#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088292 15 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Amber M. NAME Date Received **ELECTRONICALLY FILED** 02/05/2024 NICKNAME LAST **SUFFIX** Boyd-Cora CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 8467 MAILING Receipt # Amount **ADDRESS** Change of Address Houston, TX 77288 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Amber M. NAME NICKNAME LAST **SUFFIX** Boyd-Cora STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 9 N Lincoln **ADDRESS** (Residence or Business) Texas City, TX 77591 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 815-8440 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff X appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 02/05/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 9 District 1

**GO TO PAGE 2** 

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Boyd-Cora, Amber M	. (Mrs.)	14 Filer ID 00088292	(Ethics Com	mission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	ures made by political of the candidate's or offic n only if they receive n	eholder's kno	wledge or			
Additional Pages						
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	29.08	
		ICAL CONTRIBUTIONS				
EXPENDITURE	·	PLEDGES, LOANS, OR GUARANTEES OF LOAN ZED POLITICAL EXPENDITURES		0.00		
TOTALS				\$	0.00	
		ICAL EXPENDITURES		\$	4,102.95	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	2,816.13	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT						
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.				
		Mrs. A	mber M. Boyd-Cora			
		Signature of	f Candidate or Officeho	older		
AFFIX NO	TARY STAMP / SEAL AB	DVE				
Sworn to and subso	cribed before me, by the s	aid	, this the		_ day	
of	, 20, to co	ertify which, witness my hand and seal of office.				
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administerii	ng nath	
Signature of Office	or commissioning outil	. The hame of officer duffinistering ball	The of office	, administerii	ig outil	

## **SUBTOTALS - JC/OH**

# FORM JC/OH COVER SHEET PG 3

3 of 15

					3 01 13
<b>18</b> FIL	ER NAM	1E	19 Filer ID	(Ethics 0	Commission Filers)
Во	yd-Cor	a, Amber M. (Mrs.)	00088292		
l		E SUBTOTALS		SU	BTOTAL AMOUNT
NA ———	ME OF	SCHEDULE			
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	3,566.32
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	500.00
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$	2,810.17	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,292.78
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	SCHEDULE A(J)1				
	The Instru	ction Guide explains ho	ow to complete this	form.	1	ges Schedule A(J)1: 5 Rpt: 4/15	
2	FILER NAME				3 Filer ID	(Ethics Commission	n Filers)
	Boyd-Cora,	Amber M. (Mrs.)			000882	92	
01/07/2024		<ul><li>5 Full name of contributor Carter, Cynthia</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7 Amount	of Contribution (\$)	\$500.00
		DC					
8		Principal Occupation		9 Contributor's Job Title			
_	Doctor			Doctor			
10		employer/law firm		11 Law firm of contributor's s	spouse (if any)		
_	NA		,				
12	If contributor i	s a child, law firm of parent(s) (	if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount	of Contribution (\$)	
	01/20/2024	Crawford, Certeria	<del>_</del>				\$19.08
		Contributor address; City;	State; Zip Code				
		TX					
	Contributor's	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)		
	If contributor i	s a child, law firm of parent(s) (	if any)	1			
		<u> </u>					
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount	of Contribution (\$)	*400.00
	01/10/2024	Cummings, Jason					\$100.00
		Contributor address; City;	State; Zip Code				
		OR		_			
	Contributor's	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)		
	If contributor i	s a child, law firm of parent(s) (	f any)				

