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 Commis 00065774	sion Filers)	2 Total pages filed: 10	
3 CANDIDATE /	MS / MRS / MR	FIRST	00005774	MI		
OFFICEHOLDER	The Honorable	Rebeca C.		1VII	OFFICE USE ONLY	
NAME	The Honorable	Rebeca C.			Date Received	
					ELECTRONICALLY FILED	
	NICKNAME	LAST		SUFFIX		
		Martinez				
			<u>.</u>	ZIP CODE	Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT/SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered of Date Postinarked	
MAILING					Receipt # Amount	
ADDRESS	REDACTED PER	254.0313, GOV'T C	ODE			
Change of Address					Date Processed	
					Date Imaged	
					, in the second s	
5 CAMPAIGN	MS / MRS / MR	FIRST			 MI	
TREASURER	Dr.	William T.				
NAME						
	NICKNAME					
	NICKNAWE	LAST Gonzaba			SUFFIX M.D.	
		Gunzaba			WI.D.	
6 CAMPAIGN TREASURER	STREET ADDRESS (N	O PO BOX PLEASE);	APT	/ SUITE #; CITY;	STATE; ZIP C	ODE
ADDRESS						
(Residence or Business)	REDACTED PER	254.0313, GOV'T C	ODE			
(,						
7 CAMPAIGN TREASURER		PHONE NUMBER E	EXTENSION			
PHONE	(210) 921-3800					
8 REPORT TYPE				- <i>"</i> Г		
	X January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (officeholder only)	
	July 15	8th day before e	election	Exceeded modified	Final Report (Attach C/OH-FR)	
				reporting limit		
9 PERIOD	Month Day Y	′ear		Month Day	Year	
COVERED	07/01/2023		IROUGH	12/31/202		
					-	
10 ELECTION	ELECTION DA	re l		ELECTION TYPE		
		.	rimary	Runoff	Other	
			-			
		G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	í (if known)	
	Court of Appeals,Chi	ef Justice District 4				
	Į					
		CO T	O PAGE 2			
Forms provided by Te	xas Ethics Commissio	n www.et	hics.state.tx.us	3	Version V3.5.1.a18	Bea2ca

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 10

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13 C / OH NAME	Martinez, Rebeca C.	(The Honorable)	14 Filer ID 00065774	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accepted or pol These expenditures may have been d officeholders are required to report	made without the candidate's or off	iceholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
		COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASU	JRER NAME		
		COMMITTEE CAMPAIGN TREASU	JRER ADDRESS		
	1. TOTAL UNITEM	IZED POLITICAL CONTRIBUTIONS			
16 CONTRIBUTION TOTALS	[,] \$	0.00			
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANT	EES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	· · · · · · · · · · · · · · · · · · ·	IZED POLITICAL EXPENDITURES		\$	95.19
TOTALS	4. TOTAL POLIT	ICAL EXPENDITURES		\$	1,196.27
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	CAL CONTRIBUTIONS MAINTAINED	AS OF THE LAST DAY OF THE	\$	59,641.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDIN TING PERIOD	NG LOANS AS OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
			n, under penalty of perjury, that the a and includes all information required Election Code.		
			The Honorable Rebeca C. Ma	rtinez	
			Signature of Candidate or Officeh	nolder	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subso	cribed before me, by the s	aid	, this the		day
of	, 20, to c	ertify which, witness my hand and se	al of office.		
Signature of offic	cer administering oath	Printed name of officer adminis	stering oath Title of offic	cer administe	ring oath
Forms provided by Te	xas Ethics Commission	n www.ethics.state.tx.	us	Version V	3.5.1.a18ea2ca

FORM JC/OH COVER G 3 3 of 10

R	SHE	ET	PG

18 FILER NAME Martinez, Re	FILER NAME 19 Filer ID (E Martinez, Rebeca C. (The Honorable) 00065774									
20 SCHEDULE S NAME OF SC			SUBTOTAL AMOUNT							
1. 🗌 S	CHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$							
2. 🗌 S	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$							
3. 🗌 S	CHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$							
4. 🗌 S	\$									
5. X S	\$ 1,196.27									
6. 🗌 S	\$									
7. 🗌 S	\$									
8. 🗌 S	\$									
9. 🗌 S	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$							
10. 🔲 S	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$							
11. 🗌 S	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$							
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I O FILER	RETURNED	\$ 10.87							

