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) 00065774 15 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Rebeca C. NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Martinez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dr. William T. NAME NICKNAME LAST **SUFFIX** Gonzaba M.D. **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 921-3800 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court of Appeals, Chief Justice Place 1 District 4

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Martinez, Rebeca C.	(The Honorable)	14 Filer ID 00065774	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political These expenditures may have been mad I officeholders are required to report this in	e without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER	RNAME	
		COMMITTEE CAMPAIGN TREASURER	RADDRESS	
16 CONTRIBUTION TOTALS		 ZED POLITICAL CONTRIBUTIONS(OTH ES OF LOANS, OR CONTRIBUTIONS M		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES (OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	`	ZED POLITICAL EXPENDITURES		\$ 53.13
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 14,775.48
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS (OF THE LAST DAY OF THE	\$ 56,573.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOTING PERIOD	DANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			der penalty of perjury, that the acc ncludes all information required to on Code.	
		Th	e Honorable Rebeca C. Marti	nez
		Siç	gnature of Candidate or Officehol	der
AFFIX NO	ΓARY STAMP / SEAL AΒ	OVE		
		aid		day
	eer administering oath	ertify which, witness my hand and seal of o		r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	3 of 15
I	ER NAN artinez,	(Ethics Commission Filers)		
	ME OF	SUBTOTAL AMOUNT		
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
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	6	\$ 5,618.64
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	Х	\$ 9,156.84		
9.		\$		
10.	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	. 🗆	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$ 2.94

SCHEDULE F1

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

xpense Travel in Dis Expense Travel Out o Wages/Contract Labor OTHER (ent

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: 1/7 Rpt: 4/15	Martinez, Rebeca C. (The Honorable) 00065774
4	Date	5 Payee name
	01/17/2024	Apple, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
		Cupertino, CA 95014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense iCloud storage
		icioud storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/O	
⊨		
	Date	Payee name
	02/20/2024	Apple, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
		Cupertino, CA 95014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		iCloud storage
	Operation ONE V if dispose	Open Fields (Office health and an annual an annual and an annual an annual and an annual an annual and an annual an annual and an annual an annual and an annual an annu
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	03/18/2024	Apple, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
		Cupertino, CA 95014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		iCloud storage
\vdash	Commission ON II V 15 allians	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

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

	Candidate/Officeholder/Politica			egal Services			es/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment		-	The Instruction Gu	ide explains how to	compl	lete this form.				
1	Total pages Schedule F1:	2 F	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/7 Rpt: 5/15	1	Martinez, Re	beca C. (The H	lonorable)				00065774		
4	Date	5 F	Payee name								
	04/17/2024	/	Apple, Inc								
6	Amount (\$)	7 F	Payee addres:	s; City;	State; Zip (Code					
	\$9.99] 1	1 Apple Park	(Way							
		(Cupertino, C	A 95014							
8	PURPOSE	├	-	e Categories listed at th		(b)	Description				_
ľ	OF			e Categories listed at tr ead/Rental Exp		(")		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	`					Check if Austin	, TX,	officeholder living	j expense	
							iCloud storag	je			
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	Office so	ought			Office he	eld	
	experioration benefit C/O	1									
	Date	F	Payee name								
	05/17/2024	/	Apple, Inc								
	Amount (\$)	F	Payee addres	s; City;	State; Zip (Code					
	\$9.99] 1	1 Apple Park	(Way							
		(Cupertino, C	A 95014							
	PURPOSE	(a) (Category (See	e Categories listed at th	ne ton of this schedule)	(b)	Description				_
	OF EXPENDITURE			ead/Rental Exp			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	LAPENDITORE						ш		officeholder living	expense	
							iCloud storag	je			
_	Computate ONLY if diseast		andidata/Offic	- h - l d - u	Office				Office he	- I - I	_
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Onic	eholder name	Office so	ougni			Office he	eiu	
_		_									_
	Date	l	Payee name								
	06/18/2024	_	Apple, Inc								
	Amount (\$)	l	Payee addres	-	State; Zip (Code					
	\$9.99		1 Apple Park	(Way							
		(Cupertino, C	A 95014							
	PURPOSE	(a) (Category (See	e Categories listed at th	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE	(Office Overh	ead/Rental Exp	ense				de of Texas. Com	•	
							iCloud storag		officeholder living	j expense	
							. C. Caa Storag	, -			
\vdash	Complete ONLY if direct	C:	andidate/Offic	eholder name	Office so)uaht			Office he	eld	_
	expenditure to benefit C/OI				Jilioc 30	. wgrit			O.Moc He		
											_
l											

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 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)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/7 Rpt: 6/15 Martinez, Rebeca C. (The Honorable) 00065774 4 Date Payee name 05/16/2024 Bexar County Women's Bar Association 6 Amount (\$) Payee address; City; State; Zip Code \$80.00 9506 Wahada San Antonio, TX 78217 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation Bexar County Women's Bar Foundation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/22/2024 GoDaddy, Inc Amount (\$) Payee address; City; State; Zip Code \$35.16 14455 Hayden Road Scottsdale, AZ 85260 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Domain renewal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/21/2024 GoDaddy, Inc Amount (\$) Payee address: City: State; Zip Code \$79.90 14455 Hayden Road Scottsdale, AZ 85260 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website security renewal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

Travel in Distr Travel Out of tract Lahor OTHER (ente

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 4/7 Rpt: 7/15	2 FILER NAME Martinez, Rebeca C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065774
_	-	<u> </u>
4	Date 05/13/2024	5 Payee name GoDaddy, Inc
6	Amount (\$) \$102.21	7 Payee address; City; State; Zip Code 14455 Hayden Road
		Scottsdale, AZ 85260
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 Microsoft 365 email essentials annual renewal
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/20/2024	National Judicial College
	Amount (\$) \$1,674.67	Payee address; City; State; Zip Code Judicial College Building/MS
		Reno, NV 89557
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Continuing Legal Education (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Registration Fee payment, Harvard Law School Executive Education
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/01/2024	National Judicial College
	Amount (\$) \$2,850.00	Payee address; City; State; Zip Code Judicial College Building/MS
		Reno, NV 89557
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Continuing Legal Education (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Registration Fee payment, Judicial Renaissance IV
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide e:	Salaries/	Expense Wages/Con		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FILER N		- ' '	•		3 Filer ID	(Ethics Commission Filers)
	Sch: 5/7 Rpt: 8/15		ez, Rebeca C. (The Hono	rable)			00065774	
4	Date	5 Payee r	name					
	03/18/2024	Northe	ast Democrats of Bexar C	County				
6	Amount (\$)	7 Payee a	address; City;	State; Zip C	ode			
	\$270.00	P.O. B	ox 700766					
		San Ar	ntonio, TX 78270-0766					
8	PURPOSE	(a) Categor	y (See Categories listed at the top of	of this schedule)	(b) De:	scription		
	OF EXPENDITURE		Expense				utside of Texas. Com	
							TX, officeholder living and membersh	
					³ p	orisorsiiip a	ana membersh	ip ichewai
9	Complete ONLY if direct	Candidat	e/Officeholder name	Office so	ıaht		Office he	ald.
Ľ	expenditure to benefit C/O		Cromocholder Hallic	Office 50	ugiit			JIU
	Date	Payee r	name					
L	06/18/2024	San Ar	ntonio Young Lawyers Ass	sociation				
	Amount (\$)	Payee a	address; City;	State; Zip C	ode			
	\$85.00	2231 Ir	ndian Meadows Drive					
