# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comple		1 Filer ID (Ethics Commis 00083170	sion Filers)	2 Total pages file 2	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
NAME	Mrs.	Martha E.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	10/28/2024	
		Fierro				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	7552 Tipps St.				Receipt #	Amount
Change of Address	Houston TV 77022					
Change of Address	Houston, TX 77023				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	•	
TREASURER NAME	Ms.	Tammie				
	NICKNAME	LAST		SUFFIX		
		Nielson		SUFFIX		
		141010011				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	405 Wafer ST	,				
(Residence or Business)						
	Pasadena, TX 77506					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(713) 545-6736					
8 REPORT TYPE	 	7 2045 4 5-4	-1	D#	7 454 4	
'''-	January 15	30th day before	election	Runoff	15th day after car appointment (office	
	July 15	8th day before 6		Exceeded modified	Final Report (Atta	ch C/OH-FR)
			_	reporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	09/27/2024	TH	IROUGH	10/26/202	4	
		· ·				
10 ELECTION	ELECTION DATE  Month Day Year		rimary	ELECTION TYPE Runoff	Other	
	11/05/2024		-		Otriei	
	,,	X G	eneral	Special		
				T		
11 OFFICE	OFFICE HELD (if any) None			12 OFFICE SOUGHT State Senator Di		
	None			State Seriator Di	Strict 0	
	•					
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 22

13 C / OH NAME	Fierro, Martha E. (M	S.)	<b>14</b> Filer ID (00083170	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	the candidate's or office	holder's knowledge or		
Additional Pages	Additional Pages COMMITTEE TYPE COMMITTEE NAME					
ш	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00		
		<b>AL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<b>\$</b> 14,300.49		
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 6,180.83		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 3,281.96		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 1,500.00		
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.				
		Mrs.	Martha E. Fierro			
		Signature of	Candidate or Officehol	der		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid	, this the	day		
of	, 20, to co	ertify which, witness my hand and seal of office.				
Signature of office	eer administering	Printed name of officer administering	Title of officer	administering oath		

### **SUBTOTALS - C/OH**

### FORM COH **COVER SHEET PG 3**

					3 0f 22
_	ER NAM	ME urtha E. (Mrs.)	<b>19</b> Filer ID 00083170	(Eth	ics Commission Filers)
	HEDUL ME OF			SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,300.49
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	4,000.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	X	SCHEDULE E: LOANS		\$	200.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	6,180.83
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
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 TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/22	
2	FILER NAME Fierro, Marth	a E. (Mrs.)		3	Filer ID (Ethics Commission 00083170	n Filers)
4	Date 10/25/2024			7	Amount of Contribution (\$)	\$50.00
		Spring, TX 77388				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date   Full name of contributor   out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$50.00	
	Temple, TX 76504  Principal occupation / Job title (See Instructions)  Employer (See Instruction					
	Retired	oalion / Job title (See matrictions)	Employer (See instructions	3)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID Canfield, Carl Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$7.00
		Houston, TX 77088				
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID Carlett, Mary Jane  Contributor address; City; State; Zip Code  Austin, TX 78749	)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID Chupp, Sharon  Contributor address; City; State; Zip Code  Oregon City, OR 97045	)#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			'			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/22	
2	FILER NAME Fierro, Marth	a E. (Mrs.)		3	Filer ID (Ethics Commission 00083170	n Filers)
4	Date 10/10/2024	5 Full name of contributor out-of-state PAC (ID#:) Davoli, James 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00
		Spring, TX 77381				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/08/2024 Fierro, Ronaldo  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00	
	Brick Township, NJ 08723  Principal occupation / Job title (See Instructions) Employer (See Instruction					
	Retired	,	, ., . (			
	Date 10/20/2024				Amount of Contribution (\$)	\$10.00
		Temple, TX 76502				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/20/2024	Full name of contributor out-of-state PAC (ID#:_ Gonzalez, Jorge Contributor address; City; State; Zip Code San Diego, CA 92105	)		Amount of Contribution (\$)	\$250.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_Graves, Theresa  Contributor address; City; State; Zip Code  Houston, TX 77041			Amount of Contribution (\$)	\$20.24
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	 ;)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/22			
2	FILER NAME Fierro, Marth	na E. (Mrs.)			3	Filer ID (Ethics Commission 00083170	n Filers)		
4	Date 10/18/2024	5 Full name of contributor out-of-state PAC (ID#:) 7 Gump, Robert 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00			
		Dallas, TX 75360							
8	Principal occu Retired	pation / Job title (See Instructions)		9 Employer (See Instructions	s)				
	Date Full name of contributor out-of-state PAC (ID#:)  10/07/2024 Hensley, Jan  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00				
	Odessa, TX 79761  Principal occupation / Job title (See Instructions)  Employer (See Instructions)				<u> </u>				
	Self employed Business		-,						
	Date Full name of contributor out-of-state PAC (ID#:)  10/23/2024 Howell, Steven  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00				
		Houston, TX 77098							
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)				
	Date 10/18/2024	Full name of contributor Littlepage, Pamela Contributor address; City; Sta		)		Amount of Contribution (\$)	\$10.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 10/10/2024	Full name of contributor Long, Joseph Contributor address; City; Sta				Amount of Contribution (\$)	\$20.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)				
			'						

