JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instructior	n Guide explains how to	complete this form.	1	Filer ID (Ethics Commission Filers) 00081717		2 Total pages fi	led: 74
3 CANDIDATE /	MS / MRS / MR	FIRST	-		MI		USE ONLY
OFFICEHOLDER	The Honorable	Aurora Marti	nez				
NAME			102			Date Received	
						ELECTRONIC	ALLY FILED
	NICKNAME	LAST			SUFFIX	01/16/2024	
	NICKNAME				301117		
		Jones					
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CI	TY;		ZIP CODE	Date Hand-delivered of	or Date Postmarked
OFFICEHOLDER							
MAILING						Receipt #	Amount
ADDRESS	REDACTED PER	254.0313, GOV'T	COL	DE			
Change of Address						Date Processed	
						Date Processed	
						Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST				MI	
TREASURER	Mrs.	Virginia					
NAME	1011 3.	Virginia					
	NICKNAME	LAST				SUFFIX	
	Ginny	Agnew					
		-					
6 CAMPAIGN TREASURER	STREET ADDRESS (N	O PO BOX PLEASE);		APT / SUITE	E#; CITY;	51/	ATE; ZIP CODE
ADDRESS							
	REDACTED PER	254.0313, GOV'T	COI	DE			
(Residence or Business)							
			E 1/7	ENGLONI			
7 CAMPAIGN TREASURER		PHONE NUMBER	EXI	ENSION			
PHONE	(512) 473-2375						
8 REPORT							
TYPE	X January 15	30th day befo	re ele	ction Runoff			mpaign treasurer
				_	_	appointment (offi	
	July 15	8th day before	e elec		d modified	Final Report (Atta	ach C/OH-FR)
				reporting	IIIIII		
9 PERIOD	Month Day Y	'ear		М	onth Day	Year	
COVERED	07/01/2023		HRC	UGH	12/31/202		
	01101/2020				12/01/202		
10 ELECTION	ELECTION DAT			ELEC	TION TYPE		
	Month Day Y	'ear X	Prima	ry Ru	inoff	Other	
	03/05/2024		C				
			Gene	rai Sp	ecial		
11 OFFICE	OFFICE HELD (if any)	•		12 OFF	FICE SOUGHT	(if known)	
	District Judge District	126 Travis			trict Judge Di		
GO TO PAGE 2							
		GO	10	PAGE Z			
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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 74

I

13 C / OH NAME	Jones, Aurora Martin	ez (The Honorable)	14 Filer ID (00081717	Ethics Commission File	ers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	holder's knowledge or	
Additional Pages		COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		LZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ (0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	<i>c)</i>	\$ 14,620	0.00
EXPENDITURE TOTALS		ZED POLITICAL EXPENDITURES	3)	\$ (0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 28,198	8.28
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	\$ 14,217	7.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 3,000	0.00
17 AFFIDAVIT		l swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
		The Honorab	le Aurora Martinez J	ones	
		Signature of	Candidate or Officehole	der	
AFFIX NO	TARY STAMP / SEAL ABO	DVE			
		aid ertify which, witness my hand and seal of office.	, this the	day	
Signature of offic	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath	
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SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

3 of 74

The Instrue	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 1/20 Rpt: 4/74
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Jones, Auror	a Martinez (The Honorable)		00081717
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/22/2023	Almanza Blackburn Dickie & Mitchell LLP		\$500.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78746		
	rincipal Occupation	9 Contributor's Job Title	
Office Manaç			
10 Contributor's e		11 Law firm of contributor's sp	bouse (if any)
Office Manaç			
	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/22/2023	Alter, Alison (The Honorable))	\$100.00
00/22/2020	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Austin, TX 78756		
Contributor's F	rincipal Occupation	Contributor's Job Title	
City Council		City Council Member	
Contributor's e	mployer/law firm	Law firm of contributor's sp	pouse (if any)
City of Austir	l de la constante de		
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/19/2023	Andrae, Amanda		\$290.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78746		
	rincipal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's employer/law firm Law firm of contributor's sp			bouse (if any)
Andrae Law			
If contributor is	a child, law firm of parent(s) (if any)		
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The Instruc	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/20 Rpt: 5/74	
2 FILER NAME Jones, Auror	a Martinez (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081717	
4 Date 08/22/2023	 5 Full name of contributorout-of-state PAC (ID#:) Armbrust & Brown, PLLC 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$1,000.00	
	Austin, TX 78701			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title		
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date 08/01/2023	Full name of contributor out-of-state PAC (ID#:_ Ausley, Robbie Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00	
	Austin, TX 78731	1		
Contributor's F Not Employe	Principal Occupation	Contributor's Job Title N/A		
	employer/law firm	Law firm of contributor's sp	oouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)			
Date 11/07/2023	Full name of contributor out-of-state PAC (ID#:_ Baker Botts Amicus Fund Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,500.00	
	Houston, TX 77002			
Contributor's F	Principal Occupation	Contributor's Job Title		
Contributor's employer/law firm Law		Law firm of contributor's sp	oouse (if any)	
If contributor is a child, law firm of parent(s) (if any)				
	by Toyas Ethics Commission	s state ty us	Varsian V/2 5 1 Obfefb67	

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 3/20 Rpt: 6/74
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Jones, Auror	a Martinez (The Honorable)		00081717
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
08/13/2023	Belseth, Tymothy		\$40.00
	6 Contributor address; City; State; Zip Code		
0 Constributorio I	Pflugerville, TX 78660	0 Contributorio Job Title	
Researcher	Principal Occupation	9 Contributor's Job Title Research Coordinator	
10 Contributor's e	mplover/law firm	11 Law firm of contributor's sp	Douise (if any)
	ty of Texas at Austin	II Law IIIII of contributors sp	
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/28/2023	Blue, Sarah		\$100.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78728-4549		
Contributor's F	Principal Occupation	Contributor's Job Title	•
Professor		Associate Professor	
	employer/law firm	Law firm of contributor's sp	oouse (if any)
Texas State	-		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/31/2023	Bollier, Leslie		\$1,500.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78746		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Partner	
Contributor's employer/law firm Law firm of contributor's sp			pouse (if any)
Bollier Ciccone, LLP			
If contributor is	s a child, law firm of parent(s) (if any)		
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2 FILER NAME Jones, Auror	2 FILER NAME Jones, Aurora Martinez (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081717		
4 Date 08/14/2023	 5 Full name of contributor out-of-state PAC (ID#: Burke, Cecelia (The Honorable) 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$100.00		
	Austin, TX 78731				
8 Contributor's F	Principal Occupation	9 Contributor's Job Title			
Not Employe	d	N/A			
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	bouse (if any)		
N/A					
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)		
11/29/2023	Burke, Cecelia (The Honorable)		\$100.00		
	Contributor address; City; State; Zip Code				
	Austin, TX 78731				
Contributor's F	Principal Occupation	Contributor's Job Title			
Not Employe		N/A			
	employer/law firm	Law firm of contributor's sp	pouse (if any)		
N/A			(<i>"</i>		
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
08/13/2023	Callanan, Bethany		\$40.00		
	Contributor address; City; State; Zip Code				
	Austin, TX 78753				
Contributor's F	l Principal Occupation	Contributor's Job Title	1		
Operations N		Operations Manager			
Contributor's employer/law firm Law firm of contributor's sp		pouse (if any)			
Meta					
If contributor is	s a child, law firm of parent(s) (if any)				
L	by Taxas Ethics Commission	e etato ty ue	Version V2 5 1 Obfefh67		

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 5/20 Rpt: 8/74		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Jones, Aurora Martinez (The Honorable)			00081717		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)		
08/22/2023	Castillo, Cassandra		\$80.00		
	6 Contributor address; City; State; Zip Code				
	Austin, TX 78729				
8 Contributor's F	Principal Occupation	9 Contributor's Job Title			
Caseworker		Caseworker			
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	bouse (if any)		
DFPS					
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
08/10/2023	Conant, Alex		\$250.00		
	Contributor address; City; State; Zip Code				
	Austin, TX 78701				
	Principal Occupation	Contributor's Job Title			
Attorney		Partner			
	employer/law firm	Law firm of contributor's sp	bouse (if any)		
Amini & Con					
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
08/17/2023	Dean, Walter		\$50.00		
	Contributor address; City; State; Zip Code				
	Georgetown, TX 78628				
	Principal Occupation	Contributor's Job Title			
Attorney Attorney					
Contributor's employer/law firm Law firm of contributor's sp			bouse (if any)		
Self-Employed					
	s a child, law firm of parent(s) (if any)				
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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 6/20 Rpt: 9/74		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Jones, Aurora Martinez (The Honorable)			00081717		
4 Date	5 Full name of contributor 🔲 out-of-state PAC (ID	#:)	7 Amount of Contribution (\$)		
07/19/2023	Donder, Lauren		\$100.00		
	6 Contributor address; City; State; Zip Code				
	Austin, TX 78735				
8 Contributor's F	Principal Occupation	9 Contributor's Job Title			
Not Employe	d	N/A			
10 Contributor's e	employer/law firm	11 Law firm of contributor's s	pouse (if any)		
N/A					
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor Out-of-state PAC (ID	#:)	Amount of Contribution (\$)		
07/05/2023	Erwin, Mark	π)	\$50.00		
01103/2023					
	Contributor address; City; State; Zip Code				
	Austin, TX 78723	-			
	Principal Occupation	Contributor's Job Title			
IT		Technology Manager			
	employer/law firm	Law firm of contributor's s	pouse (if any)		
Travis Count	У				
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor 🛛 out-of-state PAC (ID	#:)	Amount of Contribution (\$)		
08/21/2023	Ezzell, Ehren		\$40.00		
	Contributor address; City; State; Zip Code				
	Austin, TX 78701				
Contributor's F	Principal Occupation	Contributor's Job Title			
Attorney		Owner			
			nouse (if any)		
Contributor's employer/law firm Law firm of contributor's sp The Ezzell Group PLLC					
	s a child, law firm of parent(s) (if any)				
Forme provide d	by Texas Ethics Commission www.eth	ion atoto ty			
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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 7/20 Rpt: 10/74
2 FILER NAME Jones, Aurora Martinez (The Honorable)			3 Filer ID (Ethics Commission Filers) 00081717
4 Date 08/21/2023	 5 Full name of contributor out-of-state PAC (ID#: Fernandes, Edward 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$500.00
	Austin, TX 78746		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Attorney		Partner	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
King & Spalo	ling		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/01/2023	Fritz Byrne, PLLC		\$250.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/10/2023	Fritz Byrne, PLLC		\$250.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
	hy Texas Ethics Commission www.ethic	s state ty us	Version V3.5.1.0hfcfh67

