

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

|   |   |   |                                      |  |                                 |
|---|---|---|--------------------------------------|--|---------------------------------|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00081822 | <b>2</b> Total pages filed:<br><br>5 |  |                                 |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>The Honorable              | FIRST<br>Amy  | MI                                   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>07/07/2024   |                                 |
|   | NICKNAME                                    | LAST<br>Martin  | SUFFIX                               |  |                                 |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;      |   | ZIP CODE                             | Date Hand-delivered or Date Postmarked   |                                 |
|   | REDACTED PER 254.0313, GOV'T CODE           |   |                                      | Receipt #  |                                 |
|   |   |   |                                      | Amount   |                                 |
|   |   |   |                                      | Date Processed   |                                 |
|   |   |   | Date Imaged                          |  |                                 |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mr.                        | FIRST<br>Zachary  | MI                                   |  |                                 |
|   | NICKNAME                                    | LAST<br>Becker  | SUFFIX                               |  |                                 |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);          |   | APT / SUITE #;                       | CITY;  |                                 |
|   |   |   | STATE;                               | ZIP CODE   |                                 |
| REDACTED PER 254.0313, GOV'T CODE   |   |   |                                      |  |                                 |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE                                   | PHONE NUMBER  | EXTENSION                            |  |                                 |
|   | (832) 465-0693                              |   |                                      |  |                                 |
| <b>8</b> REPORT TYPE  | <input type="checkbox"/> January 15         |   |                                      |  |                                 |
|   | <input checked="" type="checkbox"/> July 15 |   |                                      |  |                                 |
|   |   |   |                                      | <input type="checkbox"/> 30th day before election  |                                 |
|   |   |   |                                      | <input type="checkbox"/> 8th day before election   |                                 |
|   |   |   |                                      | <input type="checkbox"/> Runoff  |                                 |
|   |   |   |                                      | <input type="checkbox"/> Exceeded modified reporting limit                                 |                                 |
|   |   |   |                                      | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |                                 |
|   |   |   |                                      | <input type="checkbox"/> Final Report (Attach C/OH-FR)                                     |                                 |
| <b>9</b> PERIOD COVERED   | Month                                       | Day   | Year                                 |  |                                 |
|   | 01/01/2024                                  |   |                                      |  |                                 |
|   |   |   | THROUGH                              |  |                                 |
|   |   |   | Month                                | Day  |                                 |
|   |   |   | Year                                 | Year   |                                 |
|   |   |   | 06/30/2024                           |  |                                 |
| <b>10</b> ELECTION  | ELECTION DATE                               |   | ELECTION TYPE                        |  |                                 |
|   | Month                                       | Day   | Year                                 | <input type="checkbox"/> Primary   | <input type="checkbox"/> Runoff |
|   |   |   | <input type="checkbox"/> General     | <input type="checkbox"/> Special   | <input type="checkbox"/> Other  |
| <b>11</b> OFFICE  | OFFICE HELD (if any)                        |   |                                      | OFFICE SOUGHT (if known)   |                                 |
|   | None Harris                                 |   |                                      | Criminal District Court Judge  |                                 |

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

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**13** C / OH NAME Martin, Amy (The Honorable) **14** Filer ID (Ethics Commission Filers)  
00081822

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

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

|                               |  |    |          |
|-------------------------------|--|----|----------|
| <b>16</b> CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00     |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 0.00     |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ | 0.00     |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   | \$ | 72.00    |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 2,828.26 |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 0.00     |

**17** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Amy Martin  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - JC/OH

| <b>18 FILER NAME</b><br>Martin, Amy (The Honorable) |                                     | <b>19 Filer ID</b><br>00081822   | (Ethics Commission Filers) |
|---|-------------------------------------|--|----------------------------|
| <b>20 SCHEDULE SUBTOTALS</b>                        |                                     |  | SUBTOTAL AMOUNT            |
| NAME OF SCHEDULE                                    |                                     |  |                            |
| 1.  | <input type="checkbox"/>            | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                        | \$                         |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                         |
| 3.  | <input type="checkbox"/>            | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                    | \$                         |
| 4.  | <input type="checkbox"/>            | SCHEDULE E(J): LOANS (JUDICIAL)  | \$                         |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ 36.00                   |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                         |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$                         |
| 8.  | <input checked="" type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 36.00                   |
| 9.  | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$                         |
| 10.   | <input type="checkbox"/>            | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                         |
| 11.   | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                         |
| 12.   | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                         |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/1 Rpt: 4/5              | <b>2</b> FILER NAME<br>Martin, Amy (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081822  |
| <b>4</b> Date<br>06/19/2024   | <b>5</b> Payee name<br>Capital One Bank   |   |
| <b>6</b> Amount (\$)<br>\$36.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 60599<br><br>City of Industry, CA 91716 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Credit Card Payment    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit card payment |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought   |
|   |   | Office held   |

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

**EXPENDITURE CATEGORIES FOR BOX 10(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  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |                                  |  |
|---|---|----------------------------------|--|
| <b>1</b> Total pages Schedule F4:<br>Sch: 1/1 Rpt: 5/5  | <b>2</b> FILER NAME<br>Martin, Amy (The Honorable)  |                                  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081822   |
| <b>4</b> CREDIT CARD ISSUER   | Name of financial institution<br>Capital One  |                                  | <b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD<br>\$                         |
| <b>6</b> PAYMENT  | (a) Amount Charged<br>\$36.00   | (b) Date of Charge<br>05/13/2024 | (c) Date(s) Credit Card Issuer Paid  |
| <b>7</b> PAYEE  | (a) Payee name<br>Google Domains  |                                  | (b) Payee address; City, State, Zip Code<br>1600 Amphitheater Parkway<br>Mountain View, CA 94043 |
| <b>8</b> PURPOSE OF EXPENDITURE<br><br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political                                | (a) Category<br>(See Categories listed at the top of this schedule)<br>Advertising Expense      |                                  | (b) Description<br>Web domain registration fees  |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |                                  |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name                      Office sought                      Office held |                                  |  |