	MONET	ARY POLITICAL		SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/5 Rpt: 5/15
2	FILER NAME Boyd-Cora,	Amber M. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00088292
4	Date 01/31/2024	Full name of contributor     Dacey, Derin     Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$15.00
L		TX		T		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	oous	se (if any)	
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	01/28/2024 Davis, Brad  Contributor address; City; State; Zip Code					\$300.00
		Galveston, TX 77590				
		Principal Occupation		Contributor's Job Title		
	NA			NA		
	NA	employer/law firm		Law firm of contributor's sp	oous	se (If any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	•		
-	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	02/03/2024	Hassell, Royce				\$300.00
Contributor address; City; State; Zip Code  Bellaire, TX 77402					•	
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Construction			Executive		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Unknown					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL		SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/5 Rpt: 6/15
2	FILER NAME Boyd-Cora,	Amber M. (Mrs.)			1	Filer ID (Ethics Commission Filers) 00088292
4	Date 01/01/2024	<ul><li>5 Full name of contributor Henry, Keith</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$20.00
Ļ		TX		In a contract way		
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	01/11/2024 Kamga, Siegfried  Contributor address; City; State; Zip Code					\$100.00
	0	Pearl River, LA 70452		O contributanta dala Titla		
	Contributors	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	01/12/2024	Lea, Doretha	_			\$1,000.00
Contributor address; City; State; Zip Code  Bethesda, MD 75063						
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Unknown			Executive Vice Preside	nt	
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Paramount					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL (	DNS	SCHEDULE A(J)1		
	The Instru	ction Guide explains hov	v to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 4/5 Rpt: 7/15	
2	FILER NAME Boyd-Cora,	Amber M. (Mrs.)			3 Filer ID (Ethics Commission Filers) 00088292	
4	Date 01/20/2024	<ul><li>5 Full name of contributor Menephee, LaVondia</li><li>6 Contributor address; City; S</li><li>TX</li></ul>	out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$19.08	
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)	
12	If contributor i	s a child, law firm of parent(s) (if a	any)			
	Date Full name of contributor out-of-state PAC (ID#: 01/20/2024 Pickens, Djuna  Contributor address; City; State; Zip Code			)	Amount of Contribution (\$) \$19.08	
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if a	any)			
	Date Full name of contributor out-of-state PAC (ID#: 01/23/2024 Reyes, Michael  Contributor address; City; State; Zip Code			)	Amount of Contribution (\$) \$20.00	
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if a	any)			

	MONET	ARY POLITICAL	SCHEDULE A(J)1				
	The Instru	ction Guide explains ho	ow to complete this	form.		tal pages Schedule A(J)1: ch: 5/5 Rpt: 8/15	
2	FILER NAME					er ID (Ethics Commission	ı Filers)
		Amber M. (Mrs.)				0088292	
4	Date 01/18/2024	5 Full name of contributor Sample, Cynthia	out-of-state PAC (ID#:	)	<b>7</b> An	nount of Contribution (\$)	\$1,000.00
		6 Contributor address; City;			P1,000.00		
		Unknown, TX					
8	Contributor's Retired	Principal Occupation		9 Contributor's Job Title Retired			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spouse (i	f any)	
40							
12	ii contributor i	s a child, law firm of parent(s) (	n any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	An	nount of Contribution (\$)	
	01/18/2024	Thompson,				\$100.00	
		Contributor address; City;	State; Zip Code		"		
		DC					
	Contributor's	Principal Occupation		Contributor's Job Title			
	Continuator 5	Fiлісіраї Оссираціон		Continuator 5 300 Title			
_	Contributor's	employer/law firm		Law firm of contributor's s	pouse (i	f any)	
	If contributor i	s a child, law firm of parent(s) (	if any)				
_	Date	Full name of contributor	out-of-state PAC (ID#:	)	An	nount of Contribution (\$)	
	01/20/2024	Walker, Doreatha				(1)	\$25.00
		Contributor address; City;	State: Zin Code				
		Contributor address, Only,	otato, zip oodo				
		TX					
	Contributor's	Terincipal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (i	f any)	
	If contributor i	s a child, law firm of parent(s) (	if any)				

# NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 9/15 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Boyd-Cora, Amber M. (Mrs.) 00088292 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 01/13/2024 Mcholmes Technologies \$500.00 Website design and email 7 Contributor address; City; State; Zip Code set up. DC Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services  The Instruction Guide exp	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/1 Rpt: 10/15	Boyd-Cora	, Amber M. (Mrs.)					00088292	
4	Date	5 Payee name	!						
	01/29/2024	PJ Coffee							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode				
	\$11.91	12640 Broa	adway St						
		Pearland,							
8	PURPOSE OF		see Categories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Food/Beve	rage Expense			ш		ide of Texas. Com , officeholder living	
						Coffee for vol			схрепас
						Conce for voi	iaii	1001	
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	l ught			Office he	eld
_									
	Date	Payee name							
	01/26/2024	Sprint2Prin	t						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$2,798.26	8748 Clay	Rd.						
		Houston, T	X 77080						
	PURPOSE OF		see Categories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Advertising	Expense			$\Box$		ide of Texas. Com , officeholder living	
						Large signs a			ехрепзе
						Large signs e	XI 1G	yara signs	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	Jaht			Office he	hld
	expenditure to benefit C/OI		identificati name	Office 300	agnt			Onice ne	nu .
_									\/\/0.E.4.0000-474

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Travel in Distr Travel Out of			
			The Instruction Guide explains h	low to co	omplete this form.	_				
1	. •	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 1/5 Rpt: 11/15	Boyd-Cora,	Amber M. (Mrs.)				00088292	2		
4	Date	5 Payee name								
	01/18/2024	AWA Hous	ton							
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode					
	\$75.00	2450 Louis	ianaSt.							
	Reimbursement from	Suite 400								
	X political contributions intended	Houston, T	Houston, TX 77006							
8	PURPOSE			dula)	(b) Description	7 Ch	ack if traval or	utside of Texas. Complete Schedule T.		
°	OF	1	ee Categories listed at the top of this sche	eaule)	(b) Description	=		TX, officeholder living expense		
	EXPENDITURE	Fees			☐ Membership Fee			3 - 1		
					I Wellibership i ee	.5				
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held		
9	expenditure to benefit	Candidate/Office	noider name		Office Sought			Office field		
	C/OH									
	Date	Payee name								
	01/18/2024	Area 5 Den								
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode					
	\$50.00	1 1	cer Highway							
	Reimbursement from									
	X   political contributions intended	Dacadona	Pasadena , TX 77504							
	PURPOSE OF		ee Categories listed at the top of this sche	edule)	Description	_		utside of Texas. Complete Schedule T.  TX, officeholder living expense		
	EXPENDITURE	Fees			L Momborshin Foo	_	con ii 7 tastiri, 1	174, officeriolaer living expense		
					Membership Fee	:5				
	Complete ONLY if direct	Canadidata/Offica	haldar nama		Office country			Office hold		
	Complete ONLY if direct expenditure to benefit	Candidate/Office	noider name		Office sought			Office held		
	C/OH									
	Date	Payee name								
	01/19/2024	Arne's Hou								
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode					
	\$198.75	2830 Hicks								
	Reimbursement from									
	x political contributions intended	Houston, T	X 77007							
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description	_		utside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Advertising	Expense			_		TX, officeholder living expense		
	- <del>-</del>				Bags containing	cam	npaign ma	aterials		
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held		
	C/OH									
$\vdash$										

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/5 Rpt: 12/15 Boyd-Cora, Amber M. (Mrs.) 00088292 Date Payee name 01/05/2024 Harris County Tejano Payee address; Amount (\$) City; State; Zip Code 3213 Houston Ave, \$15.00 Reimbursement from political contributions Х intended Houston, TX 77009 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Membership Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/28/2024 Harris County Young Democrats (TX) Amount (\$) Payee address; City; State; Zip Code \$25.00 Unknown Unknown Reimbursement from political contributions Χ Houston, TX intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Membership Fee Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 01/04/2024 Houston Black American Democrats PAC Payee address; City; State; Zip Code Amount (\$) \$101.00 Unknown Reimbursement from political contributions intended X Houston, TX **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## SCHEDULE G

# Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services  The Instruction Guid	Salar	ies/Wages/Contract Labor  complete this form.		OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	_
	Sch: 3/5 Rpt: 13/15			Amber M. (Mrs.)				00088292	
4	Date	5	Payee name						
	01/22/2024		Kwik Kopy						
6	Amount (\$)	7	7 Payee address; City; State; Zip Code						
	\$193.77		4001 San J	acinto					
	Reimbursement from								
	X political contributions intended		Houston, T	X 77004					
8	PURPOSE	(a)		ee Categories listed at the t	on of this schedule)	(b) Description	٦c	Check if travel outside of Texas. Complete Schedule	<u> </u>
Ū	OF	("	Printing Exp		op of this seriedate)		=	Check if Austin, TX, officeholder living expense	
	EXPENDITURE		i iiiiiiig Ex	Jense		Printing for flyers	<u>-</u>		
						i i i i i i i i i i i i i i i i i i i			
9	Complete ONLY if direct	Cai	ndidate/Office	holder name		Office sought		Office held	_
•	expenditure to benefit	00.		norder manne		ooo ooug		5.m65sid	
	C/OH								
	Date		Payee name						_
	01/12/2024		PARKMOB	ILE-PLATINUMHO	OUS				
	Amount (\$)	T	Payee addre	ss; City;	State; Zip	Code			_
	\$5.95		Fannin St						
	Reimbursement from								
	X political contributions intended		Houston, T	X 77002					
	PURPOSE OF		Category (S	ee Categories listed at the t	op of this schedule)	Description	=	Check if travel outside of Texas. Complete Schedule	-
	EXPENDITURE		Fees			L	_	Check if Austin, TX, officeholder living expense	
						Parking for Pres Appeals	s C	Conference held at the Court of	
		Ca	ndidate/Office	holder name		Office sought		Office held	_
	expenditure to benefit C/OH								
		_							_
	Date		Payee name						
	01/13/2024		Precision G	raphix Group					
	Amount (\$)		Payee addre	ss; City;	State; Zip	Code			
	\$75.00		8325 Broad	lway					
	Reimbursement from		Suite 202						
	x political contributions intended		Pearland, T	X 77581					
	PURPOSE	Γ	Category (s	ee Categories listed at the t	op of this schedule)	Description [	С	Check if travel outside of Texas. Complete Schedule	ī.
	OF EXPENDITURE		Advertising	Expense			С	Check if Austin, TX, officeholder living expense	
	EXI ENDITORE					Push Cards Des	ign	ı	
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officel	holder name		Office sought		Office held	
	J, J11								_

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/5 Rpt: 14/15 Boyd-Cora, Amber M. (Mrs.) 00088292 Date Payee name 01/05/2024 Run Sister Run Political Action Committee Payee address; Amount (\$) City; State; Zip Code \$35.00 PO Box 66470 Reimbursement from political contributions Х intended Houston, TX 77266 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/02/2024 Run Sister Run Political Action Committee Amount (\$) Payee address; City; State; Zip Code \$35.00 PO Box 66470 Reimbursement from political contributions Χ Houston, TX 77266 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Candidate 101 Event Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 01/09/2024 Sprint2Print Payee address; City; State; Zip Code Amount (\$) \$148.84 8748 Clay Rd. Reimbursement from Χ political contributions intended Houston, TX 77080 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE Push Card Printing** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 5/5 Rpt: 15/15 Boyd-Cora, Amber M. (Mrs.) 00088292 Date Payee name 01/19/2024 Sprint2Print Amount (\$) Payee address; City; State; Zip Code 8748 Clay Rd \$259.80 Reimbursement from political contributions intended Х Houston, TX 77080 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE Push Card Printing** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/16/2024 Vista Print Amount (\$) Payee address; City; State; Zip Code \$74.67 Reimbursement from political contributions Х MA intended PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Magnetic Decal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH