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) 00087775 11 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Sandra NAME Date Received **ELECTRONICALLY FILED** 12/31/2024 NICKNAME LAST **SUFFIX** Avila Ramirez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 6800 West Gate Blvd MAILING Amount Receipt # **ADDRESS** Suite 132, #137 Change of Address Austin, TX 78745 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Maria NAME NICKNAME LAST **SUFFIX** Guerrero Anderson STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE **CAMPAIGN** CITY; STATE: **TREASURER** 2228 Dry Tortugas Trail **ADDRESS** (Residence or Business) Austin, TX 78747 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 656-4790 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 98th

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Avila Ramirez, Sand	ra (Ms.)	14 Filer ID 00087775	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE COMMITTEE NAME			
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		II IIZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
	2. TOTAL POLIT	ICAL CONTRIBUTIONS		\$ 0.00
EXPENDITURE	,	PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	IS)	
TOTALS	3. TOTAL UNITEN	IZED POLITICAL EXPENDITORES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 3,944.21
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 2,011.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		Ms. Sa	andra Avila Ramirez	
		Signature o	f Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Cionatura at -#	oor administation and	Dripted name of officer administrating and	Tido of office	ar administarina: a ath
Signature of office	cer administering oath	Printed name of officer administering oath	I ILIE OT OTTICE	er administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	3 of 11							
18 FILER NAM Avila Ram	ME nirez, Sandra (Ms.)	19 Filer ID 00087775	(Ethics Commission Filers)					
l	0 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
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. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$ 3,944.21					
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.	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	\$					

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)

Credit Card F dyment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 1/8 Rpt: 4/11	Avila Ramirez, Sandra (Ms.)		00087775	
4 Date	5 Payee name		•	
07/16/2024	American Inns of Court			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$600.00	225 Reinekers Lane			
	Suite 770			
	Alexandria, VA 22314			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	n	
OF EXPENDITURE	Fees		ravel outside of Texas. Con	
EXI ENDITORE			Austin, TX, officeholder livin	
		Barbara J	ordan inns or Cod	rt membership fee
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ıaht.	Office h	ald
expenditure to benefit C/O		ıgnı	Office fi	eiu
Date	Payee name			
08/22/2024	Austin AFL-CIO Council			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$184.53	P.O. Box 87			
	Austin, TX 78767			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Advertising Expense	. =	ravel outside of Texas. Con Austin, TX, officeholder livin	
		event ad		9 - · · p - · · · · ·
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office h	eld
expenditure to benefit C/O	Н			
Date	Payee name			
07/22/2024	Constant Contact			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$37.31	40 Water Street			
	Boston, MA 02109			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	n	
OF	Fees		ravel outside of Texas. Con	nplete Schedule T.
EXPENDITURE		. —	Austin, TX, officeholder livin	
		email con	nmunication servic	es
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office h	eld
expenditure to beliefft C/O	••			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel in District Travel Out of District

Solicitation/Fundraising Expense

Legal Services Candidate/Officeholder/Political Committee 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: 2/8 Rpt: 5/11 Avila Ramirez, Sandra (Ms.) 00087775 4 Date Payee name 08/22/2024 **Constant Contact** 6 Amount (\$) Payee address; City; State; Zip Code \$37.31 40 Water Street Boston, MA 02109 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. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense email communication services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/23/2024 **Constant Contact** Amount (\$) Payee address; City; State; Zip Code \$37.31 40 Water Street Boston, MA 02109 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense email communication service Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/22/2024 **Constant Contact** Amount (\$) Payee address: City; State; Zip Code \$37.31 40 Water Street Boston, MA 02109 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense email communication service Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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/Officenoider/Politic 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: 3/8 Rpt: 6/11	Avila Ramirez, Sandra (Ms.) 00087775
4 Date	5 Payee name
11/22/2024	Constant Contact
6 Amount (\$) \$37.31	7 Payee address; City; State; Zip Code 40 Water Street
	Boston, MA 02109
8 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 email Service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/23/2024	Constant Contact
Amount (\$) \$37.31	Payee address; City; State; Zip Code 40 Water Street
	Boston, MA 02109
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 email Service
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
07/15/2024	El Buen Samaritano Episcopal Mission
Amount (\$) \$103.00	Payee address; City; State; Zip Code 7000 Woodhue Dr.
	Austin, TX 78745
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food pantry donation
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

