

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: 10
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Nancy C</i> NICKNAME LAST SUFFIX <i>Mulder</i>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>6333 E. Mockingbird Ln Ste 147, PMB 843 Dallas, TX 75214</i>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(214) 679-7971</i>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Jabari</i> NICKNAME LAST SUFFIX <i>Johnson</i>

OFFICE USE ONLY	
Date Received BY <i>[Signature]</i> CO. CRIMINAL COURT OF APPEALS NO. 2 DALLAS COUNTY, TEXAS DEPUTY	2018 JUL 17 PM 2:29 JOHN F. WARREN COUNTY CLERK DALLAS COUNTY
Date Hand-delivered or Date Postmarked.	
Receipt #	Amount \$
Date Processed	
Date Imaged	

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2531 Club Terrace Dallas, TX 75237</i>
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(972) 746-5307</i>
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>01 / 01 / 2018 06 / 31 / 2018</i>
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11 ELECTION	ELECTION DATE: Month Day Year <i>11 / 06 / 2018</i> ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE OFFICE HELD (if any) <i>Judge, County Criminal Court #4</i>	13 OFFICE SOUGHT (if known)
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME

15 Filer ID (Ethics Commission Filers)

16 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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$2,400.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$3,015.92

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 537.26

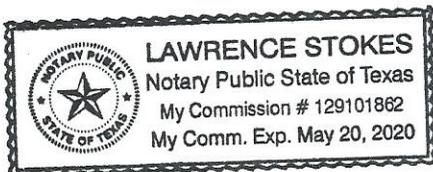
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Nancy Mulder, this the 12th day of July, 2018, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

LAWRENCE STOKES
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - JC/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 2,400. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,015. ⁹²
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: 2

2 FILER NAME **JUDGE NANCY MULDER**

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC ID#: _____

7 Amount of contribution (\$)

4/17/18

John Cook

\$1,000.00

6 Contributor address; City; State; Zip Code
4026 Lemmon Ave Dallas, TX 75219

8 Contributor's principal occupation

9 Contributor's job title

Attorney

Attorney at Law

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

John M. Cook Attorney at Law

n/a

12 If contributor is a child, law firm of parent(s) (if any)

na

Date

Full name of contributor out-of-state PAC ID#: _____

Amount of contribution (\$)

4/10/18

Nancy Mulder (self)

100.00

Contributor address; City; State; Zip Code
6333 E. Mockingbird Ln PMB 843 Dallas, TX 75214

Contributor's principal occupation

Contributor's job title

(Candidate / officer holder / filer)

Dallas, TX 75214

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor out-of-state PAC ID#: _____

Amount of contribution (\$)

9/24/17

Nancy Mulder (self)

\$300.00

Contributor address; City; State; Zip Code
(see above)

Contributor's principal occupation

Contributor's job title

(office holder) (filer)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: 2

2 FILER NAME **JUDGE NANCY MULDER**

3 Filer ID (Ethics Commission Filers)

4 Date
6/4/18

5 Full name of contributor out-of-state PAC ID#: _____
Nancy Mulder (self)

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
6333 E Mockingbird Ln Ste 147 PMB 843 Dallas, TX 75214

8 Contributor's principal occupation
Officeholder / filer

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date
6/5/18

Full name of contributor out-of-state PAC ID#: _____
Nancy Mulder (self)

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
(see above)

Contributor's principal occupation
Officeholder / filer

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor out-of-state PAC ID#: _____
Contributor address; City; State; Zip Code

Amount of contribution (\$)

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME JUDGE NANCY MULDER	3 Filer ID (Ethics Commission Filers)
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4 Date 2/20/18	5 Payee name Office MAX
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6 Amount (\$) \$125.08	7 Payee address; City; State; Zip Code 2415 N. Haskell Ave. Dallas, TX 75204
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office overhead + expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/21/18	Payee name Chino china town
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Amount (\$) \$20.70	Payee address; City; State; Zip Code 3011 Gulden Lane #110 Dallas, TX 75212
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage exp. (Judge lunch)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/16/18	Payee name Dallas Co. Democratic Party
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Amount (\$) \$125.00	Payee address; City; State; Zip Code 4209 Pamy Ave. Dallas, TX 75223
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee for DCDP Leadership Council	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>5</u>	2 FILER NAME JUDGE NANCY MULDER	3 Filer ID (Ethics Commission Filers)
4 Date: <u>3/22/18</u>	5 Payee name <u>Senate District 16 PAC / Texas Equity PAC</u>	
6 Amount (\$): <u>\$300.00</u>	7 Payee address; City; State; Zip Code <u>P.O. Box 2340 Austin, TX 78768</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Contribution</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>3/23/18</u>	Payee name <u>NWS Eagle Postal Center</u>
Amount (\$): <u>\$264.00</u>	Payee address; City; State; Zip Code <u>6333 E. Mockingbird Ln, Ste 147 Dallas TX 75214</u>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Rental Expense</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>3/26/18</u>	Payee name <u>Shannon Long Campaign</u>
Amount (\$): <u>\$100.00</u>	Payee address; City; State; Zip Code <u>90 Dallas Co. East Democrats 2059 Pecan Creek Mesquite, TX 75181</u>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Contribution</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME JUDGE NANCY MULDER	3 Filer ID (Ethics Commission Filers)
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4 Date 3/27/18	5 Payee name Texas Democratic Party
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6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code P.O. Box 116 Austin, TX 78767
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (Convention)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/6/18	Payee name Shequitta Kelly for Judge
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Amount (\$) \$65.00	Payee address; City; State; Zip Code P.O. Box 184703 Irving, TX 75015
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement for event ticket	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/17/18	Payee name The Black Academy of Arts + Letters
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Amount (\$) \$270.00	Payee address; City; State; Zip Code 650 S. Griffin St. Dallas, TX 75202
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense (tickets)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER JUDGE NANCY MULDER	3 Filer ID (Ethics Commission Filers)
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4 Date 4/25/18	5 Payee name Kroger
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6 Amount (\$) \$421.¹⁴	7 Payee address; City; State; Zip Code 4142 Cedar Springs Rd. Dallas, TX 75219
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense + Awards for staff	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/25/18	Payee name Campaign to Elect Winni Cannon
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Amount (\$) \$100.⁰⁰	Payee address; City; State; Zip Code P.O. Box 130882 Dallas, TX 75313
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/14/18	Payee name Facebook
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Amount (\$) \$50.⁰⁰	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/ Web Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>5</u>	2 FILER NAME JUDGE NANCY MULDER	3 Filer ID (Ethics Commission Filers)
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4 Date <u>6/21/18</u>	5 Payee name <u>North Dallas Texas Democratic Women</u>
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6 Amount (\$) <u>\$100.00</u>	7 Payee address; City; State; Zip Code <u>17201 Hidden Glen Dallas, TX 75248</u>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event Expense Sponsorship</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>1/7/18</u>	Payee name <u>Dallas Co. Dem. Party</u>
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Amount (\$) <u>\$375.00</u>	Payee address; City; State; Zip Code <u>4209 Parry Ave. Dallas, TX 75223</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees/ contribution</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>6/4/18</u>	Payee name <u>The Heads UP! Foundation</u>
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Amount (\$) <u>\$500.00</u>	Payee address; City; State; Zip Code <u>2531 club Terrace Dallas, TX 75237</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Donation</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED