

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) 00051411	2 Total pages filed: 10	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Dori	MI	OFFICE USE ONLY
	NICKNAME	LAST Contreras	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked
	REDACTED PER 254.0313, GOV'T CODE			Receipt # _____ Amount _____
				Date Processed _____
				Date Imaged _____
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Dru	MI	
	NICKNAME	LAST LaMantia	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	REDACTED PER 254.0313, GOV'T CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(956)	655-9206		
8 REPORT TYPE	<input checked="" 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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month	Day	Year	THROUGH
	07	01	2023	12/31/2023
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)
	Court of Appeals, Chief Justice District 13			

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Contreras, Dori (The Honorable) **14** Filer ID (Ethics Commission Filers)
00051411

15 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.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	2,124.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	15,619.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 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.

The Honorable Dori Contreras
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Contreras, Dori (The Honorable)	19 Filer ID (Ethics Commission Filers) 00051411
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input type="checkbox"/>	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$
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 FROM POLITICAL CONTRIBUTIONS	\$ 2,124.55
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input checked="" type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 792.63
12. <input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 307.91

POLITICAL EXPENDITURES 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: Sch: 1/3 Rpt: 4/10	2	FILER NAME Contreras, Dori (The Honorable)	3	Filer ID (Ethics Commission Filers) 00051411
4	Date 09/13/2023	5	Payee name Cameron County Bar Associaton WLS		
6	Amount (\$) \$100.00	7	Payee address; City; State; Zip Code 103 E. Price Road, Ste. B Brownsville, TX 78520		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sneakers for Students Sponsorship		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/14/2023		Payee name GoDaddy.com		
	Amount (\$) \$99.99		Payee address; City; State; Zip Code TX		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Domain Renewal		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/12/2023		Payee name Hidalgo County Democratic Party		
	Amount (\$) \$500.00		Payee address; City; State; Zip Code P.O. Box 4585 McAllen, TX 78502		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 2/3 Rpt: 5/10	2 FILER NAME Contreras, Dori (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051411
4 Date 07/20/2023	5 Payee name PSJA Education Foundation	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 601 E. Kelly St. Alamo, TX 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tickets for annual fundraiser
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2023	Payee name Texas Access to Justice Foundation	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 12886 Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LawTeria Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/14/2023	Payee name Texas Access to Justice Foundation	
Amount (\$) \$204.56	Payee address; City; State; Zip Code PO Box 12886 Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tickets to Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 3/3 Rpt: 6/10	2 FILER NAME Contreras, Dori (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051411
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4 Date 07/24/2023	5 Payee name Texas Democratic Women Coastal Bend
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6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 2701 Morgan Avenue, Suite 600 Corpus Christi, TX 78504
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
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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 09/11/2023	Payee name University of Houston Law Center
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 4604 Calhoun Road Houston, TX 77204
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Law Building Contribution
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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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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt: 7/10	2 FILER NAME Contreras, Dori (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051411
4 Date 07/21/2023	5 Payee name Castaneda, Tracy A	
6 Amount (\$) 200.00	7 Payee Address; City; State; Zip 1505 Alyssum Street Weslaco, TX 78599	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Administrative
Date 12/06/2023	Payee name Corpus Christi Bar Association	
Amount (\$) 288.00	Payee Address; City; State; Zip 555 N. Carancahua St. Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Poinsettia Fundraiser
Date 07/21/2023	Payee name Gourmet Faye	
Amount (\$) 212.00	Payee Address; City; State; Zip Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Farewell luncheon for Law Clerk
Date 08/30/2023	Payee name Texas Regional Bank	
Amount (\$) 8.00	Payee Address; City; State; Zip PO Box 5555 McAllen, TX 78502	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank Service Charge

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt: 8/10	2 FILER NAME Contreras, Dori (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051411
4 Date 09/11/2023	5 Payee name Texas Regional Bank	
6 Amount (\$) 50.93	7 Payee Address; City; State; Zip PO Box 5555 McAllen, TX 78502	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank Service Charge
Date 11/08/2023	Payee name Water Street Oyster Bar	
Amount (\$) 33.70	Payee Address; City; State; Zip 309 N. Water St. Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Lunch with Law Clerk

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 9/10
2 FILER NAME Contreras, Dori (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051411
4 Date 07/31/2023	5 Name of person from whom amount is received Texas Regional Bank	8 Amount (\$) \$0.29
	6 Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78502	
	7 Purpose for which amount is received Interest on checking account <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/31/2023	Name of person from whom amount is received Texas Regional Bank	Amount (\$) \$0.15
	Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78502	
	Purpose for which amount is received Interest on checking account <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/30/2023	Name of person from whom amount is received Texas Regional Bank	Amount (\$) \$0.79
	Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78502	
	Purpose for which amount is received Interest on checking account <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/31/2023	Name of person from whom amount is received Texas Regional Bank	Amount (\$) \$1.17
	Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78502	
	Purpose for which amount is received Interest on checking account <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/30/2023	Name of person from whom amount is received Texas Regional Bank	Amount (\$) \$0.99
	Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78502	
	Purpose for which amount is received Interest on checking account <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/2 Rpt: 10/10
2 FILER NAME Contreras, Dori (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051411
4 Date 09/08/2023	5 Name of person from whom amount is received Texas Regional Bank <hr/> 6 Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78502	8 Amount (\$) \$177.06
7 Purpose for which amount is received Interest on Certificate of Deposit <input type="checkbox"/> Check if political contribution returned to filer		
Date 09/11/2023	Name of person from whom amount is received Texas Regional Bank <hr/> Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78502	Amount (\$) \$1.13
Purpose for which amount is received Interest on Certificate of Deposit <input type="checkbox"/> Check if political contribution returned to filer		
Date 12/08/2023	Name of person from whom amount is received Texas Regional Bank <hr/> Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78502	Amount (\$) \$125.45
Purpose for which amount is received Interest on Certificate of Deposit <input type="checkbox"/> Check if political contribution returned to filer		
Date 12/30/2023	Name of person from whom amount is received Texas Regional Bank <hr/> Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78502	Amount (\$) \$0.88
Purpose for which amount is received Interest on checking account <input type="checkbox"/> Check if political contribution returned to filer		