FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00065774 11 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Rebeca C. NAME Date Received **ELECTRONICALLY FILED** 07/16/2023 NICKNAME LAST **SUFFIX** Martinez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 12373 MAILING Amount Receipt # **ADDRESS** Change of Address San Antonio, TX 78212 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dr. William T. NAME NICKNAME LAST **SUFFIX** Gonzaba M.D. STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 720 Pleasanton Rd. **ADDRESS** (Residence or Business) San Antonio, TX 78214 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 921-3800 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2023 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court of Appeals, Chief Justice Place 1 District 4 Court of Appeals, Chief Justice

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Martinez, Rebeca C.	(The Honorable)	14 Filer ID 00065774	(Ethics Comm	ission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	committees to s ceholder's know otice of such e	vledge or					
Additional Pages	COMMITTEE TYPE COMMITTEE NAME						
	GENERAL COMMITTEE ADDRESS						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS				
16 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, I OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALL				\$	0.00		
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAI	NS)	\$	0.00		
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS				\$	37.71		
		\$	854.83				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$	60,827.09		
OUTSTANDING LOAN TOTALS							
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required	ccompanying re to be reported	eport is by me		
		The Hono	rable Rebeca C. Mar	tinez			
		Signature of	of Candidate or Officeho	older			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subscribed before me, by the said, this the					day		
of	, 20, to co	ertify which, witness my hand and seal of office.					
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administerin	g oath		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	3 of 11								
	19 Filer ID (Ethics Commission Filers) Martinez, Rebeca C. (The Honorable) 00065774								
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE								
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$						
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 854.83						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
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	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$ 15.18						

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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 (Ethics Commission Filers)
	Sch: 1/6 Rpt: 4/11	Martinez, Rebeca C. (The Honorable) 00065774
4	Date	5 Payee name
	01/17/2023	Apple, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
		Cupertino, CA 95014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense icloud storage
		loloud Storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/O	
-	Date	Dougo nomo
		Payee name
	02/17/2023	Apple, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
		Cupertino, CA 95014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense icloud storage
		loloud Storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	03/17/2023	Payee name Apple, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
		Cupertino, CA 95014
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		icloud storage
		15.5 5.5 5.5 5.5 5.5
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -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 Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I 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 (Ethics Commission Filers)
	Sch: 2/6 Rpt: 5/11	Martinez, Rebeca C. (The Honorable) 00065774
4	Date	5 Payee name
	04/17/2023	Apple, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
		Cupertino, CA 95014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense icloud storage
		icioda storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	05/17/2023	Apple, Inc.
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	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
L		Cupertino, CA 95014
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense icloud storage
		lolodd Storage
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	06/20/2023	Apple, Inc.
L	Amount (\$)	
	\$9.99	
	Ф9.99	1 Apple Park Way
		Cupertino, CA 95014
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		icloud storage
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1	expenditure to benefit C/OI	
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
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1	Total pages Schedule F1: Sch: 3/6 Rpt: 6/11	2 FILER NAME Martinez, Rebeca C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065774
4	Date	5 Payee name
	03/20/2023	Capital Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.60	1400 Capital Ave, Ste. e1.006
		Austin, TX 78701
8	PURPOSE	
°	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Gift/Awards/Memorials Expense
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		gift
		3
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	01/23/2023	GoDaddy, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.16	14455 Hayden Road
		Scottsdale, AZ 85260
		I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Domain renewal
		Bomain tenewai
	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as a south
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/15/2023	GoDaddy, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.62	14455 Hayden Road
		Scottsdale, AZ 85260
		I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		msoffice renewal
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_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Com	nmittee	Gift/Awards/Memoria Legal Services	·		ages	/Contract Labor		Travel Out of DOTHER (enter	district a category not listed above)	
		_		The Instruction (Juide explains	now to cor	npie	ete tnis form.	_			
1	Total pages Schedule F1:	ı							3		(Ethics Commission F	ilers)
_	Sch: 4/6 Rpt: 7/11	┝		ebeca C. (The	Honorable)					00065774		
4	Date	ı	Payee name									
	01/27/2023		Halcyon So	uthtown								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$80.80		1414 South	Alamo								
			San Antonio	TX 78210								
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	expenditure to benefit C/OI	Н										
T	Date		Payee name									
	03/20/2023	ı	•	emocrats San	Antonio							
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	\$120.00		PO Box 128	•								
	÷==37 0 0											
			San Antonio), TX 7821 <i>2</i>								
_	PURPOSE	├				T	(b)	Description				
	OF		Event Expe	e Categories listed at	tne top of this sch	nedule)	(₩)		outsi	de of Texas. Co	mplete Schedule T.	
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								event ticket &	k m	embership	renewal	
	Complete ONLY if direct		andidate/Offi	ceholder name	(Office sou	ght			Office I	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	01/18/2023	ı	TurnItBlue									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
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	DUDESSE		Boulder, CC			г	<i>a</i> :					
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	expenditure to benefit C/O				`		٠٠٠.			2.1100 1	- -	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/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 Travel Out of District