		San Ar	ntonio, TX 78230					
	PURPOSE	(a) Categor	y (See Categories listed at the top of	of this schedule)	(b) Des	scription		
	OF EXPENDITURE		Expense				utside of Texas. Com	
							TX, officeholder living f and three sta	
					"	10110011, 301	י מווט נוווכל אנס	in automoys
	Complete ONLY if direct expenditure to benefit C/OI		e/Officeholder name	Office so	<u>l</u> ught		Office he	eld
L								
	Date	Payee r						
L	01/08/2024	The St	ation Cafe					
	Amount (\$)	Payee a	address; City;	State; Zip C	ode			
	\$28.63	108 Kir	ng William St.					
		San Ar	ntonio, TX 78204					
	PURPOSE	(a) Catego	y (See Categories listed at the top of	of this schedule)	(b) Des	scription		
	OF EXPENDITURE	Food/E	Severage Expense				utside of Texas. Com	
						Check if Austin, ⁻ al with staff	TX, officeholder living f	expense
					IVIC	a will stall	•	
	Complete ONLY if direct	Candidat	e/Officeholder name	Office so	ıaht		Office he	eld
	expenditure to benefit C/O			000 30	g t		Siliot III	··· ·
L								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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: 6/7 Rpt: 9/15	Martinez, Rebeca C. (The Honorable) 00065774
4	Date	5 Payee name
	01/18/2024	TurnItBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	780 Utica Ave
		Boulder, CO 80304
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Website hosting
		Website Hosting
_	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/20/2024	TurnItBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	780 Utica Ave
		Boulder, CO 80304
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website hosting
		Website nosting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	03/18/2024	TurnItBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	780 Utica Ave
		Boulder, CO 80304
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Website hosting
	Complete ONII V if allowers	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	plete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer I	D (Ethics Commission Filers)
Sch: 7/7 Rpt: 10/15	Martinez, Rebeca C. (The Honorable)	0006	5774
4 Date	5 Payee name	•	
04/18/2024	TurnItBlue		
6 Amount (\$)	7 Payee address; City; State; Zip Co	e	
\$50.00	780 Utica Ave		
	Boulder, CO 80304		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Tex	
EXI ENDITORE		Check if Austin, TX, officeho	lder living expense
		Website hosting	
9 Complete ONLY if direct	Candidate/Officeholder name Office sour	ht O	ffice held
expenditure to benefit C/O			ince neid
	Г		
Date	Payee name		
05/20/2024	TurnitBlue		
Amount (\$)	Payee address; City; State; Zip Co	e	
\$50.00	780 Utica Ave		
	Boulder, CO 80304		
PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	b) Description	
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Text	
		Website hosting	3 - 1
Complete ONLY if direct	Candidate/Officeholder name Office sou	ht O	ffice held
expenditure to benefit C/O	Н		
Date	Payee name		
06/18/2024	TurnItBlue		
Amount (\$)	Payee address; City; State; Zip Co	e	
\$50.00	780 Utica Ave		
	Boulder, CO 80304		
PURPOSE		b) Description	
OF	Office Overhead/Rental Expense	Check if travel outside of Tex	xas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeho	lder living expense
		Website hosting	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ht O	ffice held
experientitie to beliefft C/O	·		