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/22	
2	FILER NAME Fierro, Marth	na E. (Mrs.)			3	Filer ID (Ethics Commission 00083170	n Filers)
4	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#:) Lubbock Republican Womens Club  Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5,000.00	
0	Dringing occur	Lubbock, TX 79424 pation / Job title (See Instructions)		Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:) Meeks, Barbara  Contributor address; City; State; Zip Code  League City, TX 77573			Amount of Contribution (\$)	\$50.00	
	Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions)			Employer (See Instructions	)		
	Date 10/04/2024	10/04/2024 Paris, Brett  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
	Principal occu Self Employe	Annapolis, MD 21401 pation / Job title (See Instructions) ed		Employer (See Instructions Business	)		
Date Full name of contributor out-of-state PAC (ID#:)  10/14/2024 Pirogowicz, Jim  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1.25		
	Principal occu Retired	Antioch, CA 94509 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/17/2024	Full name of contributor out-of-state PAC (ID#:) Pirogowicz, Jim  Contributor address; City; State; Zip Code  Antioch, CA 94509			Amount of Contribution (\$)	\$1.25	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/22	
2	FILER NAME Fierro, Marth	a E. (Mrs.)		3	Filer ID (Ethics Commission 00083170	n Filers)
4	Date 10/04/2024			7	Amount of Contribution (\$)	\$1.25
_		Antioch, CA 94509				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/07/2024 Pirogowicz, Jim  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.25	
	Antioch, CA 94509  Principal occupation / Job title (See Instructions)  Employer (See Instruction					
	Principal occupation / Job title (See Instructions)  Retired  Employer (See Instruction					
	Date 10/25/2024				Amount of Contribution (\$)	\$1.25
		Antioch, CA 94509				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#:_Pope, Bill  Contributor address; City; State; Zip Code  Longview, TX 75601			Amount of Contribution (\$)	\$2,000.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#:_Roos, Eugene Contributor address; City; State; Zip Code  Dallas, TX 75205			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/22		
2	FILER NAME Fierro, Marth	a E. (Mrs.)			3	Filer ID (Ethics Commission 00083170	on Filers)	
4	Date 10/10/2024	5 Full name of contributor out-of-state PAC (ID#:) 7 Roos, Eugene 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00		
_		Dallas, TX 75205						
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions	;)			
	Date Full name of contributor out-of-state PAC (ID#:)  10/18/2024 Sieczkowski, Karen  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00		
	Magnolia, TX 77355				_			
	Principal occupation / Job title (See Instructions)  Retired  Employer (See Instruction				5)			
	Date 10/25/2024				Amount of Contribution (\$)	\$10.00		
		Laguna Niguel, CA 92677						
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 10/04/2024	Full name of contributor out-of-state Stanley, John Contributor address; City; State; Zip Code Burleson, TX 76028	-	)		Amount of Contribution (\$)	\$50.00	
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions	)			
	Date 10/10/2024	Full name of contributor out-of-state Thomas, John Contributor address; City; State; Zip Code Lubbock, TX 79416				Amount of Contribution (\$)	\$2,000.00	
	Principal occu Doctor	oation / Job title (See Instructions)		Employer (See Instructions Self employed	<u> </u>			
			,					