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/6 Rpt: 8/11	Martinez, Rebeca C. (The Honorable) 00065774
4	Date	5 Payee name
	02/21/2023	TurnItBlue
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 780 Utica Ave
		Boulder, CO 80304
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website hostin
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/20/2023	TurnItBlue
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 780 Utica Ave
		Boulder, CO 80304
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website hostin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/18/2023	TurnItBlue
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 780 Utica Ave
		Boulder, CO 80304
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website hostin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
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Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/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
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I 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 (Ethics Commission Filers)
	Sch: 6/6 Rpt: 9/11	Martinez, Rebeca C. (The Honorable) 00065774
4	Date	5 Payee name
	05/18/2023	TurnItBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	780 Utica Ave
		Boulder, CO 80304
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website hostin
		Website Hostin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
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⊨	Date	David and the second
	06/20/2023	Payee name TurnItBlue
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	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	780 Utica Ave
		Boulder, CO 80304
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website hostin
		Website Hostin
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payso nama
	02/23/2023	Payee name USPS
	Amount (\$) \$63.00	Payee address; City; State; Zip Code 2400 McCullough
	φ03.00	2400 MCCullough
		Com Antonio TV 70040
		San Antonio, TX 78212
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		stamps
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

L							
l	The Instruction Guide explains how to complete this form.				al pages Schedule K:		
	THE IIISUU	otion during explains now to complete this form.	Sch: 1	/2 Rpt: 10/11			
2	FILER NAME		3		(Ethics Commission F	ilers)	
	Martinez, Re	ebeca C. (The Honorable)		00065	5774		
4	Date	5 Name of person from whom amount is received			8 Amount (\$)		
	01/31/2023	L/31/2023 Wells Fargo				\$2.61	
		6 Address of person from whom amount is received; City; State; Zip Code]		
		San Francisco, CA 94104					
		<u> </u>	ck if politi	cal cont	ribution returned to filer		
L		Interest					
	Date	Name of person from whom amount is received			Amount (\$)		
	02/28/2023	Wells Fargo				\$2.28	
		Address of person from whom amount is received; City; State; Zip Code			1		
		San Francisco, CA 94104					
		<u> </u>	ck if politi	cal cont	ribution returned to filer		
		Interest					
	Date	Name of person from whom amount is received			Amount (\$)		
	03/31/2023 Wells Fargo					\$2.60	
]				
		0 . 5 04.04404					
		San Francisco, CA 94104					
		_	ck if politi	cal cont	ribution returned to filer		
L		Interest					
	Date	Name of person from whom amount is received			Amount (\$)		
	04/28/2023	Wells Fargo				\$2.51	
		Address of person from whom amount is received; City; State; Zip Code					
		San Francisco, CA 94104					
		<u> </u>	ck if politi	cal cont	ribution returned to filer		
L		Interest					
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	05/31/2023 Wells Fargo					\$2.59	
1							
1		San Francisco, CA 94104					
_ · · · · · · · · · · · · · · · · · · ·					ribution returned to filer		
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INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 11/11 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Martinez, Rebeca C. (The Honorable) 00065774 5 Name of person from whom amount is received 8 Amount (\$) 06/30/2023 \$2.59 Wells Fargo 6 Address of person from whom amount is received; City; State; Zip Code San Francisco, CA 94104 Purpose for which amount is received Check if political contribution returned to filer Interest