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

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 1/2 Rpt: 11/15	Martinez, Rebeca C	C. (The Honorable)	00065774					
4 CREDIT CARD ISSUER		ncial institution ase	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$2,850.00	02/01/2024						
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code				
	National Judicial Co	ollege	Judicial College Building/I Reno, NV 89557	MS				
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE X Political	(See Categories listed at the top Continuing Judicial Ed		1,,	ayment, Judicial Renaissance IV				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$1,674.66	06/23/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	National Judicial Co	ollege	Judicial College Building/MS					
	(a) Oata war		Reno, NV 89557					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Registration Fee final payment, Harvard Law School					
X Political	Continuing Judicial Ed	ducation	Executive Education					
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$1,722.65	04/05/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Porter Square Hote	ıl	1924 Massachusetts Ave					
			Cambridge, MA 02140					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	hool Evecutive Education program				
X Political	Travel Out of District	•	in July	hool Executive Education program				
X Political								
	(c) L Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense irect Candidate/Officeholder name Office sought Office held							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	o sougrit	Office field				
I								

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

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 2/2 Rpt: 12/15	Martinez, Rebeca (C. (The Honorable)		00065774				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$931.88	06/02/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Delta Airlines		PO Box 20706					
0 DUDDOCE OF	(a) Category		Atlanta, GA 30320-6001 (b) Description					
8 PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	' '	l College judicial program, Lisbon,				
X Political	Travel Out of District		Portugal	r conege jadiciai program, Elsbori,				
Non-Political	`	of Texas. Complete Schedule T.		officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH	(-) A Oll	(h) Data at Obania	(-) D-+-(-) O	- Daid				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$1,649.67	05/09/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	National Judicial Co	ollege	Judicial College Building/MS					
			Reno, NV 89557					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Registration Fee final payment, Harvard Law School					
X Political	Continuing Judicial Ed		Executive Education					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$327.98	04/04/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Southwest Airlines		2702 Love Field Dr					
	Goddiwest/annies		Dallas, TX 78235					
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
EXPENDITURE	Travel Out of District	of this scriedule)	Flight to Boston, MA for National Judicial College program					
X Political								
Non-Political	(2) 🖾							
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: /2 Rpt: 13/15	
2	FILER NAME	beca C. (The Honorable)	3		iler ID	(Ethics Commission Fi	lers)
	Wartinez, rec			_			
4	Date 01/31/2024	Name of person from whom amount is receivedWells Fargo				8 Amount (\$)	\$0.50
		6 Address of person from whom amount is received; City; State; Zip Code					
		San Francisco, CA 94104					
		7 Purpose for which amount is received	politi	ica	l contr	ibution returned to filer	
	Date	Name of person from whom amount is received				Amount (\$)	\$0.47
	02/29/2024	Wells Fargo Address of person from whom amount is received; City; State; Zip Code					Ф 0.47
		San Francisco, CA 94104					
		<u> </u>	politi	ica	l contr	ibution returned to filer	
		Interest					
	Date 03/29/2024	Name of person from whom amount is received Wells Fargo				Amount (\$)	\$0.50
		Address of person from whom amount is received; City; State; Zip Code					
		San Francisco, CA 94104					
		Purpose for which amount is received Check interest	politi	ica	l contr	ibution returned to filer	
	Date 04/30/2024	Name of person from whom amount is received Wells Fargo				Amount (\$)	\$0.49
		Address of person from whom amount is received; City; State; Zip Code					
		San Francisco, CA 94104					
		Purpose for which amount is received	politi	ica	l contr	ibution returned to filer	
	Date	Name of person from whom amount is received				Amount (\$)	Φ Ω Γ Ω
	05/31/2024	Wells Fargo Address of person from whom amount is received; City; State; Zip Code					\$0.50
		San Francisco, CA 94104					
		Purpose for which amount is received	politi	ica	l contr	ibution returned to filer	

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 14/15 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Martinez, Rebeca C. (The Honorable) 00065774 5 Name of person from whom amount is received 8 Amount (\$) 05/31/2024 \$0.48 Wells Fargo 6 Address of person from whom amount is received; City; State; Zip Code San Francisco, CA 94104 Purpose for which amount is received Check if political contribution returned to filer Interest

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Insti	ruction Guide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 15/15				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Martinez, Rebec	a C. (The Honorable)	00065774				
4 Name of Contribut	or / Corporation or Labor Organization / Pledgor /Payee					
Delta Airlines						
5 Contribution / Expe	enditure reported on:					
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Schedule F2	X Schedule F4 Schedule G Schedule H	Schedule COH-UC				
6 Dates of Travel	7 Name of person(s) traveling					
	Martinez, Rebeca (The Honorable)					
	Departure city or name of departure location					
09/06/2024	San Antonio, TX					
	9 Destination city or name of destination location					
09/07/2024	Lisbon, Portugal					
10 Means of transpor	ration 11 Purpose of travel (including name of conference, seminar, or	other event)				
Commercial Airp	lane Attendance at National Judicial College program, Judic	cial Renaissance IV				
Name of Contribut	or / Corporation or Labor Organization / Pledgor /Payee					
Southwest Airlin	es					
Contribution / Expe	enditure reported on:					
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Schedule F2	X Schedule F4 Schedule G Schedule H	Schedule COH-UC				
Dates of Travel	Name of person(s) traveling					
	Martinez, Rebeca (The Honorable)					
	Departure city or name of departure location					
07/20/2024	San Antonio, TX					
	Destination city or name of destination location					
07/20/2024	Boston, MA					
Means of transpor	, , ,	,				
Commercial Airp	lane Attendance at Harvard Law School Executive Education	on Program, National Judicial College				
	•					