The Instruction Guide explains how to complete this form	Total pages Schedule A1: Sch: 7/7 Rpt: 10/22
FILER NAME 3	Filer ID (Ethics Commission Filers) 00083170
Date 10/14/2024  5 Full name of contributor out-of-state PAC (ID#:) Vegas, Iris  6 Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$3.00
Los Angeles, CA 70345  Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	
Retired	
10/08/2024 Young, Mason  Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$14.00
Oak Hill, VA 20171  Principal occupation / Job title (See Instructions)  Self employed  Employer (See Instructions)	

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 11/22 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Fierro, Martha E. (Mrs.) 00083170 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/01/2024 Ruiz, Walter \$4,000.00 Commercial for 7 Contributor address; City; State; Zip Code advertising Houston, TX 77058 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) Self Business Home 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

	LOANS				SCHEDULE E
	The Instruction	ages Schedule E: /1 Rpt: 12/22			
2	FILER NAME Fierro, Martha E	. (Mrs.)		3 Filer ID 000833	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			\$
5	Date of loan 10/17/2024	7 Name of lender out-of-state Fierro, Martha	PAC (ID#:	)	9 Loan Amount (\$) \$200.00
6	Is lender a financial institution?	8 Lender address; City; State	Zip Code		10 Interest Rate 0.00
	No	Houston, TX 77023			<b>11</b> Maturity Date 11/10/2024
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instruction HAN	ıs)	
14	Description of Coll  X None	ateral	15 Check if personal funds v	vere deposited	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor	•		19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City; State			
20	Principal occupation	on	21 Employer (See Instruction	ns)	
			1		

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Office helder (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 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: 1/10 Rpt: 13/22	Fierro, Martha E. (Mrs.) 00083170
4	Date	5 Payee name
	10/26/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$141.00	1340 Poydras Street
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense  Fundraising
		T unutaising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	10/15/2024	Anthem Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	2591 Dallas Parkway #300
		Frisco, TX 75034
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Rack cards
		hold
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/16/2024	Dtf Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.94	2808 Caroline St. Suite 101-J
		Houston, TX 77004
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Shirts Advertising
		Simo / dvordomy
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		

#### 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

	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: 2/10 Rpt: 14/22	Fierro, Martha E. (Mrs.) 00083170
4	Date	5 Payee name
	10/16/2024	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	1 hacker way
		menlo park, CA 94025
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Advertising
		, tavortioning
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	10/17/2024	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.00	1 hacker way
		menlo park, CA 94025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Advertising
		Advertising
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	<b>D</b> .	
	Date	Payee name
	10/24/2024	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.00	1 hacker way
		menlo park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Advertising
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/Of	•

#### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

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

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.	
1	Total pages Schedule F1: Sch: 3/10 Rpt: 15/22	2 FILER NAME Fierro, Martha E. (Mrs.)  3 Filer ID (Ethics Commission Filers) 00083170	
4	Date 10/25/2024	5 Payee name Facebook	
6	Amount (\$) \$15.75	7 Payee address; City; State; Zip Code 1 hacker way	
8	PURPOSE OF EXPENDITURE	menlo park, CA 94025  (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 Advertising	_
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 10/11/2024	Payee name Facebook	
	Amount (\$) \$25.00	Payee address; City; State; Zip Code  1 hacker way  menlo park, CA 94025	
	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  Advertising	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 10/11/2024	Payee name Facebook	
	Amount (\$) \$25.00	Payee address; City; State; Zip Code  1 hacker way	
		menlo park, CA 94025	
	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  Advertising	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

