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 10 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Amber M. NAME Date Received **ELECTRONICALLY FILED** 02/26/2024 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 Runoff 15th day after campaign treasurer January 15 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** 02/06/2024 02/24/2024 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 10

13 C / OH NAME	Boyd-Cora, Amber M	. (Mrs.)	14 Filer ID 00088292	(Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM POLITICAL COMMITTEE(S) candidate / officeholder. These expenditures may have been made without the candidate's or office consent. Candidates and officeholders are required to report this information only if they receive not consent.									
Additional Pages	Additional Pages COMMITTEE TYPE COMMITTEE NAME									
	GENERAL									
		COMMITTEE ADDRESS								
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER	NAME							
		COMMITTEE CAMPAIGN TREASURER	ADDRESS							
16 CONTRIBUTION TOTALS		I ZED POLITICAL CONTRIBUTIONS(OTHE ES OF LOANS, OR CONTRIBUTIONS MA		\$ 0.00						
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES O	F LOANS)	\$ 4,719.08						
EXPENDITURE TOTALS		\$ 0.00								
		\$ 6,055.25								
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS O RIOD	F THE LAST DAY OF THE	\$ 2,902.70						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO TING PERIOD	ANS AS OF THE LAST DAY	\$ 0.00						
17 AFFIDAVIT										
			er penalty of perjury, that the acc cludes all information required t n Code.							
			Mrs. Amber M. Boyd-Cora							
		Sigr	nature of Candidate or Officehol	der						
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE								
Sworn to and subsc	cribed before me, by the s	aid	, this the	day						
		ertify which, witness my hand and seal of o								
Signature of office	er administering oath	Printed name of officer administering	oath Title of office	r administering oath						

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				OVER OFFEET	3 of 10
18 FILE	R NAN	ΛΕ	19 Filer ID	(Ethics Commission	ı Filers)
	d-Cora				
20 SCH		SUBTOTAL A	MOUNT		
NAM	E OF				
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	4,719.08
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	1,616.48
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	3,475.00
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	963.77
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL		SCHEDULE A(J)1					
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/10			
2	FILER NAME Boyd-Cora,	Amber M. (Mrs.)			1	Filer ID (Ethics Commission Filers) 00088292			
4	Date 02/08/2024	Full name of contributor Cora Jr., Felix Contributor address; City;	7	Amount of Contribution (\$) \$1,200.00					
		Galveston, TX 77550							
8		Principal Occupation		9 Contributor's Job Title Deputy					
	Police Office								
10		employer/law firm ounty Sheriff's Department	oous	e (if any)					
12	! If contributor is	s a child, law firm of parent(s) (if	any)	1					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)			
	02/23/2024	Cynthia, Sample Contributor address; City;			\$500.00				
		Houston, TX 77068							
		Principal Occupation		Contributor's Job Title					
	Retired			NA					
	NA	employer/law firm		Law firm of contributor's sp	oous	e (ir any)			
	If contributor is	s a child, law firm of parent(s) (if	any)						
H	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)			
	02/20/2024	Lea, Doretha				\$3,000.00			
		Contributor address; City; Bethesda, MD 75063	State; Zip Code						
	Contributor's I	Principal Occupation		Contributor's Job Title	-				
	Unknown								
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)			
	NA								
	If contributor is	s a child, law firm of parent(s) (if	any)						

MONET	TARY POLITICAL CONTRIBUTION	SCHEDULE A(J)1	
The Instru	action Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/10	
2 FILER NAME Boyd-Cora,	Amber M. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088292	
4 Date 02/06/2024	5 Full name of contributor out-of-state PAC (ID#: Sanders, Connie 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$19.08	
	League City, TX 77573		
8 Contributor's	Principal Occupation		
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	ouse (if any)
12 If contributor	is a child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