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 8/20 Rpt: 11/74
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Jones, Aurora Martinez (The Honorable)			00081717
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/23/2023	Hammons, Susan		\$40.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78748	T	
	rincipal Occupation	9 Contributor's Job Title	
Realtor		Realtor	
10 Contributor's e		11 Law firm of contributor's sp	oouse (if any)
Self-Employe	s a child, law firm of parent(s) (if any)		
	a clinu, law lifth of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/17/2023	Hayes, Sherrard	/	\$500.00
	Contributor address; City; State; Zip Code		
	Manchaca, TX 78652		
Contributor's P	Principal Occupation	Contributor's Job Title	
Attorney		Partner	
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)	
Weisbart Spr	inger Hayes LLP		
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/21/2023	Henderson, Mary		\$40.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78739		
Contributor's R	rincipal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's employer/law firm Law firm of contributor's sp		pouse (if any)	
State of Texas			
If contributor is	a child, law firm of parent(s) (if any)		
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/20 Rpt: 12/74	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Jones, Aurora Martinez (The Honorable)			00081717
	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/12/2023	Howard, Ann (The Honorable)		\$250.00
	6 Contributor address; City; State; Zip Code		
0 Constributoria	Austin, TX 78701	Contributorio Job Title	
County Com	Principal Occupation	9 Contributor's Job Title County Commissioner	
10 Contributor's e		11 Law firm of contributor's sp	
Travis Count			
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
07/27/2023	Jefts, Heather	/	\$40.00
	Contributor address; City; State; Zip Code		
	Cedar Park, TX 78613		
Contributor's F	Principal Occupation	Contributor's Job Title	1
Not Employe	d	N/A	
Contributor's e	mployer/law firm	Law firm of contributor's sp	bouse (if any)
N/A			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/18/2023	Jitnoom, Tammy		\$40.00
	Contributor address; City; State; Zip Code		
	Irving, TX 75061		
	Principal Occupation	Contributor's Job Title Model Court Coordinate	or.
Contributor's employer/law firm Law firm of contributor's sp Travis County			
	s a child, law firm of parent(s) (if any)		
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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 10/20 Rpt: 13/74
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Jones, Auror	a Martinez (The Honorable)		00081717
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/26/2023	Jobe, Connie		\$100.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78703		
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title	
Not Employe	d	N/A	
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)
N/A			
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/18/2023	Johnson, Kiara		\$40.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78752		
Contributor's P	rincipal Occupation	Contributor's Job Title	
Judicial Aide		Judicial Aide	
Contributor's employer/law firm Law firm of contributor's s		Law firm of contributor's sp	oouse (if any)
Travis Count			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/22/2023	Jones, Cortney		\$40.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78747		
	Principal Occupation	Contributor's Job Title	
Social Work		Founder	
	mployer/law firm	Law firm of contributor's sp	bouse (if any)
Change 1			
If contributor is	a child, law firm of parent(s) (if any)		
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The Instruc	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 11/20 Rpt: 14/74	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Jones, Auror	a Martinez (The Honorable)	00081717	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/27/2023	Killeen, Lindsay		\$40.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78723		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title Associate	
10 Contributor's e	mployor/law firm	11 Law firm of contributor's sp	
Jackson Wal			
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/06/2023	Kudolo, George)	\$40.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78250-3128		
Contributor's F	Principal Occupation	Contributor's Job Title	
Scientist		Chair Department of He	ealth Sciences
	mployer/law firm	Law firm of contributor's sp	oouse (if any)
Universe of	「exas		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/17/2023	Lackey, Holt		\$500.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78753		
Contributor's E	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
_	mployer/law firm	Law firm of contributor's sp	pouse (if any)
Holt Major La			
If contributor is	a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	cs.state.tx.us	Version V3.5.1.0bfcfb67

The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 12/20 Rpt: 15/74	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Jones, Auror	a Martinez (The Honorable)		00081717
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
08/17/2023	Littlejohn, Dan		\$250.00
	6 Contributor address; City; State; Zip Code		
	West Lake Hills, TX 78746		
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title	
Software Eng	gineer	Software Engineer	
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)
Cirrus Logic			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/01/2023	Lloyd Doggett for Congress		\$500.00
	Contributor address; City; State; Zip Code		
	Austin TV 70700		
Caratzilautaria	Austin, TX 78702	Contributorio Job Title	
Contributors P	rincipal Occupation	Contributor's Job Title	
Contributor's e	mployer/law firm	Law firm of contributor's sp	pouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/27/2023	Lott, Vicki		\$40.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78747		
Contributor's P	rincipal Occupation	Contributor's Job Title	•
Racial Equity	Racial Equity Consultant Consultant		
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)	
Joyce James	•		
If contributor is	s a child, law firm of parent(s) (if any)		
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The Instruc	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 13/20 Rpt: 16/74	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Jones, Auror	a Martinez (The Honorable)	00081717	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/25/2023	Mahone, Jonathan		\$50.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78754		
	Principal Occupation	9 Contributor's Job Title	
Founder		Founder/Director	
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	bouse (if any)
DAWA			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/05/2023	Mason, Barbara		\$50.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78726		
	Principal Occupation	Contributor's Job Title	
Not Employe		N/A	
N/A	mployer/law firm	Law firm of contributor's sp	bouse (if any)
	a child, law firm of parent(s) (if any)		
	s a child, law littl of parent(s) (if any)		
Data			Amount of Constribution (f)
Date 07/27/2023	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$) \$250.00
0112112023	Meroney, Ranelle Contributor address; City; State; Zip Code		÷230.00
	Contributor address, City, State, Zip Code		
	Austin, TX 78738		
Contributor's P	Principal Occupation	Contributor's Job Title	
Attorney		Partner	
-	mployer/law firm	Law firm of contributor's sp	pouse (if any)
	s Scully Mansukhani, LLP		
If contributor is	a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	cs.state.tx.us	Version V3.5.1.0bfcfb67

2 FILER NAME 3 Filer ID (Ethics Commissing Output of Contribution (Ethics Commissing Output of Contributof Output of Contribution (Ethics Commissing Out	on Filers)
1 Date 5 Full name of contributor O out of coto DAC (ID#)) 7 Amount of Contribution (\$)	
08/13/2023 Mims, Lisa	\$40.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78705	
8 Contributor's Principal Occupation 9 Contributor's Job Title	
Attorney Attorney	
10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any)	
Law Offices of Lisa Mims	
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
08/10/2023 Miracle, Virginia	\$50.00
Contributor address; City; State; Zip Code	
Austin, TX 78746	
Contributor's Principal Occupation Contributor's Job Title	
Customer Success Chief Customer Officer	
Contributor's employer/law firm Law firm of contributor's spouse (if any)	
ScaleFactor	
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
08/13/2023 Moyle, Rachel	\$100.00
Contributor address; City; State; Zip Code	
Austin, TX 78746	
Contributor's Principal Occupation Contributor's Job Title	
Attorney Attorney	
Contributor's employer/law firm Law firm of contributor's spouse (if any)	
Law Office of Rachel Moyle PLLC	
If contributor is a child, law firm of parent(s) (if any)	

The Instrue	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 15/20 Rpt: 18/74		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Jones, Auror	a Martinez (The Honorable)	00081717		
4 Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)	
08/24/2023	Naishtat, Elliott (The Honorable)		\$250.00	
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78757			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title		
Retired		N/A		
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	bouse (if any)	
N/A				
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
11/29/2023	Neavel, Nancy		\$40.00	
	Contributor address; City; State; Zip Code			
	Austin, TX 78703			
	Principal Occupation	Contributor's Job Title		
Not Employe		N/A		
N/A	employer/law firm	Law firm of contributor's sp	bouse (if any)	
	s a child, law firm of parent(s) (if any)			
	s a child, law intri of parent(s) (ii any)			
Data	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (ft)	
Date 08/21/2023	Full name of contributor out-of-state PAC (ID#: Parks, Ciara)	Amount of Contribution (\$) \$40.00	
00/21/2020	Contributor address; City; State; Zip Code			
	Contributor address, City, State, Zip Code			
	Manor, TX 78653			
Contributor's F	Principal Occupation	Contributor's Job Title		
Attorney		General Counsel		
	employer/law firm	Law firm of contributor's sp	pouse (if any)	
	l of Law Examiners			
If contributor is	s a child, law firm of parent(s) (if any)			
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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 16/20 Rpt: 19/74
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Jones, Auror	a Martinez (The Honorable)	00081717	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/25/2023	Peterson, Joan		\$140.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78751-4219		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e		11 Law firm of contributor's sp	bouse (if any)
Self-Employe			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/13/2023	Pollard, Nancy		\$40.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78703		
Contributor's F	Principal Occupation	Contributor's Job Title	
CEO		CEO	
Contributor's e	mployer/law firm	Law firm of contributor's sp	bouse (if any)
Friends of the	e ChildrenAustin		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/14/2023	Rivers, Richel		\$100.00
	Contributor address; City; State; Zip Code		
	Wimberley, TX 78676		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Partner	
Contributor's e	mployer/law firm	Law firm of contributor's sp	bouse (if any)
Rivers McNa	mara PLLC		
If contributor is	s a child, law firm of parent(s) (if any)	-	
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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 17/20 Rpt: 20/74
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Jones, Auror	a Martinez (The Honorable)		00081717
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
09/19/2023	Rivers, Richel		\$100.00
	6 Contributor address; City; State; Zip Code		
	Wimberley, TX 78676		
	Principal Occupation	9 Contributor's Job Title	
Attorney		Partner	
10 Contributor's e		11 Law firm of contributor's sp	oouse (if any)
Rivers McNa			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/10/2023	Ross Scalise Beeler and Pillischer Law Group		\$1,000.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorneys			
	employer/law firm	Law firm of contributor's sp	oouse (if any)
Ross Scalise	e Beeler and Pillischer Law Group		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/13/2023	Rourke, Kelli		\$100.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78703		
	Principal Occupation	Contributor's Job Title	
Not Employed N/A			
	employer/law firm	Law firm of contributor's sp	oouse (if any)
N/A			
If contributor is	s a child, law firm of parent(s) (if any)		
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The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 18/20 Rpt: 21/74		
2 FILER NAME Jones, Aurora Martinez (The Honorable)				
08/22/2023 Salek, Armin	Date 5 Full name of contributor out-of-state PAC (ID#:) 08/22/2023 Salek, Armin			
Austin, TX 78759				
8 Contributor's Principal Occupation	9 Contributor's Job Title	•		
Executive Director	Executive Director			
10 Contributor's employer/law firm	11 Law firm of contributor's sp	oouse (if any)		
Youth Justice Alliance				
12 If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
08/14/2023 Strittmatter, Missy		\$40.00		
Contributor address; City; State; Zip Code		1		
Austin, TX 78759				
Contributor's Principal Occupation	Contributor's Job Title			
Chief Development Officer	Chief Development Offi			
Contributor's employer/law firm	Law firm of contributor's sp	bouse (if any)		
Leadership Austin				
If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
07/27/2023 Tanner, Ilana		\$1,000.00		
Contributor address; City; State; Zip Code				
Austin, TX 78730				
Contributor's Principal Occupation	Contributor's Job Title			
Attorney Managing Partner				
Contributor's employer/law firm Law firm of contributor's s		bouse (if any)		
Self-Employed				
If contributor is a child, law firm of parent(s) (if any)	•			
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The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 19/20 Rpt: 22/74	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Jones, Auro	a Martinez (The Honorable)		00081717
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/28/2023	Thomas, Nicole		\$40.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78723		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Lawyer		Lawyer	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
Itron Inc.			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/05/2023	VOTE PAC		\$1,000.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78731		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
lf contributor i	a a child low firm of parant(a) (if any)		
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/17/2023	Watkins, Thomas		\$500.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Contributor's	Principal Occupation	Contributor's Job Title	
Attorney		Senior Counsel	
	employer/law firm	Law firm of contributor's sp	pouse (if any)
Husch Black			
If contributor is	s a child, law firm of parent(s) (if any)		
Eorme provided	by Texas Ethics Commission www.ethic	rs state tx us	Version V3 5 1 0hfcfh67