#### 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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/10 Rpt: 16/22	Fierro, Martha E. (Mrs.) 00083170
4	Date	5 Payee name
	10/15/2024	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	1 hacker way
		menlo park, CA 94025
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Advertising
		, and the second se
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/15/2024	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	1 hacker way
		menlo park, CA 94025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Advertising
		, and the second se
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/15/2024	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	1 hacker way
		menlo park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Advertising
		Advertising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)							
		The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:		B Filer ID (Ethics Commission Filers)							
	Sch: 5/10 Rpt: 17/22	Fierro, Martha E. (Mrs.)	00083170							
4	Date	5 Payee name								
	10/15/2024	Facebook								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$25.00	1 hacker way								
		menlo park, CA 94025								
8	PURPOSE	<u> </u>								
Ü	OF		utside of Texas. Complete Schedule T.							
	EXPENDITURE	7 Advertising Expense	TX, officeholder living expense							
		Advertising								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/OI	Н								
	Date	Payee name								
	10/15/2024	Facebook								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$25.00	1 hacker way								
	Ψ23.00	Tridenci way								
		menlo park, CA 94025								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Navertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		Advertising	A, uniceriolaer living expense							
		, avoidants								
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	Cinide Helia							
	Date	Davies marris								
	10/15/2024	Payee name Facebook								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$28.00	1 hacker way								
		menlo park, CA 94025								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Advertising Expense	ıtside of Texas. Complete Schedule T.							
		l	TX, officeholder living expense							
		Advertising								
	Operation Chilly 2.1	Out distance (Office Includes up a Committee of Committee	Office half							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held							
_										

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 6/10 Rpt: 18/22	Fierro, Martha E. (Mrs.) 00083170						
4	Date	5 Payee name						
	10/15/2024	Facebook						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$31.00	1 hacker way						
		menlo park, CA 94025						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		advertising						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	<del>1</del>						
	Date	Payee name						
	10/25/2024	Facebook						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$72.00	1 hacker way						
		menlo park, CA 94025						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
	Facebook ads							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
	Date	Payee name						
	10/25/2024	Palmer, Gloria						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$3,800.00	7413 Parker Street						
		Houston, TX 77016						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor						
		Check if Austin, TX, officeholder living expense Poll workers						
		1 oil workers						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							

#### 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

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

	Credit Card Payment	Th	ne Instruction Guid	de explains how to co	omple	ete this form.
1	Total pages Schedule F1:	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 7/10 Rpt: 19/22	Fierro, Martha	E. (Mrs.)			00083170
4	Date	Payee name				•
	10/08/2024	Redfox LLC				
6	Amount (\$)	Payee address;	City;	State; Zip Co	ode	
	\$105.60					
		Washington, T	X			
8	PURPOSE OF	Category (See C			(b)	Description
	EXPENDITURE	Solicitation/Fu	ndraising Expe	ense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
						Fundraising Expense
9	Complete ONLY if direct	Candidate/Office	nolder name	Office sou	ight	Office held
	expenditure to benefit C/OI					
	Date	Payee name				
	10/10/2024	Redfox LLC				
	Amount (\$)	Payee address;	City;	State; Zip Co	ode	
	\$45.60					
		TX				
	PURPOSE OF	Category (See C			(b)	Description
	EXPENDITURE	Solicitation/Fu	ndraising Expe	ense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
						Fundraising
	Complete ONLY if direct	Candidate/Officel	nolder name	Office sou	ught	Office held
	expenditure to benefit C/OI					
	Date	Payee name				
	10/11/2024	Redfox LLC				
	Amount (\$)	Payee address;	City;	State; Zip Co	ode	
	\$47.40					
		TX			1	
	PURPOSE OF	Category (See C			(b)	Description
	EXPENDITURE	Solicitation/Fu	ndraising Expe	ense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
						Fundraising Expense
	Complete ONLY if direct	Candidate/Officel	nolder name	Office sou	ight	Office held
	expenditure to benefit C/OI					