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 Credit Card Payment	l Committee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	oense Prii Sal	_	se s/Contract Labor		Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:						l	Filer ID	(Ethics Commission Filers)
Ļ	Sch: 4/8 Rpt: 7/11		irez, Sandra (Ms.)					00087775	
4	Date	5 Payee nam							
Ļ	07/18/2024	Squarespa							
6	Amount (\$)	7 Payee addr		State; Zi	p Code				
	\$35.18	8 Clarksor	ı 3l.						
		New York	NY 10014						
8	PURPOSE	(a) Category	See Categories listed at the t	op of this schedule	(b)	Description			
	OF EXPENDITURE		g Expense						plete Schedule T.
						Check if Austin		officeholder living e service fe	
						sampaign we	ונטיי	C SCI VICE IC	
9	Complete ONLY if direct	Candidate/O	fficeholder name	Office	e sought			Office h	eld
	expenditure to benefit C/OI								
	Date	Payee nam							
	07/22/2024	Squarespa							
	Amount (\$)	Payee addr	•	State; Zi	ip Code				
	\$7.79	8 Clarksor	n St.						
		New York	NY 10014						
	PURPOSE OF		See Categories listed at the t	op of this schedule	e) (b)	Description		T C	oulata Cabadula T
	EXPENDITURE	Advertisin	g Expense			\Box		e of Texas. Com officeholder living	nplete Schedule T. g expense
						website fee		·	
	Complete ONLY if direct		fficeholder name	Office	e sought			Office h	eld
	expenditure to benefit C/OI	1							
	Date	Payee nam	е						
	08/19/2024	Squaresp	ace						
	Amount (\$)	Payee addr		State; Zi	ip Code				
	\$35.18	8 Clarksor	n St.						
		Nova Vorte	NV 10014						
	DUDDOCT		NY 10014		1,,,				
	PURPOSE OF		See Categories listed at the t	op of this schedule	e) (b)	Description Check if travel	outsid	e of Texas. Com	nplete Schedule T.
	EXPENDITURE	Auvertisin	g Expense					officeholder living	•
						website main	tena	ance fee	
	Complete ONLY if direct expenditure to benefit C/OH		fficeholder name	Office	e sought			Office h	eld
	experialities to beliefft C/Of	'							

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.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission F	-ilers)
	Sch: 5/8 Rpt: 8/11	Avila Ramirez, Sandra (Ms.) 00087775	
4	Date	5 Payee name	
	08/21/2024	Squarespace	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7.79	8 Clarkson St.	
		New York, NY 10014	
8	PURPOSE		
Ü	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		website fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	09/18/2024	Squarespace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.18	8 Clarkson St.	
		New York, NY 10014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		website maintenance fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	09/23/2024	Squarespace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.79	8 Clarkson St.	
		New York, NY 10014	
	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	
		website maintenance	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services 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/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/8 Rpt: 9/11	Avila Ramirez, Sandra (Ms.) 00087775
4	Date	5 Payee name
	10/18/2024	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.18	8 Clarkson St.
		New York, NY 10014
8	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
		website fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	10/21/2024	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.79	8 Clarkson St.
		New York, NY 10014
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense website fee
		website lee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	11/18/2024	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.18	8 Clarkson St.
	700.20	
		New York, NY 10014
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		website fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	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: 7/8 Rpt: 10/11	Avila Ramirez, Sandra (Ms.) 00087775
4	Date	5 Payee name
	11/21/2024	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.79	8 Clarkson St.
		New York, NY 10014
8	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
		website fee
		Website 166
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	12/18/2024	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.18	8 Clarkson St.
		New York, NY 10014
	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 Website fee
		website iee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	12/20/2024	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.79	8 Clarkson St.
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Website fee
		website lee
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to co	•	ete this form.	OTTLK (effici a category	not listed above)
1	Total pages Schedule F1:	<u> </u>			3 Filer ID (Ethics	Commission Filers)
	Sch: 8/8 Rpt: 11/11	Avila Ramirez, Sandra (Ms.)			00087775	,
4	Date	5 Payee name				
	11/08/2024	Texas Center for the Judiciary				
6	Amount (\$)	7 Payee address; City; State; Zip C	ode			
	\$75.00	1210 San Antonio				
		Suite 800				
		Austin, TX 78701				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Fees		Check if travel	outside of Texas. Complete Sche	
	EXI ENDITORE			_	TX, officeholder living expense	
				Juage Schoo	I Registration fee	
	Complete ONLY if direct	Candidata/Officeholder name Office co	laht		Office held	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ugni		Office field	
_	Data					
	Date	Payee name				
	09/18/2024	Travis County Democratic Party				
	Amount (\$)	Payee address; City; State; Zip C	ode			
	\$2,500.00	P.O. Box 684263				
		Austin, TX 78768				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	EXPENDITURE	Event Expense		—	outside of Texas. Complete Scho , TX, officeholder living expense	
					ption sponsorship	
					рион ороноононр	
	Complete ONLY if direct	Candidate/Officeholder name Office soi	<u>I</u> ught		Office held	
	expenditure to benefit C/OI					