	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 20/20 Rpt: 23/74	
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)	
	Jones, Auroi	ra Martinez (The Honorable)				00081717	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/22/2023	Wooten, Kennon					\$100.00
		6 Contributor address; City; S	state; Zip Code				
		Austin, TX 78704					
8		Principal Occupation		9 Contributor's Job Title			
	Lawyer			Partner			
10		employer/law firm		11 Law firm of contributor's sp	oouse	e (if any)	
		ass & McConnico LLP					
12	If contributor is	s a child, law firm of parent(s) (if	any)				
			_				

	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 Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/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	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 1/44 Rpt: 24/74		Jones, Aurora Martinez (The Honorable	e)			00081717
4	Date	5	Payee name				
	07/07/2023		ActBlue				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$98.70		374 Summer St				
			Somerville, MA 02144				
8	PURPOSE	(a)			(b) Description		
Ŭ	OF	(,	Category (See Categories listed at the top of this sche Accounting/Banking	edule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		, looodnang, Danking		Check if Austin	, тх	, officeholder living expense
					Credit Card F	Pro	cessing Fees
9	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held
	expenditure to benefit C/OI	Η					
⊨	Date		Payee name				
	08/03/2023		ActBlue				
-	Amount (\$)	-	Payee address; City; State;	Zip Co	ha		
	\$26.85		374 Summer St	Zip Co			
	φ20.05		374 Summer St				
			Somerville, MA 02144				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Accounting/Banking				ide of Texas. Complete Schedule T.
					Credit Card F		, officeholder living expense
					Credit Card P	10	
-	Complete ONLY if direct		Candidate/Officeholder name C	Office sou			Office held
	expenditure to benefit C/OI				JIIC		Office field
╞		_					
	Date		Payee name				
	09/05/2023		ActBlue				
	Amount (\$)			Zip Co	de		
	\$116.10		374 Summer St				
			Somerville, MA 02144				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
			Accounting/Banking	ŕ	Check if travel	outs	ide of Texas. Complete Schedule T.
	EXPENDITURE						, officeholder living expense
					Credit Card F	Pro	cessing Fees
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held
	expenditure to benefit C/OI	Η					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			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: 2/44 Rpt: 25/74		Jones, Aurora Martinez (The Honorable	e)			00081717		
4	Date	5	Payee name						
	10/05/2023		ActBlue						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$3.00		374 Summer St						
			Somerville, MA 02144						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Accounting/Banking	,		outsi	de of Texas. Complete Schedule T.		
	EXPENDITORE						officeholder living expense		
					Credit Card F	Proc	cessing Fees		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	12/04/2023		ActBlue						
	Amount (\$) Payee address; City; State; Zip Code								
\$2.10 374 Summer St									
			Somerville, MA 02144						
	PURPOSE	(a)	Category (See Categories listed at the top of this scho	edule)	(b) Description				
	OF EXPENDITURE		Accounting/Banking	,	Check if travel	outsi	de of Texas. Complete Schedule T.		
	EXPENDITORE				Check if Austin, TX, officeholder living expense Credit Card Processing Fees				
					Credit Card F	roo	cessing Fees		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
		_							
	Date		Payee name						
	07/20/2023		Action Network						
	Amount (\$)			Zip Co	de				
	\$10.00		1900 L St NW						
			#900						
			Washington, DC 20036						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Advertising Expense				de of Texas. Complete Schedule T.		
							officeholder living expense		
					Database Sy	sie			
_				N#:			Office held		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							Οπιζε πεία		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				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: 3/44 Rpt: 26/74		Jones, Aurora Martinez (The Honorable	e)			00081717			
4	Date	5	Payee name							
	08/21/2023		Action Network							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$10.00		1900 L St NW							
			#900							
			Washington, DC 20036							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Advertising Expense	,	Check if travel		ide of Texas. Complete Schedule T.			
	EXPENDITORE						, officeholder living expense			
					Database Sy	ste	m			
_					1					
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Date		Payee name							
09/20/2023 Action Network										
Amount (\$) Payee address; City; State; Zip Code										
	\$10.00 1900 L St NW									
			#900							
			Washington, DC 20036							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Advertising Expense	····,			ide of Texas. Complete Schedule T.			
			Check if Austin, TX, officeholder living expense							
					Database Sy	ste				
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	sht		Office held			
	expenditure to benefit C/OF				jin		Once new			
	Date		Payee name							
	10/20/2023		Action Network							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$10.00		1900 L St NW							
			#900							
			Washington, DC 20036							
_	PURPOSE		Category (See Categories listed at the top of this sche		(b) Description					
	OF		Advertising Expense	edule)		outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	, тх	, officeholder living expense			
					Database Sy	ste	m			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/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/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense al Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Solicitation/Fundraising Exper Transportation Equipment & R Travel in District Travel Out of District OTHER (enter a category not	Related Expense			
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID (Ethics Co	ommission Filers)	
	Sch: 4/44 Rpt: 27/74		ones, Aurora Martinez (The	Honorable	e)			00081717		
4	Date	5 P	ayee name							
	11/20/2023	A	Action Network							
6	Amount (\$)	7 P	Payee address; City; State; Zip Code							
	\$10.00	1	900 L St NW							
		#	900							
		V	/ashington, DC 20036							
8	PURPOSE	(a) C	ategory (See Categories listed at the	top of this sche	edule)	b) Description				
	OF EXPENDITURE		dvertising Expense		,	Check if travel		ide of Texas. Complete Schedul	le T.	
	EXPENDITORE							, officeholder living expense		
						Database Sy	ste	m		
_	Operation ONITY is diverged	0-				1-4				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	U	Office soug	nt		Office held		
	Date	Р	ayee name							
12/20/2023 Action Network										
Amount (\$) Payee address; City; State; Zip Code										
	\$10.00 1900 L St NW									
		#	900							
		V	/ashington, DC 20036							
	PURPOSE	(a) C	ategory (See Categories listed at the	top of this sche	edule)	b) Description				
	OF EXPENDITURE		dvertising Expense		,			ide of Texas. Complete Schedul	le T.	
	EXPENDITORE							, officeholder living expense		
						Database Sy	ste	m		
	Complete ONLV if direct	<u> </u>	ndidate/Officeholder name		Office soug	ht		Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI			C	nice soug	n.		Onice held		
	Date	Р	ayee name							
	07/14/2023	A	mazon							
	Amount (\$)	Р	ayee address; City;	State;	Zip Coo	е				
	\$147.96	4	10 Terry Ave N							
		S	eattle, WA 98109							
	PURPOSE OF		ategory (See Categories listed at the		edule)	b) Description			_	
	EXPENDITURE	C	ffice Overhead/Rental Expe	nse				ide of Texas. Complete Schedul , officeholder living expense	le T.	
						Mugs for Jur				
	Complete ONLY if direct	Са	ndidate/Officeholder name	C)ffice soug	ht		Office held		
	expenditure to benefit C/OI									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/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				2	Filer ID (Ethics Commission Filers)			
1	Sch: 5/44 Rpt: 28/74		Jones, Aurora Martinez (The Honorable	e)		3	O0081717 (Ethics Commission Filers)			
4	Date	5	Payee name							
	07/14/2023		Amazon							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$198.10		410 Terry Ave N							
			Seattle, WA 98109							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(b) Description					
Ū	OF		Office Overhead/Rental Expense	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense			
					Supplies for	Jur	y Room			
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							Office held			
	Date		Payee name							
07/19/2023 Amazon										
Amount (\$) Payee address; City; State; Zip Code										
	\$146.10 410 Terry Ave N									
	φ140.10									
			Seattle, WA 98109							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITORE						neck if Austin, TX, officeholder living expense			
					Supplies for .	Jur	y Room			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held			
	Date		Payee name							
	07/19/2023		Amazon							
-	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$111.25		410 Terry Ave N	210 00						
	\$111.20		-10 10119 / 100 10							
			Seattle, WA 98109							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.			
							, officeholder living expense			
					Supplies for .	Jury				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	lht		Office held			
-										

