

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: **17**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Nancy Mulder

OFFICE USE ONLY

Date Received

9 JAN 15 PM 1:20

FILED

JOHN J. WARREN
COUNTY CLERK
ALL AS COUNTY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

6333 E Mockingbird Ln.
Ste. 147, PMB 183, Dallas, TX 75214

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(214) 679-7971

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Jabari Johnson

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

2531 Club Terrace
Dallas, TX 75237

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(972) 746-5307

9 REPORT TYPE

- January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
- July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
07 / 01 / 2018 12 / 31 / 2018

11 ELECTION

ELECTION DATE: Month Day Year
11 / 06 / 2018

ELECTION TYPE:
 Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

Sledge
County Criminal Court #4

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME

Nancy C. Mulder

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

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

\$ 8,206.00

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,828.61

CONTRIBUTION
BALANCE

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

\$ 814.65

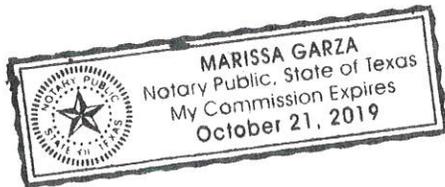
OUTSTANDING
LOAN TOTALS

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

\$ 0

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

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Nancy Mulder, this the 15th day of January, 20 19, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

marissa garza
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME <i>Nancy C. Mulder</i>	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)	\$ <i>4,206.00</i>
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	\$ <i>1,512.00</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input 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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>8316.61</i>
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 Nancy Mulder		3 Filer ID (Ethics Commission Filers)
4 Date 7/16/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ George R. Milner III	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 2828 N Harwood St. #1950 TX 75201 Dallas		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney at Law
10 Contributor's employer/law firm Milner, Finn and Price		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any) n/a		
Date 7/30/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ William T. Knox	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 900 Jackson St. #650 Dallas, TX 75202		
Contributor's principal occupation Attorney		Contributor's job title A Criminal Attorney
Contributor's employer/law firm The Law Office of Bill Knox		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any) n/a		
Date 9/11/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Nancy Mulder	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code Officeholder (see p.1)		
Contributor's principal occupation Judge		Contributor's job title Judge
Contributor's employer/law firm sub-employed.		Law firm of contributor's spouse (if any) Chris Mulder, Attorney at Law
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 Nancy C. Mulder		3 Filer ID (Ethics Commission Filers)
4 Date 11/28/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Nancy Mulder	7 Amount of contribution (\$) \$206.⁰⁰
6 Contributor address; City; State; Zip Code Officeholder (see p 1)		
8 Contributor's principal occupation Judge		9 Contributor's job title Judge
10 Contributor's employer/law firm self-employed		11 Law firm of contributor's spouse (if any) Chris Mulder, attorney at law
12 If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8-	2 FILER NAME Nancy C. Mulder	3 Filer ID (Ethics Commission Filers)
4 Date 7/16/18	5 Payee name Sonya's House, Inc.	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 7008 Sorcery Road, Dallas, TX 75249	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. Back to School Drive for indigent kids
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 7/19/18	Payee name Dallas County Democratic Party
Amount (\$) \$500.00	Payee address; City; State; Zip Code 4209 Pany Ave., Dallas, TX 75223
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation / Ad Expense
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. Dem Coordinated Campaign sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 7/25/18	Payee name Comerica Bank
Amount (\$) \$13.00	Payee address; City; State; Zip Code 1717 Main St. Dallas, TX 75201
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Bank account fee
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. Bank fee / monthly
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: 8	2 FILER NAME Nancy C. Mulder	3 Filer ID (Ethics Commission Filers)
4 Date 8/6/18	5 Payee name Marcella Moore	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 600 Commerce St. Ste. 740, Box 740 Dallas, TX 75202	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Freedom Run Registration payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 8/7/18	Payee name Dallas AFL-CIO	
Amount (\$) \$160.00	Payee address; City; State; Zip Code 1408 N. Washington Ave #240 Dallas, TX 75204	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Breakfast Ticket / Event Ad	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad Labor Day Breakfast Ticket
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 8/13/18	Payee name Theresa Daniel Campaign	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 181444 Dallas, TX 75218	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Theresa Daniel	Office sought County Commissioner 27 Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Sch F1: 8	2 FILER NAME <i>Nancy C. Mulder</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/23/18</i>	5 Payee name <i>Comerica Bank</i>	
6 Amount (\$) <i>\$13.00</i>	7 Payee address; City; State; Zip Code <i>1717 Main St, Dallas, TX 75201</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Bank Maintenance Fee - Campaign Acct.</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Monthly fee</i>

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/10/18</i>	Payee name <i>NAAAP Garland Branch</i>		
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 460944 Garland, TX 75046</i>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense + Ad Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Annual Branch Ad sheet</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/17/18</i>	Payee name <i>Lake Highlands/White Rock Democrats</i>		
Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 180 598 Dallas, TX 75218-0598</i>		

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 Sc 8	F1:	2 FILER NAME Nancy C. Mulder	3 Filer ID (Ethics Commission Filers)
4 Date 10/31/18	5 Payee name Alzheimer's Assoc		
6 Amount (\$) \$45.00	7 Payee address; City; State; Zip Code 3001 Knox St. #200 Dallas, TX 75205		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation on behalf of Judge Angela King		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense * Fundraiser for Alzheimer's Assoc.
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Angela King Office sought: Judge, County Court Ct #6 Office held:		
Date 11/5/18	Payee name Promise House, Inc		
Amount (\$) \$25.00	Payee address; City; State; Zip Code 224 W. Page Ave		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation to charity through candidate		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense * Donation to charity
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Carmen White Office sought: Judge, County Court Ct #8 Office held:		
Date 11/6/18	Payee name Christine Nguyen		
Amount (\$) \$50.00	Payee address; City; State; Zip Code 1121 Beachview Apt. 5209 Dallas, TX 75218		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salary/Wages		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor/sign posting
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedules 1-8	2 FILER NAME <i>Nancy C. Mulder</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/18/18</i>	5 Payee name <i>"DACES" Dallas County East Democrats</i>	
6 Amount (\$) <i>\$150.00</i>	7 Payee address; City; State; Zip Code <i>2059 Pecan Creek Dr Mesquite, TX 75181</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Sponsorship + Ad</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Annual Casino Night Sponsorship</i>
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>9/26/18</i>	Payee name <i>Comerica Bank</i>	
Amount (\$) <i>\$13.00</i>	Payee address; City; State; Zip Code <i>1717 Main St. Dallas, TX 75201</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Bank Account Fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Bank fee/monthly</i>
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>10/24/18</i>	Payee name <i>Comerica Bank</i>	
Amount (\$) <i>\$13.00</i>	Payee address; City; State; Zip Code <i>1717 Main St. Dallas, TX 75201</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Bank Account fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Bank fee/monthly</i>
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME <i>Nancy C. Mulder</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/7/18</i>	5 Payee name <i>Comerica Bank</i>	
6 Amount (\$) <i>\$34.00</i>	7 Payee address; City; State; Zip Code <i>1717 Main St. Dallas, TX 75201</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Campaign Bank account fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>onndraft fee</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date <i>11/14/18</i>	Payee name <i>Comerica Bank</i>	
Amount (\$) <i>\$6.00</i>	Payee address; City; State; Zip Code <i>1717 Main St. Dallas, TX 75201</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Bank Account fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>low balance fee</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date <i>11/15/18</i>	Payee name <i>Comerica Bank</i>	
Amount (\$) <i>\$6.00</i>	Payee address; City; State; Zip Code <i>1717 Main St Dallas, TX 75201</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Bank acct. fee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>low balance fee</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME <i>Nancy C. Mulder</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/16/18</i>	5 Payee name <i>Comerica Bank</i>	
6 Amount (\$) <i>\$6.00</i>	7 Payee address; City; State; Zip Code <i>1717 Main St. Dallas, TX 75201</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Campaign Bank acct bee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>overdraft/low balance bee</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>11/19/18</i>	Payee name <i>Comerica Bank</i>	
Amount (\$) <i>\$6.00</i>	Payee address; City; State; Zip Code <i>1717 Main St. Dallas, TX 75201</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Bank bee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <i>low balance</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>bee</i> <i>campaign acct</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>11/20/18</i>	Payee name <i>Comerica Bank</i>	
Amount (\$) <i>\$6.00</i>	Payee address; City; State; Zip Code <i>1717 Main St. Dallas, TX 75201</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Bank bee</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <i>low balance</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>bee</i> <i>campaign acct</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME <i>Nancy C. Mulder</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/27/18</i>	5 Payee <i>Comerica Bank</i>	
6 Amount (\$) <i>13.00</i>	7 Payee address; City; State; Zip Code <i>1717 Main St. Dallas, TX 75201</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Campaign account Bank fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Bank fee / monthly</i>

