schedule T. fficeholder living expense	
						Contract work		moenoider living expense	
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ıaht			Office held	
	expenditure to benefit C/OF								
_	Date	Payee name							
	12/06/2023	Mimi's Cafe							
_		Payee addres	ss; City;	State; Zip Co	odo				
	Amount (\$) \$14.26		ond Pkwy Suite 2100		Jue				
	φ14.20	1000 (((()))	Olid I Kwy Suite 2100						
		Richmond,	TV 77460						
					(1-)				
	PURPOSE OF		ee Categories listed at the top of age Expense	this schedule)	(D)	Description Check if travel	outside	e of Texas. Complete Schedule T.	
	EXPENDITURE	F00u/bever	age Expense					fficeholder living expense	
						Meeting			
	Complete ONLY if direct	Candidate/Office	ceholder name	Office sou	ight			Office held	
	expenditure to benefit C/OF	1						The second second	
									4

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Legal Se	ords/Memorials E ervices struction Guid			Vages	s/Contract Labor	Travel Out of District OTHER (enter a catego	ry not listed above)
1	Total pages Schedule F1:	2	FILER NAME							3 Filer ID	
L	Sch: 19/24 Rpt: 24/30		Mathew, Jul	li							
4	Date	5	Payee name								
	11/06/2023		Nayan Food	1							
6	Amount (\$)	7	Payee addres		City;	State	; Zip Co	de			
	\$43.15		14207 VIST	Ά							
			HOUSTON,	TX 7	7095						
8	PURPOSE OF	(a)	Category (Se			top of this sch	hedule)	(b)	Description		h. d. d. 7
	EXPENDITURE		Food/Bever	age E	xpense					outside of Texas. Complete S , TX, officeholder living expen	
									Meeting	,, emechanical litting expen	
9	Complete ONLY if direct		Candidate/Offic	cehold	er name	(Office sou	ght	-	Office held	
	expenditure to benefit C/OI	H									
	Date		Payee name								
	07/24/2023		Nordstram F	Rack							
Γ	Amount (\$)		Payee addres	ss;	City;	State	; Zip Co	de			
	\$374.07		2665 Town	Cente	r Blvd N						
			Sugar Land,	TX 7	7479						
	PURPOSE	(a)	Category (Se	e Catego	ories listed at the	top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Event Exper	ıse					_	outside of Texas. Complete S	
									Wardrobe	, TX, officeholder living expen	36
	Complete ONLY if direct	-	Candidate/Offic	eholde	er name	(Office sou	ght		Office held	
	expenditure to benefit C/Oł	Н									
	Date		Payee name								
	08/28/2023		SABA								
	Amount (\$)		Payee addres	ss;	City;	State	; Zip Co	de			
	\$75.00		7700 San Fe	elipe S	St Ste 275						
			Houston, TX	7701	.2						
	PURPOSE	(a)	Category (Se	e Catego	ories listed at the	top of this sch	nedule)	(b)	Description		to the T
	OF EXPENDITURE		Fees							outside of Texas. Complete S n, TX, officeholder living exper	
									Membership	,, omostolaci irriig capei	
-	Complete ONLY if direct		Candidate/Offic	ceholde	er name	(Office sou	ght		Office held	
	expenditure to benefit C/O	Н									
-										7	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Office Overhead/F
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 20/24 Rpt: 25/30	Mathew, Juli
4	Date	5 Payee name
	07/03/2023	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.86	351 Hwy 6 S
		Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ı	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
F	Date	Payee name
	10/10/2023	Sam's Club
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$154.78	351 Hwy 6 S
		Sugar Land, TX 77478
T	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Candy for Halloween and events
		Carry for Halloweeth and events
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_	Date	Payee name
	10/22/2023	Small Business Expo
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$253.61	Landmark Community Center
		2701 Cypress Point Drive
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Purchases made as gifts at the Small Business Expo
		for Ft Bend Cty
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 21/24 Rpt: 26/30	Mathew, Juli
4	Date	5 Payee name
	11/06/2023	St. Mary's Orthodox Church
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	9915 Belknap Rd
		Sugar Land, TX 77498
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas, Complete Schedule T.
		Candidate/Officeholder/Political Committee
		That took I don't all
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oł	- moo rought
	Date	Payee name
	09/05/2023	Starbucks
,	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	200 E Houston St
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting
(Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
[Date	Payee name
	09/28/2023	Stephen, George
-	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 868
		Katy, TX 77492
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	LA LIBERON	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	Carlotter Chief The Carlotter Chief

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (parter a category not listed above)

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 FILER NAME 3 Filer ID Sch: 22/24 Rpt: 27/30 Mathew, Juli 4 Date Payee name 08/14/2023 Sweet Paris 6 Amount (\$) Payee address; City; State; Zip Code \$59.09 15911 City Walk Sugar Land, TX 77479 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/31/2023 Taco Bell Payee address; Amount (\$) City; State; Zip Code \$16.85 3453 Hwy 6 South Sugar Land, TX 77478 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 09/01/2023 Taco Bell State; Zip Code Amount (\$) Payee address; City; \$9.95 3453 Hwy 6 South Sugar Land, TX 77478 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting Office sought Office held Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

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. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 23/24 Rpt: 28/30 Mathew, Juli 4 Date Payee name 10/19/2023 Trendia Global 6 Amount (\$) Payee address; City; State; Zip Code \$32.18 Unit 225, 1650 Premium Outlet Blvd Aurora, IL 60502 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Skirt Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name Trinity Mar Thoma Church 10/10/2023 Amount (\$) Payee address; City; State; Zip Code \$200.00 5810 Almeda Genoa Rd Houston, TX 77048 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 08/02/2023 Wal-Mart State; Zip Code Amount (\$) Payee address; City; \$39.75 5501 Hwy 6 Missouri City, TX 77459 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Food Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Travel in District Contributions/ Donations Made By -Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 24/24 Rpt: 29/30 Mathew, Juli Date Payee name 08/09/2023 Wal-Mart 6 Amount (\$) Payee address; City; State; Zip Code \$80.32 5501 Hwy 6 Missouri City, TX 77459 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Food Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/28/2023 Wal-Mart Payee address; State; Zip Code Amount (\$) City; \$51.12 5501 Hwy 6 Missouri City, TX 77459 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Food Office sought Office held Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 08/08/2023 Watson, Teana City; Payee address; State; Zip Code Amount (\$) \$50.00 301 Jackson County Court at Law 3 Richmond, TX 77469 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Loan Repayment/Reimbursement **EXPENDITURE** Check if Austin, TX, officeholder living expense Flowers for Funeral Office sought Office held Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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

SCHEDULE K

The Instru	uction Guide expl	lains how to comp	lete this form.		1		ages Scheo 11 Rpt: 30		
FILER NAME						Filer ID			
Mathew, Ju									
Date 10/02/2023	Mathew, Juli 6 Address of perso 301 Jackson	from whom amount is re		ip Code			8 Amoun	nt (\$)	\$300.0
	Richmons, TX	h amount is received		□ Charleif	liti	al acastri	le di se seto	un a d to file	
		n amount is received I to campaign CashAp	on instead of nersona	Check if p			bution retu	irned to file	er