	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:		3 Filer ID (Ethics Commission Filers)						
1	Sch: 6/44 Rpt: 29/74	Jones, Aurora Martinez (The Honorable)	00081717						
4	Date 07/20/2023	Payee name Amazon							
6	Amount (\$) \$12.98	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Supplies for Jury Room									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
07/24/2023 Amazon									
	Amount (\$) Payee address; City; State; Zip Code								
	\$155.93	410 Terry Ave N Seattle, WA 98109							
	PURPOSE OF EXPENDITURE	utside of Texas. Complete Schedule T. TX, officeholder living expense re for Chambers							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/24/2023	Amazon							
	Amount (\$) \$36.78	Payee address; City; State; Zip Code 410 Terry Ave N							
		Seattle, WA 98109							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Is in Chambers						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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		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:		3 Filer ID (Ethics Commission Filers)						
1	Sch: 7/44 Rpt: 30/74	Jones, Aurora Martinez (The Honorable)	00081717						
4	Date 07/27/2023	Payee name Amazon							
6	Amount (\$) \$130.13	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Office Supplies for Chambers								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/14/2023	Amazon							
	Amount (\$) \$33.47	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109							
	PURPOSE OF EXPENDITURE	PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/15/2023	Amazon							
	Amount (\$) \$124.47	Payee address; City; State; Zip Code 410 Terry Ave N							
		Seattle, WA 98109							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense re for Chambers						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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 Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/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				2	Filer ID (Ethics Commission Filers)			
L.	Sch: 8/44 Rpt: 31/74	2	Jones, Aurora Martinez (The Honorabl	e)		3	00081717			
4	Date	5	Payee name							
	09/18/2023		Amazon							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$39.64		410 Terry Ave N							
			Seattle, WA 98109							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description					
Ĩ	OF	(,	Office Overhead/Rental Expense	eaule)	-	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense			
					Office Suppli	es				
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							Office held			
	Date		Payee name							
	09/19/2023 Amazon									
	Amount (\$) Payee address; City; State; Zip Code									
	\$43.29 410 Terry Ave N									
	φ-0.20									
			Seattle, WA 98109							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	edule)			ide of Texas. Complete Schedule T.			
				Check if Austin, TX, officeholder living expense Office Supplies						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought				Office held			
	Date		Payee name							
	09/25/2023		Amazon							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$63.14		410 Terry Ave N	, 1						
			Seattle, WA 98109							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.			
					Furniture	, 17,	, officeholder living expense			
					runnure					
		Ľ	Condidate/Officeholder name		t		Office hold			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	Jui		Office held			

	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)							
	Total pages Schedule F1:		Filer ID (Ethics Commission Filers)							
	Sch: 9/44 Rpt: 32/74	Jones, Aurora Martinez (The Honorable)	00081717							
4	Date 09/25/2023	5 Payee name Amazon								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$26.26	410 Terry Ave N								
		Seattle, WA 98109								
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 Signage for Chambers										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Office held								
	Date	Payee name								
	09/25/2023	Amazon								
Amount (\$) Payee address; City; State; Zip Code										
	\$43.29	410 Terry Ave N Seattle, WA 98109								
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense ambers							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/25/2023	Amazon								
	Amount (\$) \$103.00	Payee address; City; State; Zip Code 410 Terry Ave N								
		Seattle, WA 98109								
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense ff in chambers							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services 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)						
1	Total pages Schedule F1:	PILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 10/44 Rpt: 33/74	Jones, Aurora Martinez (The Honorable)	00081717						
4	Date	Payee name							
	09/26/2023	Amazon							
6	Amount (\$) \$80.09	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Office Supplies									
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date	Payee name							
10/10/2023 Amazon									
	Amount (\$) \$11.90	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense option day decrees						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/28/2023	Amazon							
	Amount (\$) \$181.56	Payee address;City;State;Zip Code410 Terry Ave N							
		Seattle, WA 98109							
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Appreciation gifts for employees									
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	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	ommittee	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense					Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F1:					• • • • • •	2	Filer ID	(Ethics Commission Filers)	
-	Sch: 11/44 Rpt: 34/74		rora Martinez (The	Honorable))			00081717		
4	Date 12/12/2023	Payee name Amazon								
6	Amount (\$) \$13.74	7 Payee address; City; State; Zip Code \$13.74 410 Terry Ave N Seattle, WA 98109								
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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies										
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							eld			
	Date	Payee nam	e							
	12/13/2023 Amazon									
	Amount (\$) \$23.93	Payee address; City; State; Zip Code 410 Terry Ave N								
PURPOSE (a) Ca			A 98109 See Categories listed at the erage Expense	top of this sched	dule) (de of Texas. Com officeholder livinç	plete Schedule T. 9 expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/O	fficeholder name	Of	fice soug	nt		Office he	eld	
	Date	Payee nam	e							
	09/08/2023	American	Inns of Court							
	Amount (\$) Payee address; City; State; Zip Code \$425.00 225 Reinekers Ln Ste. 770 Alexandria, VA 22314 Alexandria, VA 22314									
	PURPOSE OF EXPENDITURE) Category Fees	See Categories listed at the	top of this sched	dule) (de of Texas. Com officeholder living	plete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/O	fficeholder name	Of	fice soug	nt		Office he	eld	

	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/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:		3 Filer ID (Ethics Commission Filers)						
	Sch: 12/44 Rpt: 35/74	Jones, Aurora Martinez (The Honorable)	00081717						
4	Date 09/01/2023	Payee name Austin AFL-CIO Council							
6	Amount (\$) \$263.47	Payee address; City; State; Zip Code P.O. Box 301074 Austin, TX 78703							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Print program ad							
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date	Payee name							
	07/13/2023 Austin Art Garage								
	Amount (\$) \$194.86	Payee address; City; State; Zip Code 2200 S. Lamar Blvd Unit J Austin, TX 78704							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Bental Expense (b) Description							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/28/2023	Austin Convention Center							
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 500 E. Cesar Chavez St							
		Austin, TX 78701							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Averhead/Rental Expense Parking							
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	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					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:	FILER N	JAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 13/44 Rpt: 36/74		Aurora Martinez (The	Honorable	e)			00081717	
4	Date	Payee r	ame						
	09/28/2023	Austin	Convention Center						
6	Amount (\$)	Payee a		State;	Zip Cod	e			
	\$10.00	500 E.	Cesar Chavez St						
		Austin,	TX 78701						
8	PURPOSE	a) Catego	y (See Categories listed at the	ton of this sche	edule) (I	Description			
	OF EXPENDITURE		Overhead/Rental Expe				outs	de of Texas. Comple	ete Schedule T.
	EXPENDITORE						n, TX	officeholder living e	xpense
						Parking			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidat	e/Officeholder name	0	office sougl	nt		Office held	d
	Date	Payee r	lame						
10/16/2023 Austin Enviromental Dems									
	Amount (\$)	ount (\$) Payee address; City; State; Zip Code							
	\$20.00	\$20.00 6112 Highlandale Dr							
			0						
		Austin,	TX 78731						
	PURPOSE OF		Y (See Categories listed at the		edule) (I	Description			
	EXPENDITURE		utions/Donations Mad ate/Officeholder/Politic		ittoo			de of Texas. Comple officeholder living e	
		Canulo	ale/Onicenoider/Foilli		lillee	Club dues	.,	oniconcluci nung c	Aponoo
	Complete ONLY if direct	Candidat	e/Officeholder name	0	office sough	nt		Office held	d
	expenditure to benefit C/OI				C C				
	Date	Payee r	ame						
	10/16/2023	,	Young Dems						
	Amount (\$)	Payee a	-	State [.]	Zip Cod	2			
	\$25.00		ledical Arts St	State,					
	φ20.00								
		Apt. 20							
		Austin,	TX 78705			_			
	PURPOSE OF		y (See Categories listed at the		edule) (I	Description		de ef Teure Oemal	ata Oshadula T
	EXPENDITURE		utions/Donations Mad ate/Officeholder/Politic		ittoo			de of Texas. Comple officeholder living e	
		Canulo			litee	Club dues	.,	g -	
-	Complete ONLY if direct	Candidat	e/Officeholder name	0	office sough	nt		Office held	d
	expenditure to benefit C/OI			C	9				
-									

	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 mittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/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	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 14/44 Rpt: 37/74		Jones, Aurora Martinez (The Honorable	e)			00081717		
4	Date	5	Payee name						
	10/23/2023	l '	Austin Young Dems						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$100.00		2910 Medical Arts St						
			Apt. 206						
			Austin, TX 78705						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dula)	(b) Description				
	OF		Contributions/Donations Made By	euule)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee			officeholder living expense		
					Event Sponse	ors	hip		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	ght		Office held		
	Date		Payee name						
	10/23/2023		Austin Young Lawyers Association						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$250.00	· ·	712 W. 16th St						
			Austin, TX 78701						
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commi	ittee			de of Texas. Complete Schedule T. officeholder living expense		
				liee	Event Sponsorship				
					·				
	Complete ONLY if direct		andidate/Officeholder name O	ffice sou	ght		Office held		
	expenditure to benefit C/OI	-							
	Date		Payee name						
	11/16/2023		Austin-Bergstrom International Airport						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$114.00	:	3600 Presidential Blvd						
			Austin, TX 78719						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE	· ·	Travel Out of District				de of Texas. Complete Schedule T.		
					Airport parkin		officeholder living expense		
					πιροιτραικιι	y I			
-	Complete ONLY if direct	Ļ	andidate/Officeholder name O	office soug	abt		Office held		
	expenditure to benefit C/Oł			mice sou	ym		Onice neid		

	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 Git/Awards/Memorials Expense mittee Legal Services The Instruction Guide explains I	Office Overh 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 Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 15/44 Rpt: 38/74		Jones, Aurora Martinez (The Honorable	e)			00081717
4	Date	5	Payee name				
	10/16/2023		Black Austin Dems				
6	Amount (\$)	7	Payee address; City; State;	Zip Cod	9		
	\$30.00		P.O. Box 300142				
		,	Austin, TX 78703				
8	PURPOSE	(a) (Category (See Categories listed at the top of this sche	edule) (b) Description		
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.
			Candidate/Officeholder/Political Comm	ittee		, 17,	, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Office soug	nt		Office held
	Date	6	Payee name				
	12/26/2023		BookBaby				
-	Amount (\$)		Payee address; City; State;	Zip Cod	9		
	\$30.77		7905 N. Crescent Blvd	p 000	-		
	+•••••						
			Pennsauken, NJ 08110				
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	Description Check if travel	nutsi	ide of Texas. Complete Schedule T.
	EXPENDITURE	`	Office Overhead/Rental Expense				, officeholder living expense
					Juvenile Law	Bo	ook
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sough	nt		Office held
	Date	I	Payee name				
	10/16/2023		Capital Area Democratic Women				
	Amount (\$)	1	Payee address; City; State;	Zip Cod	9		
	\$26.63		P.O. Box 12962				
		,	Austin, TX 78711				
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	b) Description		
	EXPENDITURE		Contributions/Donations Made By	:#***			ide of Texas. Complete Schedule T. , officeholder living expense
		'	Candidate/Officeholder/Political Comm	mee		, 17,	, uniceriolaer living expense
-	Complete ONLY if direct		andidate/Officeholder name C	Office soug	nt		Office held
	expenditure to benefit C/OH						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/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	· · · · ·			2	Filer ID (Ethics Commission Filers)	\neg
1	Sch: 16/44 Rpt: 39/74	2	Jones, Aurora Martinez (The Honorable)	e)			00081717	
4	Date	5	Payee name					
	12/01/2023		Chase Tower Garage					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$10.00		201 W. 6th St					
			Austin, TX 78701					
8	PURPOSE	(a)			(b) Description			\neg
Ŭ	OF	(4)	Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	dule)		outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Once Overneau/Nental Expense				, officeholder living expense	
					Parking			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Of	ffice sou	ht		Office held	
								_
	Date		Payee name					
	09/14/2023		Chick-Fil-A					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$11.79		5200 Buffington Rd					
			Atlanta, GA 30349					
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dulo)	(b) Description			
	OF	Ľ	Food/Beverage Expense	uule)	·	outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		· · · · · · · · · · · · · · · · · · ·				, officeholder living expense	
					Working Lun	ch		
	Complete ONLY if direct		Candidate/Officeholder name Of	ffice sou	ht		Office held	
	expenditure to benefit C/OI	Η						
	Date		Payee name					7
	12/13/2023		Chick-Fil-A					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$23.58		5200 Buffington Rd					
			Atlanta, GA 30349					
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.	
	EXPENDITORE					I, TX	, officeholder living expense	
					Staff meal			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	ht		Office held	
		1						
								7