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

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

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		Food/Beverage Expense Gift/Awards/Memorials Expense Demmittee Legal Services  The Instruction Guide expense	Salaries/Wages	se //Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	<u> </u>	<u>·</u>	3	Filer ID	(Ethics Commission Filers)					
_	Sch: 8/10 Rpt: 20/22	Fierro, Martha E. (Mrs.)		٦	00083170	(					
4	Date										
4	10/16/2024	Payee name Redfox LLC									
-			State; Zip Code								
0	Amount (\$) \$78.00		State, Zip Code								
		Washington, TX									
8	PURPOSE OF EXPENDITURE	O Category (See Categories listed at the top of the Solicitation/Fundraising Expense)	(b)	Description Check if travel outs Check if Austin, TX Fundraising exp	, officeholder living						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought		Office h	eld					
_	Date	Payee name									
	10/17/2024	Redfox LLC									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$2.55	Washington, TX									
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the Solicitation/Fundraising Expense)	(b)	Description Check if travel outs Check if Austin, TX Fundraising exp	, officeholder living						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought		Office h	eld					
	Date	Payee name									
	10/22/2024	Redfox LLC									
	Amount (\$) \$0.75	Payee address; City;	State; Zip Code								
		TX									
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the Solicitation/Fundraising Expense	this schedule) (b)	Description Check if travel outs Check if Austin, TX Fundraising exp	, officeholder living	•					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought		Office h	eld					

#### 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

Credit Card Paymen	nt	-	truction Guide ex		-	ete this form.	OTTIER (enter a	category not listed	abovej
1 Total pages Sch	edule F1: 2	FILER NAME				3	Filer ID	(Ethics Commi	ssion Filers)
Sch: 9/10 Rpt:		Fierro, Martha E. (	(Mrs.)				00083170		
4 Date	5	Payee name				I			
10/23/2024		Redfox LLC							
6 Amount (\$)	7	Payee address;	City;	State; Zip Co	ode				
	\$111.00								
		TX							
8 PURPOSE	(	a) Category (See Categor	ies listed at the top of	this schedule)	(b)	Description			
OF EXPENDITURE		Solicitation/Fundra				Check if travel out:	side of Texas. Com		
EXI ENDITORE	-					_	K, officeholder living	expense	
						Fundraising Ex	pense		
O Complete ONLY	if direct	Candidata/Officabalda	r nomo	Office cou	abt		Office he	vid.	
9 Complete ONLY expenditure to be		Candidate/Officeholde	rname	Office sou	ignt		Office he	eiu	
Date		Payee name							
10/23/2024		Redfox LLC							
Amount (\$)		Payee address;	City;	State; Zip Co	ode				
•	\$156.00								
		TX							
PURPOSE OF	(6	a) Category (See Categor		this schedule)	(b)	Description			
EXPENDITURE	<b>■</b>	Solicitation/Fundra	ising Expense				side of Texas. Com		
		Check if Austin, TX, officeholder living expense  Fundraising expense							
Complete ONLY	if direct	Candidate/Officeholde	r name	Office sou	ı <u> </u>		Office he	eld	
expenditure to be	enefit C/OH								
Date		Payee name							
10/25/2024		Uz Marketing							
Amount (\$)		Payee address;	City;	State; Zip Co	ode				
	.,128.35	5900 bingle road							
		houston, TX 77092	<u>)</u>						
PURPOSE	(	a) Category (See Categor	ies listed at the top of	this schedule)	(b)	Description			
OF EVDENDITUDE		Advertising Expens		tillo soriedale)	<u> </u> `´	Check if travel out	side of Texas. Com	plete Schedule T.	
EXPENDITURE	-						K, officeholder living	expense	
						Rack Cards			
		0 111 /07 1		0.00	<u> </u>			1.1	
Complete <u>ONLY</u> expenditure to be		Candidate/Officeholde	r name	Office sou	ight		Office he	eia	

#### 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/Politica	/ - al Comn	nittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services	se Expense	Polling Expense Printing Expense	e se s/Contract Labor		Travel in Distri Travel Out of I		
	Credit Card Payment  The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1:	ı						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 10/10 Rpt: 22/22			tha E. (Mrs.)					00083170		
4	Date 10/10/2024		ayee name VIX*WIX.C	OM, INC							
6	Amount (\$)	7 F	ayee addre	ss; City;	State:	; Zip Code					
	\$24.89	5	600 Terry A	. Fracois Boule	vard						
				sco, CA 94158							
8	PURPOSE OF EXPENDITURE		Category <sub>(Se</sub> Advertising	ee Categories listed at t Expense	he top of this sch	edule) (b)	<u>—</u>		ide of Texas. Co , officeholder livi	mplete Schedule T. ng expense	
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offi	ceholder name	C	Office sought			Office	neld	