1. Total pages Schedule F1: 2 FILER NAME Boyd-Cora, Amber M. (Mrs.) 8 Filer ID (Ethics Commission Filers) 00088292 4. Date 02/08/2024 5 Payee andre Allied Signs & Printing Filers) 00088292 5. Amount (\$) 7 Payee address; City, State, Zip Code S315.00 6. Amount (\$) 8315.00 7. Payee address; City, State, Zip Code S320 Harwin Dr. Houston, TX 6. PURPOSE OF EXPENDITURE (*) Candidate/Officeholder name Office sought Office held O2/09/2024 Allied Signs & Printing Payee name Date Open Code of August (*) Candidate/Officeholder name Office sought Office held O2/09/2024 Payer address; City, State, Zip Code S320 Harwin Dr. Houston, TX PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held O2/09/2024 Payer address; City, State, Zip Code S320 Harwin Dr. Houston, TX Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Office held O2/08/2024 Payer and Payee name Balley, Cynthia Payee name Balley, Cynthia Purpose OC S384.62 TX PURPOSE OC Candidate/Officeholder name Office sought Office held Office held O2/08/2024 Payer address; City, State; Zip Code S384.62 TX PURPOSE OC Candidate/Officeholder name Office sought Officeholder of Texas. Complete Schedule T. City, State; Zip Code S384.62 TX PURPOSE OC Candidate/Officeholder name Office sought Officeholder of Texas. Complete Schedule T. City, State; Zip Code Candidate/August, TX, officeholder in invalidate/August, TX, officeholder invalidate/August,	1		2 FILER NAME			2	Filer ID	
4 Date 02/08/2024 5 Payee address; City; State; Zip Code 5320 Harwin Dr. Houston, TX 8 PURPOSE OF EXPENDITURE (a) Category See Categories leted at the top of this schedule) Printing Expense (b) Description Printing of State Cards Printing of State Cards Printing of State Cards Printing of State Cards 9 Complete ONLY if direct 02/09/2024 Amount (\$) Payee name 02/09/2024 Amount (\$) Payee address; City; State; Zip Code S200.00 Printing Expense (a) Category See Categories leted at the top of this schedule) Payee address; City; State; Zip Code S200.00 Date OF EXPENDITURE (a) Category See Categories leted at the top of this schedule) Printing for Tshirts (b) Description Printing for Tshirts (c) Description Printing for Tshirts Candidate/Officeholder name Office sought Office held Date 02/08/2024 Balley, Cynthia Amount (\$) Payee address; City; State: Zip Code S384.62 TX PURPOSE OF EXPENDITURE (a) Category See Categories leted at the top of this schedule) Date 02/08/2024 Balley, Cynthia Amount (\$) Payee address; City; State: Zip Code S384.62 (b) Description Office held Category See Categories leted at the top of this schedule) Office held Complete ONLY if direct Office held		Scn: 1/3 Rpt: 6/10	De don Antenda (Max)			3		(Ethics Commission Filers)
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POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/3 Rpt: 7/10	Boyd-Cora, Amber M. (Mrs.) 00088292
4	Date	5 Payee name
	02/08/2024	Dupree, Evelyn
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Material Disbursement.
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/14/2024	Integrated Victory Solutions
	Amount (\$) \$125.00	Payee address; City; State; Zip Code
		TX
	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 Campaign Video
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/08/2024	JB Financial Services
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 19003 Remington Bend Dr.
		Houston, TX 77073
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MLK Parade Float Entry
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memorials Legal Services The Instruction Gu			ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)	
1	Total pages Cabadula F1:	12						1	2	Filer ID	(Ethics Commission File	rc)
_	Total pages Schedule F1: Sch: 3/3 Rpt: 8/10			Amber M. (Mrs.)					00088292	(Ethics Commission File	15)
4	Date	5	Payee name									
	02/20/2024		Kroger									
6	Amount (\$)	7	Payee address	ss; City;	State;	Zip Co	de					
	\$21.86		4204 Bellair	e Blvd, Houston	, TX 77025							
			Houston, TX	77007								
8	PURPOSE	(a)	Category (Se	e Categories listed at th	e ton of this sche	dule)	(b)	Description				
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9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	0	ffice souç	ght			Office h	eld	
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	OF EXPENDITURE		Event Exper								plete Schedule T.	
	EXPENDITURE		•					Check if Austin,	, TX,	officeholder livin	g expense	
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	expenditure to benefit C/O				· ·		9			000	0.0	
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UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) 00088292 Sch: 1/1 Rpt: 9/10 Boyd-Cora, Amber M. (Mrs.) TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 02/12/2024 DigiMark **7** Amount (\$) 8 Payee address; City; State; Zip Code \$3,475.00 TX TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Video, Social Media, and Photography 11 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) Event Expense

Advertising Expense Accounting/Banking

Fees

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	ontributions/ Donations Made By - Candidate/Officeholder/Political Committee			Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					Travel in District Travel Out of Distr OTHER (enter a c	rict ategory not listed above)
1	Total pages Schedule G:	2	FILER NAME						3	•	hics Commission Filers)
	Sch: 1/1 Rpt: 10/10	L	Boyd-Cora,	Amber M	. (Mrs.)					00088292	
4	Date	5	Payee name								
L	02/09/2024		Allied Signs	& Printin	g						
6	Amount (\$)	7	Payee addre	ss; Cit	y;	State;	Zip Co	ode			
	\$233.00		5320 Harwi	n Dr.							
	Reimbursement from political contributions intended		Houston, T	X							
8	PURPOSE	(a)	Category (s	ee Categories	listed at the top o	of this sche	edule)	(b) Description	_		e of Texas. Complete Schedule T.
	OF EXPENDITURE		Printing Exp	oense					_		officeholder living expense
								Printing of Cam	paıgı	n Matters Tsh	nirts
_	Complete ONLY if alias -t		adidata/Offic - 1	aalda: ::a:::				Office south		0.5	fine hold
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	noider nam	e			Office sought		Off	fice held
	Date		Payee name								
	02/20/2024		Antron Con	sulting							
	Amount (\$)		Payee addre	ss; Cit	y;	State;	Zip Co	ode			
	\$230.77										
	Reimbursement from political contributions intended		TX								
	PURPOSE		Category (S	ee Categories	listed at the top of	of this sche	edule)	Description	_		e of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising	Expense					_	heck if Austin, TX, o	officeholder living expense
								Text Messaging			
		Car	ndidate/Officel	holder nam	е			Office sought		Of	fice held
	expenditure to benefit C/OH										
H	Date		Dove a re-								
	Date 02/12/2024		Payee name HBAD-Hous	ston Black	(Assoc Dei	m					
\vdash		\vdash	Payee addre				Zip Co	nde			
	Amount (\$) \$500.00		rayee duure	ss; Cit	у,	Siale,	Zip C0	Jue			
	X Reimbursement from political contributions intended		TX								
	PURPOSE OF		Category (S		listed at the top o	of this sche	edule)	Description	_		e of Texas. Complete Schedule T.
	EXPENDITURE		Advertising	Expense				Slate Card Driet	_		officeholder living expense
								Slate Card Print	uriy a	anu Disbuise	HICH
	Complete ONLY if direct expenditure to benefit C/OH	<u>I</u> Car	ndidate/Office	holder nam	e			Office sought		Of	fice held