	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 Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/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	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 17/44 Rpt: 40/74		Jones, Aurora Martinez (The Honorable	e)			00081717
4	Date 07/26/2023		Payee name Chuy's				
6	Amount (\$) \$137.30		Payee address; City; State; 1623 Toomey Rd Austin, TX 78704	Zip Co	le		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense eeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held
	Date		Payee name				
	09/13/2023		City of Austin - Parking				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$2.34		P.O Box 1088 Austin, TX 78767				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held
	Date		Payee name				
	08/14/2023		Cultured Atx				
	Amount (\$) \$1,182.09		Payee address; City; State; 1307 E. 28th St Unit A Austin, TX 78722	Zip Co	le		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		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/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense mmittee Legal Services 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)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 18/44 Rpt: 41/74	Jones, Aurora Martinez (The Honorable)	00081717				
4	Date 08/22/2023	Payee name Cupprimo					
6	Amount (\$) \$81.19	Payee address; City; State; Zip Code 8650 Spicewood Springs Rd #105 Austin, TX 78759					
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cupcakes for Kickoff 					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/07/2023	Do the Write Thing Texas					
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 1310 Praire Ste. 800 Houston, TX 77002					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/27/2023	Domino's Pizza					
	Amount (\$) \$72.24	Payee address; City; State; Zip Code 9616 N Lamar Blvd #187 Austin, TX 78753					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ner meeting				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services 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)				
1	Total pages Schedule F1:	FILER NAME	Filer ID (Ethics Commission Filers)				
	Sch: 19/44 Rpt: 42/74	Jones, Aurora Martinez (The Honorable)	00081717				
4	Date	Payee name					
	07/07/2023	Dove Springs Advisory Board					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$105.58	5801 Ainez Dr					
		Austin, TX 78744					
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF		tside of Texas. Complete Schedule T.				
	EXPENDITURE		X, officeholder living expense				
		Donation to Ba	ick to School Bash				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	11/10/2023	Dunkin Donuts					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$33.42	130 Royall St					
		Canton, MA 02021					
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense				
			Trip - New York				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held				
⊨	Date	Payee name					
	09/25/2023	Etsy.com					
-	Amount (\$)	Payee address; City; State; Zip Code					
	\$21.66	5 Washington St					
	Ψ21.00	-					
		Ste. 512					
		Brooklyn, NY 11201					
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense				
			n Room in Chambers				
	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		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
	Sch: 20/44 Rpt: 43/74	Jones, Aurora Martinez (The Honorable)	00081717				
4	Date 08/03/2023	5 Payee name Fedex Office					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
Ŭ	\$26.79	7900 Legacy Dr Plano, TX 75024					
8	PURPOSE	(a) Cotogony (b) Decoription					
Ū	OF		outside of Texas. Complete Schedule T. , TX, officeholder living expense ers for Chambers				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/03/2023	Fedex Office					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$19.42	7900 Legacy Dr Plano, TX 75024					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ments for presentation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
F	Date	Payee name					
	09/25/2023	Fedex Office					
	Amount (\$) \$31.38	Payee address; City; State; Zip Code 7900 Legacy Dr					
		Plano, TX 75024					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense inting for presentation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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 Loan Repayment/Reimbursemen Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
-	Sch: 21/44 Rpt: 44/74	Jones, Aurora Martinez (The Honorable)	00081717			
4	Date	Payee name				
	11/16/2023	Global Bazaar - Newark Liberty International Airport				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$5.00	3 Brewster Rd				
		Newark, NJ 07114				
8	PURPOSE					
ľ	OF		el outside of Texas. Complete Schedule T.			
	EXPENDITURE		stin, TX, officeholder living expense			
		Food durin	g work trip			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	08/25/2023	Godaddy.com				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$76.62	14455 N. Hayden Rd				
	\$10.0 <u>2</u>	Ste. 219				
		Scottsdale, AZ 85260				
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE		el outside of Texas. Complete Schedule T. stin, TX, officeholder living expense			
		Courts web				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O					
	Date	Payee name				
	07/31/2023	H-E-B				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$11.45	646 S. Flores St				
		San Antonio, TX 78204				
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE		el outside of Texas. Complete Schedule T.			
			stin, TX, officeholder living expense			
		Supplies to	r Community Meeting			
	_					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Superioration to benefit 0/01					

	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 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 22/44 Rpt: 45/74	Jones, Aurora Martinez (The Honorable)	00081717			
4	Date 08/23/2023	5 Payee name H-E-B				
6	Amount (\$) \$18.60	 Payee address; City; State; Zip Code 646 S. Flores St San Antonio, TX 78204 				
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ickoff			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	08/24/2023	H-E-B				
	Amount (\$) \$18.38	Payee address; City; State; Zip Code 646 S. Flores St				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ickoff			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/11/2023	H-E-B				
	Amount (\$) \$21.09	Payee address;City;State; Zip Code646 S. Flores St				
		San Antonio, TX 78204				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense 'ations for Chambers			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services 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)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 23/44 Rpt: 46/74	Jones, Aurora Martinez (The Honorable)	00081717				
4	Date 11/13/2023	 Payee name HBAA Charitable Foundation 					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$250.00	P.O. Box 12692 Austin, TX 78711					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	DF Contributions/Donations Made By					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/12/2023	Harland Clarke					
	Amount (\$) Payee address; City; State; Zip Code						
	\$42.67	15955 La Cantera Pkwy					
		San Antonio, TX 78256					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held				
⊢	Date	Payee name					
	07/21/2023	Heinrich, Allison					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$2,000.00	2301 Ohlen Rd					
	Ψ2,000.00						
		#107					
		Austin, TX 78757					
	PURPOSE OF	(b) Description Consulting Expense	itside of Texas. Complete Schedule T.				
	EXPENDITURE		rx, officeholder living expense nsulting				
	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 Legal Services The Instruction Guide explains I	Office Ove Polling Ex Printing Ex Salaries/W	xpense Vages/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	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 24/44 Rpt: 47/74		Jones, Aurora Martinez (The Honorable	e)			00081717
4	Date	5	Payee name				
	08/23/2023		Heinrich, Allison				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$2,000.00		2301 Ohlen Rd				
			#107				
			Austin, TX 78757				
8	PURPOSE	(₂)			(b) Description		
°	OF	(a)	Category (See Categories listed at the top of this sche Consulting Expense	edule)	(b) Description	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE						officeholder living expense
					Campaign Co	ns	ulting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ight		Office held
	Date		Payee name				
	10/23/2023		Heinrich, Allison				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$2,000.00	\$2,000.00 2301 Ohlen Rd					
			#107				
			Austin, TX 78757				
⊢	PURPOSE	(a)			(b) Description		
	OF	"	Category (See Categories listed at the top of this sche Consulting Expense	edule)		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Consulting Expense		Check if Austin,	тx,	officeholder living expense
					Campaign Co	ns	ulting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ight		Office held
⊨		_					
	Date		Payee name				
	07/20/2023		Hobby Lobby				
	Amount (\$)			Zip Co	ode		
	\$111.40		7707 S.W. 44th St				
			Oklahoma City, OK 73179				
	PURPOSE	(a)	Category (See Categories listed at the top of this scho	edule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense	-			de of Texas. Complete Schedule T.
	EXPENDITORE						officeholder living expense
					Office Furnitu	re	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ight		Office held
	superioration to benefit 0/01						

	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 FILER NAME	Filer ID (Ethics Commission Filers)			
	Sch: 25/44 Rpt: 48/74	Jones, Aurora Martinez (The Honorable)	00081717			
4	Date 07/24/2023	5 Payee name Hobby Lobby				
6	Amount (\$) \$369.07	7 Payee address; City; State; Zip Code 7707 S.W. 44th St Oklahoma City, OK 73179				
8	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/23/2023	Hyatt Regency Austin				
	Amount (\$) \$12.33	Payee address; City; State; Zip Code 208 Barton Springs Rd				
		Austin, TX 78704				
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense R			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
F	Date	Payee name				
	09/18/2023	Indeed Towers				
	Amount (\$) \$13.00	Payee address; City; State; Zip Code 200 W. Sixth St				
		Austin, TX 78701				
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense e ting			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:	· · · ·	3 Filer ID (Ethics Commission Filers)								
-	Sch: 26/44 Rpt: 49/74	Jones, Aurora Martinez (The Honorable)	00081717								
4	Date 11/15/2023	Payee name Ippudo Westside									
6	Amount (\$) \$152.07	Payee address; City; State; Zip Code 321 W. 51st St									
		New York, NY 10019									
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE	Travel Out of District	outside of Texas. Complete Schedule T. , TX, officeholder living expense work trin								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	11/17/2023	Le Mridien New York, Central Park									
	Amount (\$) \$418.16										
	DUDDOOF	New York, NY 10019									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense I g work trip								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	07/24/2023	Mailchimp									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$73.55	675 Ponce de Leon Ave NE									
		Ste. 5000									
		Atlanta, GA 30308									
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense Ə								
	Complete ONLY 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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 27/44 Rpt: 50/74	Jones, Aurora Martinez (The Honorable)	00081717							
4	Date 08/22/2023	Payee name Mailchimp								
6	Amount (\$) \$114.32	7 Payee address; City; State; Zip Code 82 675 Ponce de Leon Ave NE Ste. 5000 Atlanta, GA 30308								
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email Service									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/22/2023	Mailchimp								
	Amount (\$) Payee address; City; State; Zip Code									
	\$100.73	675 Ponce de Leon Ave NE Ste. 5000 Atlanta, GA 30308								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/23/2023	Mailchimp								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$100.73	675 Ponce de Leon Ave NE								
		Ste. 5000								
		Atlanta, GA 30308								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	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	mmittee	Fees Office Overhead/Rental Expense Ti Food/Beverage Expense Polling Expense Ti Gift/Awards/Memorials Expense Printing Expense Ti					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:	FILER NAME	1				3	Filer ID	(Ethics Commission Filers)		
	Sch: 28/44 Rpt: 51/74	Jones, Auro	ora Martinez (The He	onorable)				00081717			
4	Date	Payee name									
	11/22/2023	Mailchimp									
6	Amount (\$)	Payee address; City; State; Zip Code									
	\$100.73	675 Ponce de Leon Ave NE									
		Ste. 5000									
		Atlanta, GA 30308									
8	PURPOSE	Category			(h)	Description					
Ĩ	OF	Advertising	ee Categories listed at the top	of this schedule)			outsi	de of Texas. Com	nplete Schedule T.		
	EXPENDITURE	/ averaonig	Expense			Check if Austin	ı, ТХ,	officeholder living	g expense		
						Email Service	е				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offi	ceholder name	Office	sought			Office h	eld		
	Date	Payee name									
	12/22/2023	Mailchimp									
	Amount (\$)	Payee addre	ss; City;	State; Zip	Code						
	\$107.13 675 Ponce de Leon Ave NE										
		Ste. 5000									
		Atlanta, GA	30308								
	PURPOSE				(h)	Description					
	OF	Advertising	ee Categories listed at the top	of this schedule)		Description	outsi	de of Texas. Corr	nplete Schedule T.		
	EXPENDITURE	Auventising	Expense					officeholder living			
						Email Service	е				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Off	ceholder name	Office	sought			Office h	eld		
	Date	Payee name									
	08/11/2023	Marina Gar	age								
	Amount (\$)	Payee addre	ss; City;	State; Zip	Code						
	\$30.00	41 Bowie S	t								
		San Antonio	o, TX 78205								
	PURPOSE	Category (S	ee Categories listed at the top	of this schedule)	(b)	Description					
	OF EXPENDITURE	Travel Out	of District						nplete Schedule T.		
								officeholder living			
	Parking for Advanced Family Law CLE										
	0	0 11 1 10 10 10		~ //	<u> </u>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Off	ceholder name	Office	sought			Office h	eia		
	,										

			EXPENDITURE CATEGOR	RIES 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 Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/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	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 29/44 Rpt: 52/74		Jones, Aurora Martinez (The Honorable	e)			00081717				
4	Date 08/11/2023		Payee name Marriott San Antonio								
6	Amount (\$) \$1,462.10		Payee address; City; State; Zip Code 101 Bowie St San Antonio, TX 78205								
8	PURPOSE OF EXPENDITURE	F Travel Out of District									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name O	Office sou	ht		Office held				
	Date		Payee name								
09/27/2023 Martinez Jones, Aurora (The Honorable)											
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$3,000.00		P.O. Box 82331 Austin, TX 78708	·							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Loan Repayment/Reimbursement	edule)	Check if Austin	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Partial Loan Repayment 					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	ht		Office held				
	Date		Payee name								
	09/08/2023		National Association of Drug Court Pro	fessiona	S						
	Amount (\$) \$60.00			Zip Co							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fees	edule)			side of Texas. Complete Schedule T. K, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	Office sou	ht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awa Legal Se	everage Expense ards/Memorials Expe ervices		Office Ove Polling Exp Printing Ex Salaries/W			Transportation Travel in Distric Travel Out of D		
1	Total pages Schedule F1:	2 FILE	R NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 30/44 Rpt: 53/74		s, Aurora Ma	rtinez (The H	lonorable	e)			00081717		
4	Date	5 Pave	Payee name								
	08/14/2023		onal Associat	ion of Wome	n Judges	i					
6	Amount (\$)	7 Paye	e address;	City;	State;	Zip Co	de				
	\$263.17	1001	Connecticut	Ave, NW							
		Ste.	1138								
		Was	hington, DC 2	20036							
8	PURPOSE	(a) Cate	gory (See Categ	orios listod at the to	n of this scho	dulo)	(b) Description				
	OF	Fees				uule)		outs	ide of Texas. Cor	mplete Schedule T.	
	EXPENDITURE						Check if Austir	ı, TX	, officeholder livir	ng expense	
							Dues				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candio	late/Officehold	er name	O	ffice sou	Jht		Office h	neld	
	Date	Paye	e name								
	07/17/2023 National Council of Juvenile and Family Court Judges										
	Amount (\$)	Paye	e address;	City;	State;	Zip Co	de				
	\$103.30	P.O.	Box 8970								
		Ren	o, NV 89507								
	PURPOSE OF	a) Cate	gory (See Categ	ories listed at the to	p of this sche	edule)	(b) Description				
	EXPENDITURE		ributions/Dor didate/Office			#***			ide of Texas. Cor , officeholder livir	mplete Schedule T.	
		Can	liuale/Onicer	Ioidel/Politica		llee	Donation	1, 17	, oncentrater inn		
							2011000				
⊢	Complete ONLY if direct	Candio	late/Officehold	er name	0	ffice sou	t		Office h	neld	
	expenditure to benefit C/OI						-				
⊨	Date	Pavo	e name								
	12/15/2023		h Italia								
_	Amount (\$)	Pave	e address;	City;	State [.]	Zip Co	10				
	\$205.92		W. 2nd St	Oity,	Olule,	210 000					
	\$200.02	#120									
		Ausi	in, TX 78701								
	PURPOSE OF		gory (See Categ		p of this sche	edule)	(b) Description	outo	ide of Toylog Cor	malata Cabadula T	
	EXPENDITURE	Food	l/Beverage E	xpense					, officeholder livir	mplete Schedule T. na expense	
							Staff meal	1, 17			
-	Complete ONLY if direct	Candio	late/Officehold	er name	0	ffice sou	iht		Office h	neld	
	expenditure to benefit C/OH										
⊢											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Transportation E Travel in District Travel Out of Dis			
1	Total pages Schedule F1:	2 FILE	R NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 31/44 Rpt: 54/74		es, Aurora Martinez (The	e Honorabl	e)			00081717			
4	Date	5 Paye	e name				<u> </u>				
	12/15/2023		h Italia								
6	Amount (\$) \$14.99	#120									
		Aust	in, TX 78701								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		date/Officeholder name	C	Office soug	ht		Office h	eld		
	Date	Paye	e name								
08/03/2023 Office Depot											
	Amount (\$) Payee address; City; State; Zip Code \$173.43 6600 North Military Trl										
		Boca	a Raton, FL 33496								
	PURPOSE OF EXPENDITURE					ide of Texas. Complete Schedule T. , officeholder living expense Materials					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Office soug	ht		Office h	eld		
	Date	Paye	e name								
	07/31/2023	Part	y City								
	Amount (\$) \$27.60		e address; City; Tice Blvd	State;	; Zip Coc	e					
		Woo	dcliff Lake, NJ 07677								
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 Supplies for Community Meeting							g expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		date/Officeholder name	C	Office soug	ht		Office h	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	committee	Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction C	s Expense	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Transpo Travel ir Travel C	rtation E District Out of Dis	raising Expense quipment & Related Expense trict category not listed above)		
1	Total pages Schedule F1:						3 Filer I	<u> </u>	(Ethics Commission Filers)		
1	Sch: 32/44 Rpt: 55/74		Aurora Martinez (T	he Honorable	e)		00081				
4	Date 08/22/2023	Payee n Party C									
6	Amount (\$) \$85.34	Payee a 100 Tic Woodc		State;	Zip Cod	9					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description 											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	C	Office soug	nt	Of	ffice he	eld		
	Date	Payee n	ame								
	10/26/2023	Picnik									
	Amount (\$) \$42.32		urnet Rd	State;	Zip Cod	2					
	PURPOSE OF EXPENDITURE	a) Categor	TX 78756 Y (See Categories listed at everage Expense	the top of this sch	edule) (I	D) Description	i, TX, officehold	der living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	C	Office soug	nt	Of	ffice he	eld		
	Date	Payee n	ame								
	10/26/2023	Picnik									
	Amount (\$) \$153.82	Payee a 4801 B	ddress; City; urnet Rd	State;	; Zip Cod	ē					
			TX 78756			-					
	PURPOSE OF EXPENDITURE		Y (See Categories listed at everage Expense	the top of this sch	edule) (I	 Description Check if travel Check if Austir Check if Austir 	i, TX, officehold	der living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	C	Office soug	nt	Of	ffice he	eld		

	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/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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: 33/44 Rpt: 56/74	Jones, Aurora Martinez (The Honorable)	00081717							
4	Date 07/28/2023	Payee name Sam's Club								
6	Amount (\$) \$109.83	7 Payee address; City; State; Zip Code .09.83 2101 Southeast Simple Savings Dr Bentonville, AR 72712								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Supplies for Community Meeting										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/22/2023	Spec's								
	Amount (\$) \$300.29	Payee address; City; State; Zip Code 2410 Smith St								
		Houston, TX 77006								
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Drink for Kickoff 								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/05/2023	Starbucks								
	Amount (\$) \$43.30	Payee address; City; State; Zip Code 2401 Utah Ave S S-CR1 Seattle, WA 98134								
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense Sentation at courthouse							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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		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: 34/44 Rpt: 57/74	Jones, Aurora Martinez (The Honorable)	00081717								
4	Date	5 Payee name									
	07/24/2023	State Bar of Texas									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$280.00	\$280.00 1414 Colorado St									
		Austin, TX 78701									
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	EXPENDITURE		ıtside of Texas. Complete Schedule T. TX, officeholder living expense								
			A, oncentrate inving expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	10/16/2023	Stonewall Dems of Austin									
Amount (\$) Payee address; City; State; Zip Code											
	\$30.00 P.O. Box 40898										
		Austin, TX 78704									
	PURPOSE OF	(b) Description									
	EXPENDITURE		ıtside of Texas. Complete Schedule T. TX, officeholder living expense								
		Club dues	,								
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held								
	expenditure to benefit C/OI	C C									
-	Date	Payee name									
	07/11/2023	Texas Center for the Judiciary									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$50.00	1210 San Antonio St									
		Austin, TX 78701									
	PURPOSE OF	(b) Description									
	EXPENDITURE		utside of Texas. Complete Schedule T.								
			TX, officeholder living expense								
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held								
	expenditure to benefit C/OH										

