

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00083170	<b>2</b> Total pages filed: 17				
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Martha E.	MI	<b>OFFICE USE ONLY</b>			
	NICKNAME	LAST Fierro	SUFFIX		Date Received <b>ELECTRONICALLY FILED</b> 08/12/2024		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 7552 Tipps St.  Houston, TX 77023			Date Hand-delivered or Date Postmarked			
				Receipt #      Amount			
				Date Processed			
				Date Imaged			
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Tammie	MI				
	NICKNAME	LAST Nielson	SUFFIX				
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 405 Wafer ST  Pasadena, TX 77506						
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(713)	545-6736					
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
<b>9</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01	01	2024		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"/> Other	
	11	05	2024	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
<b>11</b> OFFICE	OFFICE HELD (if any)			<b>12</b> OFFICE SOUGHT (if known) State Senator Place Harris Coun District SD6			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 17

<b>13 C / OH NAME</b> Fierro, Martha E. (Mrs.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00083170
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
<table border="1" style="width:100%"> <tr> <td style="width:25%;"><b>COMMITTEE TYPE</b></td> <td><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td></td> <td><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table>	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>		
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>								
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>								
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>								
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>									

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	66.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,406.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	2,021.21
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	450.79
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,200.00

**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.

Mrs. Martha E. Fierro  
\_\_\_\_\_  
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      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Fierro, Martha E. (Mrs.)		<b>19 Filer ID</b> 00083170	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>	
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,406.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	2,021.21
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	0.00
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	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/4 Rpt: 4/17
<b>2</b> FILER NAME Fierro, Martha E. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00083170
<b>4</b> Date 05/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alaniz, Luis <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77044	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Administrative Assistant		<b>9</b> Employer (See Instructions) University of Houston
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arcila, Alexa <hr/> Contributor address; City; State; Zip Code  Houston, TX 77048	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) Jesus Transformador
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barajas, Virginia <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) Home
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burgett, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code  Deerpark, TX 77536	Amount of Contribution (\$)  \$260.00
Principal occupation / Job title (See Instructions) Loan officer		Employer (See Instructions) Hancock Mortgage
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ezell, Teresa <hr/> Contributor address; City; State; Zip Code  Houston, TX 77061	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Homeschool Mom		Employer (See Instructions) Home

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/4 Rpt: 5/17
<b>2</b> FILER NAME Fierro, Martha E. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00083170
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia , Miguel (Mr.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Pasadena, TX 77505	
<b>8</b> Principal occupation / Job title (See Instructions) Maintenance		<b>9</b> Employer (See Instructions) Self-employed
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia , Miguel (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Pasadena, TX 77505	
Principal occupation / Job title (See Instructions) Maintenance		Employer (See Instructions) Self-employed
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Debra (Mrs.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Santa Fe, TX 77517	
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) Home
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malloy, Josie	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Conroe, TX 77384	
Principal occupation / Job title (See Instructions) Editor In Chief		Employer (See Instructions) Formando Vidas
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCrutcheon, Ericka	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77069	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Bankers Life

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/4 Rpt: 6/17
<b>2</b> FILER NAME Fierro, Martha E. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00083170
<b>4</b> Date 05/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morrell, Frances <hr/> <b>6</b> Contributor address; City; State; Zip Code  Santa Fe, TX 77517	<b>7</b> Amount of Contribution (\$)  \$45.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pickren, David <hr/> Contributor address; City; State; Zip Code  Manvel, TX 77578	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Self-employed
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosas, Veronica <hr/> Contributor address; City; State; Zip Code  Houston, TX 77089	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Self employed
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ruiz, Paula <hr/> Contributor address; City; State; Zip Code  Houston, TX 77058	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Homeschool mom		Employer (See Instructions) Home
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shaklovitz, Paul J. (Mr.) <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/4 Rpt: 7/17
<b>2</b> FILER NAME Fierro, Martha E. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00083170
<b>4</b> Date 05/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Silva-Constantino, Dulce <hr/> <b>6</b> Contributor address; City; State; Zip Code  South Houston, TX 77587	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Housewife		<b>9</b> Employer (See Instructions) Home
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sims, Janette (Mrs.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77023	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) 
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Urastigue, Mayra <hr/> Contributor address; City; State; Zip Code  Katy, TX 77449	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) Self- employed
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vasquez, Erika <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Self-Employed
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vo, Giangty Christina (Ms.) <hr/> Contributor address; City; State; Zip Code  South Houston, TX 77587	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Cosmetologist		Employer (See Instructions) Self Employed

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 8/17

2 FILER NAME  
Fierro, Martha E. (Mrs.)

3 Filer ID (Ethics Commission Filers)  
00083170

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)



# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 9/17
<b>2</b> FILER NAME Fierro, Martha E. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00083170
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# 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  
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

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 F1: Sch: 1/8 Rpt: 10/17	<b>2</b> FILER NAME Fierro, Martha E. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00083170
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<b>4</b> Date 05/28/2024	<b>5</b> Payee name Buccees
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<b>6</b> Amount (\$) \$26.01	<b>7</b> Payee address; City; State; Zip Code 1700 State Hwy 71 East  Bastrop, TX 78602
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/14/2024	Payee name CVS
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Amount (\$) \$9.94	Payee address; City; State; Zip Code 806 S. 75th stree  Houston, TX 77023
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense envelopes
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/15/2024	Payee name China Garden Restaurant
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Amount (\$) \$769.50	Payee address; City; State; Zip Code 1602 Leeland Street  Houston, TX 77003
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Kickoff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
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

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 F1: Sch: 2/8 Rpt: 11/17	<b>2</b> FILER NAME Fierro, Martha E. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00083170
<b>4</b> Date 06/24/2024	<b>5</b> Payee name Costco Gas	
<b>6</b> Amount (\$) \$50.35	<b>7</b> Payee address; City; State; Zip Code 3836 Richmond Avenue  Houston, TX 77027	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/24/2024	Payee name Exxonmobile	
Amount (\$) \$33.00	Payee address; City; State; Zip Code 7028 Lawndale St.  Houston, TX 77023	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/15/2024	Payee name First Class Postal	
Amount (\$) \$47.63	Payee address; City; State; Zip Code 5205 Broadway St.  Pearland, TX 77581	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing campaign business cards
Complete ONLY if direct expenditure to benefit C/OH	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  
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

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 F1: Sch: 3/8 Rpt: 12/17	<b>2</b> FILER NAME Fierro, Martha E. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00083170
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<b>4</b> Date 01/09/2024	<b>5</b> Payee name Frostbank
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<b>6</b> Amount (\$) \$8.00	<b>7</b> Payee address; City; State; Zip Code 1001 Broadway  Houston, TX 77012
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge Fee
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/08/2024	Payee name Frostbank
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Amount (\$) \$8.00	Payee address; City; State; Zip Code 1001 Broadway  Houston, TX 77012
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking service charge/fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/08/2024	Payee name Frostbank
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Amount (\$) \$8.00	Payee address; City; State; Zip Code 1001 Broadway  Houston, TX 77012
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank service charge fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
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

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 F1: Sch: 4/8 Rpt: 13/17	<b>2</b> FILER NAME Fierro, Martha E. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00083170
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<b>4</b> Date 01/08/2024	<b>5</b> Payee name GoDaddy
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<b>6</b> Amount (\$) \$38.02	<b>7</b> Payee address; City; State; Zip Code 2155 E. GoDaddy Way  Tempe, AZ 85284
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Domain
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/13/2024	Payee name Las Haciendas Mexican Restaurant
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Amount (\$) \$239.50	Payee address; City; State; Zip Code 12933 gulf freeway  houston, TX 77034
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/20/2024	Payee name Madres en Clamor
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Amount (\$) \$20.00	Payee address; City; State; Zip Code 2906 Pasadena Blvd.  Pasadena, TX 77503
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to non profit
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
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

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 F1: Sch: 5/8 Rpt: 14/17	<b>2</b> FILER NAME Fierro, Martha E. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00083170
<b>4</b> Date 03/25/2024	<b>5</b> Payee name Office Depot #482	
<b>6</b> Amount (\$) \$13.17	<b>7</b> Payee address; City; State; Zip Code 6888 Gulf Fwy #300  Houston, TX 77087	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flyers
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/25/2024	Payee name Office Depot #482	
Amount (\$) \$21.65	Payee address; City; State; Zip Code 6888 Gulf Fwy #300  Houston, TX 77087	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flyers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 05/20/2024	Payee name PRICELINE	
Amount (\$) \$322.98	Payee address; City; State; Zip Code 800 Connecticut Ave  NORWALK, CT 06854	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel expense- Texas GOP Convention
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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  
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

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 F1: Sch: 6/8 Rpt: 15/17	<b>2</b> FILER NAME Fierro, Martha E. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00083170
<b>4</b> Date 02/20/2024	<b>5</b> Payee name Square	
<b>6</b> Amount (\$) \$19.12	<b>7</b> Payee address; City; State; Zip Code 1955 Broadway  Oakland, CA 94612	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/20/2024	Payee name Texas GOP	
Amount (\$) \$79.00	Payee address; City; State; Zip Code P.O.Box 1627  Austin, TX 78767	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Convention
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/20/2024	Payee name Texas GOP	
Amount (\$) \$158.00	Payee address; City; State; Zip Code P.O.Box 1627  Austin, TX 78767	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Convention
Complete ONLY if direct expenditure to benefit C/OH	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  
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

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 F1: Sch: 7/8 Rpt: 16/17	<b>2</b> FILER NAME Fierro, Martha E. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00083170
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<b>4</b> Date 01/12/2024	<b>5</b> Payee name WIX*WIX.COM, INC
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<b>6</b> Amount (\$) \$24.89	<b>7</b> Payee address; City; State; Zip Code 500 Terry A. Fracois Boulevard  San Francisco, CA 94158
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/13/2024	Payee name WIX*WIX.COM, INC
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Amount (\$) \$24.89	Payee address; City; State; Zip Code 500 Terry A. Fracois Boulevard  San Francisco, CA 94158
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/12/2024	Payee name WIX
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Amount (\$) \$24.89	Payee address; City; State; Zip Code 500 Terry A. Fracois Boulevard  San Francisco, CA 94158
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
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

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 F1: Sch: 8/8 Rpt: 17/17	<b>2</b> FILER NAME Fierro, Martha E. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00083170
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<b>4</b> Date 04/10/2024	<b>5</b> Payee name WIX
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<b>6</b> Amount (\$) \$24.89	<b>7</b> Payee address; City; State; Zip Code 500 Terry A. Fracois Boulevard  San Francisco, CA 94158
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/10/2024	Payee name WIX
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Amount (\$) \$24.89	Payee address; City; State; Zip Code 500 Terry A. Fracois Boulevard  San Francisco, CA 94158
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/12/2024	Payee name WIX
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Amount (\$) \$24.89	Payee address; City; State; Zip Code 500 Terry A. Fracois Boulevard  San Francisco, CA 94158
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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