SUBTOTALS - JC/OH

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FI	ER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 1/6 Rpt: 4/10	М	artinez, Rebeca C. (The Honorabl	e)				00065774		
4	Date 08/11/2023		yee name nerican Judges Association							
6	Amount (\$) \$255.00	30	yee address; City; Sta Newport Avenue illiamsburg, VA 23185	ate; Zip Co	ode					
8	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the top of this fice Overhead/Rental Expense	schedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense ewal		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	Office sou	ıght			Office held		
	Date	Pa	yee name							
	07/17/2023	A	pple, Inc							
	Amount (\$) \$9.99		yee address; City; Sta Apple Park Way	ate; Zip Co	ode					
			upertino, CA 95014							
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the top of this fice Overhead/Rental Expense	schedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense nonthly fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	Office sou	ight			Office held		
	Date	Pa	yee name							
	08/17/2023	A	pple, Inc							
	Amount (\$) \$9.99		yee address; City; Sta Apple Park Way	ate; Zip Co	ode					
		C	ipertino, CA 95014							
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the top of this fice Overhead/Rental Expense	schedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense nonthly fee		
	Complete ONLY if direct expenditure to benefit C/OF		didate/Officeholder name	Office sou	ught			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens nmittee Legal Services The Instruction Guide ex		Office Over Polling Exp Printing Exp Salaries/Wa	head ense pense ages/	e 'Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2		-		-		3	Filer ID (Ethics Commission Filers)	
_	Sch: 2/6 Rpt: 5/10		Martinez, Rebeca C. (The Honor	rable)					00065774	
4	Date	5	Payee name							
	09/18/2023		Apple, Inc							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le				
	\$9.99		1 Apple Park Way							
			Cupertino, CA 95014							
8	PURPOSE	(2)				(h)	Description			
0	OF	(a)	Category (See Categories listed at the top of Office Overhead/Rental Expense		iedule)	(0)	Description	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Once Overnead/Rental Expense	5					officeholder living expense	
							iCloud storag	e n	nonthly fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice soug	jht			Office held	
	Date		Payee name							
	10/18/2023		Apple, Inc							
	Amount (\$)		Payee address; City;	State	; Zip Coo					
	\$9.99			State,	, zip cot					
	49.99		1 Apple Park Way							
			Cupertino, CA 95014							
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expense	e					de of Texas. Complete Schedule T.	
							iCloud storag		officeholder living expense	
							iciouu storay	еп		
						.1.4				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	int			Office held	
	Date		Payee name							
	11/20/2023		Apple, Inc							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				
	\$9.99		1 Apple Park Way							
			Cupertino, CA 95014							
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	(alubau	(b)	Description			
	OF	Ľ	Office Overhead/Rental Expense		icuuic)	. ,		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE					į	Check if Austin	, тх,	officeholder living expense	
							iCloud storag	e n	nonthly fee	
	Complete ONLY if direct		Candidate/Officeholder name	C	Office soug	jht			Office held	
	expenditure to benefit C/OF	Η								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expens mittee Legal Services The Instruction Guide ex		Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	t	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME	-		-	3	Filer ID (Ethics Commission Filers)		
	Sch: 3/6 Rpt: 6/10		Martinez, Rebeca C. (The Honor	rable)				00065774		
4	Date 12/18/2023		Payee name Apple, Inc							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de				
	\$9.99		1 Apple Park Way Cupertino, CA 95014		ľ					
8	PURPOSE	(a)	Category (See Categories listed at the top of	of this sche	edule)	(b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense		cuuc)	Check if trav	stin, TX	ide of Texas. Complete Schedule T. , officeholder living expense nonthly fee		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held		
	Date		Payee name							
	11/03/2023		Fuel Express Travel Center							
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$47.50		2816 State Hwy 132 N Natalia, TX 78059							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Travel In District	of this sch	edule)		stin, TX	ide of Texas. Complete Schedule T. , officeholder living expense aredo		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held		
	Date		Payee name							
	07/26/2023		GoDaddy, Inc							
-	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$128.64		14455 Hayden Road							
			Scottsdale, AZ 85260							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Office Overhead/Rental Expense		edule)		stin, TX	ide of Texas. Complete Schedule T. , officeholder living expense]		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemer Fees Office Overhead/Rental Expense Food/Beverage Expense Office Supense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 4/6 Rpt: 7/10	Martinez, Rebeca C. (The Honorable)	00065774							
4	Date 07/20/2023	Payee name Northwest Democrats of Bexar County								
6	Amount (\$) \$190.00	Payee address;City;State;Zip CodeP.O. Box 681911San Antonio, TX 78268-1911								
8	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense ip renewal and event sponsorship							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/23/2023	Stonewall Democrats San Antonio								
	Amount (\$) \$120.00	Payee address; City; State; Zip Code PO Box 12814								
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense ip renewal							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/18/2023	TurnItBlue								
	Amount (\$) \$50.00	Payee address;City;State;Zip Code780 Utica Ave								
		Boulder, CO 80304								
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense hosting							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide expla		Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Sabadula E1:	5	· · ·	dino ii	000 10 001		3	Filer ID (Ethics Commission Filers)		
T	Total pages Schedule F1: Sch: 5/6 Rpt: 8/10		HILER NAME Martinez, Rebeca C. (The Honoral	ole)			3	Filer ID (Ethics Commission Filers) 00065774		
4	Date	5	Payee name							
	08/18/2023		TurnItBlue							
6	Amount (\$) \$50.00		Payee address; City; S 780 Utica Ave Boulder, CO 80304	tate;	Zip Cod	e				
8	PURPOSE	(a)	Category (See Categories listed at the top of th	is scher	dule) (b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense	50100		Check if travel	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense 1 g		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	nt		Office held		
	Date		Payee name							
	09/21/2023		TurnItBlue							
	Amount (\$)		Payee address; City; S	tate;	Zip Cod	e				
	\$50.00		780 Utica Ave Boulder, CO 80304							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th Office Overhead/Rental Expense	is scheo	dule) (ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense I g		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	nt		Office held		
	Date		Payee name							
	10/18/2023		TurnItBlue							
	Amount (\$) \$50.00		Payee address; City; S 780 Utica Ave	tate;	Zip Cod	e				
			Boulder, CO 80304							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th Office Overhead/Rental Expense	is scheo	dule) (ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense I g		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	nt		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Eve Fee Foo Gift nmittee Leg	ent Expense	nse s Expense	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	ymen head ense pense ages/	t/Reimbursement /Rental Expense Contract Labor		Transportation E Travel in District Travel Out of Di		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission File	ers)
	Sch: 6/6 Rpt: 9/10		Martinez, Reb	eca C. (The	Honorable)					00065774		
4	Date	5	Payee name									
	11/20/2023		TurnItBlue									
6	Amount (\$) \$50.00		Payee address; 780 Utica Ave Boulder, CO 8	City; 0304	State;	Zip Coo	de					
8	PURPOSE OF EXPENDITURE		Category _{(See C} Office Overhea			edule)			, TX,	officeholder livin	plete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	nolder name	C	Office soug	ght			Office h	eld	
	Date		Payee name									
	12/18/2023		TurnItBlue									
	Amount (\$) \$50.00		Payee address; 780 Utica Ave Boulder, CO 8		State;	Zip Coo	de					
	PURPOSE OF EXPENDITURE		Category _{(See C} Office Overhea			edule)			, TX,	officeholder living	plete Schedule T. 9 expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	nolder name	C	Office soug	ght			Office h	eld	

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

SCHEDULE K

The Instrue	cti	on Guide explains how to complete this form.		pages Schedule K: 1/1 Rpt: 10/10		
FILER NAME			3		D (Ethics Commission File	rs)
		ca C. (The Honorable)		0006		
Date	5	Name of person from whom amount is received			8 Amount (\$)	0.07
12/31/2023		Wells Fargo Address of person from whom amount is received; City; State; Zip Code				.0.87
	0	Address of person from whom amount is received, "City, State, 21p Code				
		San Francisco, CA 94104				
	7		olitio	cal con	tribution returned to filer	
		Interest				