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/26/18</i>	Payee name <i>Comerica Bank</i>
Amount (\$) <i>\$13.00</i>	Payee address; City; State; Zip Code <i>1717 Main St. Dallas, TX 75201</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees - Bank</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign account Bank fees / monthly</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 4		2 FILER NAME Nancy Mulder		3 Filer ID (Ethics Commission Filers)	
4 Date 8/27/18		5 Payee name Uber Technologies, Inc			
6 Amount (\$) \$25.31		7 Payee address; City; State; Zip Code 1455 Market St. San Francisco CA 94103			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Uber paid in error thru Venmo, which was debiting campaign acct		(b) Description (See instructions regarding type of information required.) * Campaign reimbursed on 1/15/19, when error found, + will be reported.		
	Date 8/27/18		Payee name Uber Technologies, Inc.		
Amount (\$) \$24.47		Payee address; City; State; Zip Code 1455 Market St., San Francisco, CA 94103			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Uber paid/used in error thru Venmo, which was debiting campaign acct.		(b) Description (See instructions regarding type of information required.) (ride) campaign reimbursed on 1/15/19, when error was found, will report reimb. on next report.		
	Date 9/6/18		Payee name Uber Technologies, Inc.		
Amount (\$) \$15.00		Payee address; City; State; Zip Code 1455 Market St. San Francisco, CA 94103			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Uber paid/used in error thru Venmo, which debited campaign acct.		(b) Description (See instructions regarding type of information required.) (ride) campaign reimbursed on 1/15/19, when error discovered. will report reimb. on next report.		
	Date 8/27/18		Payee name Uber Technologies, Inc.		
Amount (\$) \$5.00		Payee address; City; State; Zip Code 1455 Market St. San Francisco, CA 94103			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Uber paid/used in error thru Venmo, which debited campaign acct.		(b) Description (See instructions regarding type of information required.) (ride) campaign reimbursed on 1/15/19, when error found. Will report reimb. on next report.		

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 4	2 FILER NAME Nancy C. Mulder		3 Filer ID (Ethics Commission Filers)
4 Date 10/3/18	5 Payee name Uber Technologies, Inc.		
6 Amount (\$) \$19.05	7 Payee address; City; State; Zip Code 1455 Market St., San Francisco, CA 94103		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) uber used/paid in error thru Venmo, which auto-debited campaign acct.	(b) Description (See instructions regarding type of information required.) (hide) campaign reimbursed on 1/15/19 when error found. will report reimp. on next report.	
Date 10/15/18	Payee name Uber Technologies, Inc.		
Amount (\$) \$18.06	Payee address; City; State; Zip Code 1455 Market St. San Francisco, CA 94103		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) uber used/paid in error thru Venmo, which auto-debited campaign acct.	Description (See instructions regarding type of information required.) (hide) campaign reimbursed on 1/15/19 when error found. will report reimp. on next report.	
Date 10/15/18	Payee name Uber Technologies, Inc.		
Amount (\$) 18.44	Payee address; City; State; Zip Code 1455 Market St. San Francisco, CA 94103		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) uber used/paid in error thru Venmo, which auto debited campaign account.	Description (See instructions regarding type of information required.) (hide) campaign reimbursed on 1/15/19 when error found. will report reimp. on next report.	
Date 10/3/18	Payee name Uber Technologies, Inc.		
Amount (\$) \$17.08	Payee address; City; State; Zip Code 1455 Market St. San Francisco, CA 94103		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) uber paid/used in error via Venmo which auto-debited campaign account	Description (See instructions regarding type of information required.) (hide) campaign reimbursed on 1/15/19 when error found. will report reimp. on next report.	

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SCHEDULE I

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1 Total pages Schedule I: 4	2 FILER NAME Nancy C. Mulder	3 Filer ID (Ethics Commission Filers)
4 Date 11/1/19	5 Payee name Uber Technologies, Inc	
6 Amount (\$) \$76.46	7 Payee address; City; State; Zip Code 1455 Market St. San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Uber paid/used in error via Venmo which auto-debited campaign account 11/5/19	(b) Description (See instructions regarding type of information required.) (hide) Campaign reimbursed on 1/15/19 when error found. Will report reimb. on next report.
Date 11/1/19	Payee name Uber Technologies, Inc	
Amount (\$) \$1.00	Payee address; City; State; Zip Code 1455 Market St. San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Uber used/paid in error via Venmo which auto debited campaign acct on 11/5/19	Description (See instructions regarding type of information required.) (hide) Campaign reimb. when error found. Will report reimb. on next report. Reimb on 1/15/19
Date 11/1/19	Payee name Uber Technologies, Inc	
Amount (\$) \$39.23	Payee address; City; State; Zip Code 1455 Market St. San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Uber used/paid in error via Venmo which auto debited campaign acct on 11/5/19	Description (See instructions regarding type of information required.) (hide) Campaign reimbursed when error found on 1/15/19. Will report reimb. next rep.
Date 12/29/18	Payee name Uber Technologies, Inc	
Amount (\$) \$29.66	Payee address; City; State; Zip Code 1455 Market St. San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Uber used/paid in error via Venmo which auto-debited campaign acct on 12/31/18	Description (See instructions regarding type of information required.) (hide) Campaign reimbursed when error found on 1/15/19. Will report reimb. on next rep.

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 4	2 FILER NAME Nancy C. Mulder		3 Filer ID (Ethics Commission Filers)
4 Date 12/29/19	5 Payee name Uber Technologies, Inc		
6 Amount (\$) \$27.85	7 Payee address; City; State; Zip Code 1455 Market St. San Francisco, CA 94103		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Uber used/paid in error in Venmo which debited campaign account on 12/31/19	(b) Description (See instructions regarding type of information required.) (ride) Campaign reimbursed when error found on 1/15/19. will report Reimb on next report.	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

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