	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 explains	Office Ove Polling Ex Printing E Salaries/V	erhea pense xpens Vages	se s/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	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 35/44 Rpt: 58/74		Jones, Aurora Martinez (The Honorat	ole)				00081717			
4	Date 07/22/2023		Payee name The Cathedral LLC								
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode						
	\$1,082.50 2403 E. 16th St										
		Austin, TX 78702									
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description					
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T.			
						Event Depos		, officeholder living expense			
						Event Depos	ii.				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ıght			Office held			
	Date		Payee name								
	07/22/2023		The Cathedral LLC								
	Amount (\$) Payee address; City; State; Zip Code										
	\$1,940.65 2403 E. 16th St										
	. ,										
			Austin, TX 78702		[<i>a</i> \						
	PURPOSE OF		Category (See Categories listed at the top of this so	chedule)	(b)	Description	outoi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Event Expense					, officeholder living expense			
						Rental Fee					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	l ıght			Office held			
	Date		Payee name								
	08/31/2023		The Cathedral LLC								
	Amount (\$)			e; Zip Co	ode						
	\$1,347.59		2403 E. 16th St	o, <u>Lip</u> ot	Juo						
	\$1,041.00		2400 2. 1001 00								
			Austin, TX 78702		1						
	PURPOSE OF		Category (See Categories listed at the top of this so	chedule)	(b)	Description	ou :+- ·	ide of Toylog, Complete Cabadyla T			
	EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T. , officeholder living expense			
						Rental Fee	, .,				
-	Complete ONLY if direct	<u>ر</u>	candidate/Officeholder name	Office sou	l Iaht			Office held			
	expenditure to benefit C/Oł			2	9.10						
-											

		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:		3 Filer ID (Ethics Commission Filers)							
Ĺ	Sch: 36/44 Rpt: 59/74	Jones, Aurora Martinez (The Honorable)	00081717							
4	Date	5 Payee name								
	09/01/2023	Travis County Democratic Party								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$1,030.00	P.O. Box 684263								
		Austin, TX 78768								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Contributions/Donations Made By	utside of Texas. Complete Schedule T.							
		Candidate/Officeholder/Political Committee	TX, officeholder living expense							
		Donation								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/OI		Onice neid							
	Date	Payee name								
	12/12/2023 Travis County Democratic Party									
⊢	Amount (\$) Payee address; City; State; Zip Code									
	\$1,500.00									
		Austin, TX 78768								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
		Filing Fee								
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/OI									
	Date	Payee name								
	09/07/2023	Uber Eats								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$14.72	1515 3rd St								
		San Francisco, CA 94158								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE		utside of Texas. Complete Schedule T.							
			TX, officeholder living expense							
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/Oł		C							
⊢										

	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 Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	erhea pense xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Total pages Schedule F1:	2		(Ethics Commission Filers)								
	Sch: 37/44 Rpt: 60/74		Jones, Aurora Martinez (The Honorabl	e)			5	Filer ID 00081717				
4	Date	5	Payee name									
	10/10/2023		Uber Eats									
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de							
	\$157.00	\$157.00 1515 3rd St										
			San Francisco, CA 04159									
_			San Francisco, CA 94158									
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description						
	EXPENDITURE		Travel Out of District			Check if Austin		officeholder living				
						Lunch Meetir						
						Editori mootii	.g .					
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH							Office he	eld			
⊨	Data	<u> </u>										
	Date		Payee name									
10/11/2023 Uber Eats												
	Amount (\$)		Payee address; City; State;	Zip Co	ode							
	\$25.09		1515 3rd St									
			San Francisco, CA 94158									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description						
	EXPENDITURE		Travel Out of District			X Check if travel		de of Texas. Com officeholder living				
							, 17,	unicendider hving	J expense			
						Lunch						
	Operation ONITY if all a st							0.000	- 1-1			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	gnt			Office he	eia			
L		-										
	Date		Payee name									
	10/27/2023		Uber Eats									
	Amount (\$)		Payee address; City; State;	Zip Co	ode							
	\$34.97		1515 3rd St									
			San Francisco, CA 94158									
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description						
	OF EXPENDITURE		Food/Beverage Expense						plete Schedule T.			
								officeholder living	g expense			
						Meeting Lunc	n					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ight			Office he	eld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Transportation Equipment & Rental Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel out of District					
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 38/44 Rpt: 61/74		Jones, Aurora Martinez (The Honor	able)				00081717
4	Date	5	Payee name					
	11/01/2023		Uber Eats					
6	Amount (\$)	7	Payee address; City; St	tate; Zip	o Code	9		
	\$24.25		1515 3rd St					
			San Francisco, CA 94158					
8	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(1) Description		
	OF EXPENDITURE		Food/Beverage Expense	,			outsi	ide of Texas. Complete Schedule T.
	EXPENDITORE							, officeholder living expense
						Meeting Lune	ch	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	e sough	nt		Office held
	Date		Payee name					
	11/02/2023		Uber Eats					
	Amount (\$)		Payee address; City; St	tate; Zip	o Code	9		
	\$26.59		1515 3rd St					
			San Francisco, CA 94158					
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(1	Description		
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.
						Meeting Lune		, officeholder living expense
	Complete ONLY if direct		Candidate/Officeholder name	Office	e sougł	nt		Office held
	expenditure to benefit C/OF			Onice	, sougi	it.		
_	Date	_						
	07/24/2023		Payee name Uber					
					Cad			
	Amount (\$)		,	tate; Zip		2		
	\$45.97		1515 3rd St					
			Con Francisco - 04 04150					
			San Francisco, CA 94158			_		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	(1	Description	outoi	ida of Tayloo, Complete Cebedule T
	EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T. , officeholder living expense
								esentation to San Francisco CASA
-	Complete ONLY if direct	L(Candidate/Officeholder name	Office	e sougł	nt		Office held
	expenditure to benefit C/OH							
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Fees Office Overhead/Rental Expense Transpor Food/Beverage Expense Polling Expense Travel in Gift/Awards/Memorials Expense Printing Expense Travel O			Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2					2	Filer ID	(Ethics Commission Filers)
1	Sch: 39/44 Rpt: 62/74		Jones, Aurora Martinez (The Honorable	e)			3	00081717	
4	Date	5	Payee name						
	10/10/2023		Uber						
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de				
	\$41.71		1515 3rd St						
			San Francisco, CA 94158						
8	PURPOSE				(h)	Description			
Ŭ	OF	(4)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		X Check if travel of	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Haver Out of District					officeholder living	
						 Rideshare			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Dffice sou	ght			Office he	eld
	Date		Payee name						
	10/17/2023		Uber						
	Amount (\$)		Payee address; City; State;	Zip Co	do				
				, Zip Cu	ue				
	\$63.45		1515 3rd St						
			San Francisco, CA 94158						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel Out of District	edule)		Description X Check if travel of Check if Austin, Check if Austin, Rideshare Check if Austin,		de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C	Dffice sou	ght			Office he	eld
	Date		Payee name						
	10/17/2023		Uber						
	Amount (\$)	-	Payee address; City; State;	; Zip Co	do				
	\$17.80		1515 3rd St	, Zip C0	ue				
	φ17.00		1515 510 50						
			San Francisco, CA 94158						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)		Description			
	OF EXPENDITURE		Travel Out of District			X Check if travel of			
							, TX,	officeholder living) expense
						Rideshare			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office he	eld
⊢									

	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 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 40/44 Rpt: 63/74	Jones, Aurora Martinez (The Honorable)	00081717					
4	Date 07/11/2023	5 Payee name Vantiv						
6	Amount (\$) \$166.25	7 Payee address; City; State; Zip Code 8500 Governors Hill Dr Symmes Township, OH 45249						
8	PURPOSE OF EXPENDITURE	Check if Austin, T	utside of Texas. Complete Schedule T. TX, officeholder living expense rocessing Fees					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/09/2023	Vantiv						
	Amount (\$) \$45.43	Payee address; City; State; Zip Code 8500 Governors Hill Dr						
		Symmes Township, OH 45249						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense OCESSING FEES					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/11/2023	Vantiv						
	Amount (\$) \$208.45	Payee address; City; State; Zip Code 8500 Governors Hill Dr						
		Symmes Township, OH 45249						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense 'OCESSING FEES					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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		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	Filer ID (Ethics Commission Filers)					
	Sch: 41/44 Rpt: 64/74	Jones, Aurora Martinez (The Honorable)	00081717					
4	Date 10/11/2023	5 Payee name Vantiv						
_								
0	Amount (\$) \$7.00	 7 Payee address; City; State; Zip Code 8500 Governors Hill Dr Symmes Township, OH 45249 						
8	PURPOSE	· · ·						
o	OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense OCESSING FEES					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/09/2023	Vantiv						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$0.50	8500 Governors Hill Dr Symmes Township, OH 45249						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense OCESSING FEES					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/11/2023	Vantiv						
-	Amount (\$)	Payee address; City; State; Zip Code						
	\$4.67	8500 Governors Hill Dr						
		Symmes Township, OH 45249						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense ocessing Fees					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
	Total names Schedule E1:		3 Filer ID (Ethics Commission Filers)						
ľ	Sch: 42/44 Rpt: 65/74								
4	Date	5 Payee name							
	11/16/2023	Wabi Sabi - Newark Liberty International Airport							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$6.21	3 Brewster Rd							
		Newark, NJ 07114							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Travel Out of District X Check if travel or	utside of Texas. Complete Schedule T.						
	EXPENDITORE		TX, officeholder living expense						
		Food during w	vork trip						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
⊨	Date	Pavee name							
	08/02/2023	Walmart							
⊢									
	Amount (\$)	Payee address; City; State; Zip Code 702 S.W. 8th St							
	\$63.87	702 S.W. 801 St							
		Bentonville, AR 72716							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense	utside of Texas. Complete Schedule T.						
			TX, officeholder living expense						
		Supplies for C	community Meeting						
_	Complete ONLV if direct	Candidate/Officeholder name Office sought	Office held						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	5	Onice neid						
	Date	Payee name							
	09/25/2023	Walmart							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$39.66	702 S.W. 8th St							
		Bentonville, AR 72716							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE		utside of Texas. Complete Schedule T.						
	-	Office Supplie	TX, officeholder living expense						
			3						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Onice neid						
\vdash									

	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 FILER NAME	B Filer ID (Ethics Commission Filers)					
	Sch: 43/44 Rpt: 66/74	Jones, Aurora Martinez (The Honorable)	00081717					
4	Date 12/14/2023	5 Payee name Walmart						
6	Amount (\$) \$78.08	7 Payee address; City; State; Zip Code 702 S.W. 8th St Bentonville, AR 72716						
8	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. 'X, officeholder living expense for chambers					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/29/2023	Whole Foods Market						
	Amount (\$) \$44.31	Payee address; City; State; Zip Code 525 N. Lamar Blvd						
	DUDDOOF	Austin, TX 78703						
	PURPOSE OF EXPENDITURE		ttside of Texas. Complete Schedule T. ^T X, officeholder living expense I d Supplies					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/15/2023	Whole Foods						
	Amount (\$) \$31.38	Payee address; City; State; Zip Code 550 Bowie St						
		Austin, TX 78703						
	PURPOSE OF EXPENDITURE	Check if Austin, T	itside of Texas. Complete Schedule T. 'X, officeholder living expense ffee Supplies for Chambers					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense									
	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District								
	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: 44/44 Rpt: 67/74	Jones, Aurora Martinez (The Honorable) 00081717								
4	Date 07/21/2023	5 Payee name Worley Printing Co								
6	Amount (\$) \$255.47	7 Payee address; City; State; Zip Code 3217 N. IH-35								
		Austin, TX 78722								
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business Cards, Flyers, Placards 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H								
1										

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

SCHEDULE K

The	e Instru	cti		l pages Schedule K: : 1/2 Rpt: 68/74			
	ER NAME es, Auror		Martinez (The Honorable)	3	Filer ID 00081	(Ethics Commission F 717	ilers)
4 Date 07/1	e 14/2023	5	Name of person from whom amount is received Frost Bank			8 Amount (\$)	\$1.51
		6	Address of person from whom amount is received; City; State; Zip Code				
			San Antonio, TX 78205				
		7	Purpose for which amount is received Check if Interest	politi	cal cont	ribution returned to filer	
Date 08/1	e 11/2023			Amount (\$)	\$1.40		
			San Antonio, TX 78205 Purpose for which amount is received Check if Interest	politi	cal cont	ribution returned to filer	
	Date Name of person from whom amount is received 09/14/2023 Frost Bank Address of person from whom amount is received; City; State; Zip Code					Amount (\$)	\$1.69
			San Antonio, TX 78205 Purpose for which amount is received	aliti		initian raturnad to filor	
			Interest	ропы	Cal Cont	ribution returned to filer	
	Date Name of person from whom amount is received 10/13/2023 Frost Bank Address of person from whom amount is received; City; State; Zip Code					Amount (\$)	\$1.27
			San Antonio, TX 78205 Purpose for which amount is received Check if Interest	politi	cal cont	ribution returned to filer	
Date 11/1	e 13/2023		Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$1.14
			San Antonio, TX 78205 Purpose for which amount is received Check if Interest	politi	cal cont	ribution returned to filer	
		L					

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

SCHEDULE K

	The Instru	ctio	on Guide explains how to complete this form.	1		pages Schedule K: 2/2 Rpt: 69/74
2	FILER NAME				D (Ethics Commission Filers)	
			Aartinez (The Honorable)		0008	
4	Date	5	Name of person from whom amount is received		8 Amount (\$)	
	12/13/2023		Frost Bank			 \$0.97
		6	Address of person from whom amount is received; City; State; Zip Code			
			San Antonio, TX 78205			
		7		oliti	cal con	tribution returned to filer
			Interest			

OUTSTAN	NDING LOANS	SCHEDULE L
The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 70/74
2 FILER NAME Jones, Aurora N	Martinez (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081717
LENDER INFORMATION	4 Name of lender Martinez Jones, Aurora (The Honorable)	
	5 Lender address; City; State; Zip Code	
	Austin, TX 78708	
GUARANTOR INFORMATION	6 Name of guarantor	
X not applicable	7 Guarantor address; City; State; Zip Code	

The Inst	ruction (Guide explains	s how to complete	this form.	1 Total pages Schedule T Sch: 1/4 Rpt: 71/74	ſ:			
2 FILER NAME				3 Filer ID (Ethics Co	mmission Filers)				
Jones, Aurora M	1artinez (T	he Honorable)	00081717						
4 Name of Contribut	4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee								
Austin-Bergstror	m Internati	ional Airport							
5 Contribution / Exp	enditure rep	ported on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1			
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
6 Dates of Travel	7 Name	of person(s) travel	ing						
	Martir	nez Jones, Auror	a (The Honorable)						
	8 Depart	ture city or name o	f departure location						
11/15/2023	Austin	ı, TX							
	9 Destin	ation city or name	of destination location						
11/15/2023		fork City, NY							
10 Means of transpor			avel (including name of c	conference seminar or	r other event)				
	lation	-	dership Project	omerence, seminar, or					
Name of Contribut	tor / Corpor	ation or Labor Org	anization / Pledgor /Pay	ee					
Dunkin Donuts		-							
Contribution / Exp	enditure rep	ported on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1			
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel		of person(s) travel							
	Martin	iez Jones, Auror	a (The Honorable)						
	Depart	ture city or name o	f departure location						
11/10/2023	Austin	n, TX							
	Destin	ation city or name	of destination location						
11/10/2023	New Y	York City, NY							
Means of transpor	tation	Purpose of tra	avel (including name of c	onference, seminar, or	r other event)				
		Presentation	n on Child Welfare Pil	ot to Casey Family P	Programs				
Name of Contribut	tor / Corpor	tion or Labor Org	anization / Pledgor /Pay						
Global Bazaar -	•		o y	ee					
		-							
Contribution / Exp									
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1			
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel	Name	of person(s) travel	ling						
	Martir	nez Jones, Auror	a (The Honorable)						
Departure city or name of departure location									
11/15/2023 Austin, TX									
			of destination location						
11/15/2023		fork City, NY							
			avel (including name of c	onference cominer er	r other event)				
Means of transpor	lation			conterence, seminar, or					
Judicial Leadership Project									

A Name of Contribut	or / Corporation o	Labor Organization / Pledgor /Pa							
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Ippudo Westside									
	5 Contribution / Expenditure reported on:								
Schedule A2	Schedul	X Schedule F1							
Schedule F2	Schedul		Schedule C2	Schedule D					
6 Dates of Travel	7 Name of pers								
	Martinez Jones, Aurora (The Honorable)								
	8 Departure city or name of departure location								
11/15/2023 Austin, TX									
		y or name of destination location							
11/15/2023	New York C	<u> </u>							
10 Means of transpor	tation 11 Pu	rpose of travel (including name o	f conference, seminar, or o	other event)					
	Ju	dicial Leadership Project							
Name of Contribut	or / Corporation o	Labor Organization / Pledgor /Pa	ayee						
Le Mridien New	York, Central Pa	ırk							
Contribution / Exp	enditure reported	on:							
Schedule A2	Schedul	e B Schedule B(J)	Schedule C2	Schedule D	X Schedule F1				
Schedule F2	Schedul	e F4 Schedule G	Schedule H	Schedule COH-UC					
Dates of Travel	Name of pers	on(s) traveling							
		nes, Aurora (The Honorable)							
		or name of departure location							
11/15/2023	Austin, TX								
		y or name of destination location							
11/15/2023	New York C								
Means of transpor	L	rpose of travel (including name o	f conference seminar or o	other event)					
means of transpor		dicial Leadership Project	reomerchee, seminar, or e						
	or / Corporation of	Labor Organization / Pledgor /Pa	ayee						
Uber									
Contribution / Exp									
Schedule A2	Schedul		Schedule C2	Schedule D	X Schedule F1				
Schedule F2	Schedul	e F4 Schedule G	Schedule H	Schedule COH-UC					
Dates of Travel	Name of pers								
	Martinez Jor	nes, Aurora (The Honorable)							
		or name of departure location							
10/09/2023	Austin, TX								
	Destination ci	y or name of destination location							
10/09/2023	Norman, OK								
Means of transportation Purpose of travel (including name of conference, seminar, or other event)									
Presentation for OK Court improvement Program Conference, Oklahoma Human Services									
Forms provided by 1	Texas Ethics Co	mmission www.eth	nics.state.tx.us		Version V3.5.1.0bfcfb67				

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Uber								
5 Contribution / Expenditure reported on:								
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1			
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
6 Dates of Travel	7 Name of person(s) traveling							
		Aurora (The Honorable)						
10/17/2023	8 Departure city or name of departure location Austin, TX							
	9 Destination city or name of destination location							
10/17/2023	San Francisco, CA							
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)								
Presentation on Child Welfare Pilot to San Francisco CASA								
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Uber								
Contribution / Expe	enditure reported on:							
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1			
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel	Name of person(s)	traveling						
	Martinez Jones, Aurora (The Honorable)							
	Departure city or name of departure location							
10/17/2023	Austin, TX							
	Destination city or name of destination location							
10/17/2023	San Francisco, CA							
Means of transport		e of travel (including name of Itation on Child Welfare Pi						
Name of Contribut	or / Corporation or Lab	or Organization / Pledgor /Pay	yee					
Uber Eats								
Contribution / Expe	enditure reported on:							
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1			
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel	Name of person(s)	÷						
		Aurora (The Honorable)						
		ame of departure location						
10/09/2023	Austin, TX							
10/09/2023	Destination city or name of destination location Norman, OK							
Means of transport		e of travel (including name of	conference, seminar, or	other event)				
Means of transportationPurpose of travel (including name of conference, seminar, or other event)Presentation for OK Court improvement Program Conference, Oklahoma Human Services								
Forms provided by 1	exas Ethics Commis	sion www.ethi	cs.state.tx.us		Version V3.5.1.0bfcfb67			

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee									
Uber Eats									
5 Contribution / Expenditure reported on:									
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1				
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC					
6 Dates of Travel	7 Name of person(s) traveling								
	Martinez Jones, Aurora (The Honorable)								
	8 Departure city or name of departure location								
10/09/2023	Austin, TX								
10/09/2023	 9 Destination city or name of destination location Norman, OK 								
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)									
Presentation for OK Court improvement Program Conference, Oklahoma Human Services									
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Wabi Sabi - Newark Liberty International Airport									
	-	i Airpoit							
	nditure reported on:				Cohodula 51				
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1				
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC					
Dates of Travel	Name of person(s) tra								
	Martinez Jones, Aurora (The Honorable)								
	Departure city or name	e of departure location							
11/15/2023	Austin, TX								
	Destination city or nan	ne of destination location							
11/15/2023	New York City, NY								
Means of transpor	ation Purpose of travel (including name of conference, seminar, or other event) Judicial Leadership Project								