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) 00081822 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Amy NAME Date Received **ELECTRONICALLY FILED** 01/01/2025 NICKNAME LAST **SUFFIX** Martin CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 1321 Upland Dr. MAILING Receipt # Amount **ADDRESS** Suite 9638 Change of Address Houston, TX 77043 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Zachary NAME NICKNAME LAST **SUFFIX** Becker **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 1321 Upland Dr. **ADDRESS Suite 9638** (Residence or Business) Houston, TX 77043 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 465-0693 **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** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE None District Judge

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Martin, Amy (The Honorable) 14 Filer ID 00081822			(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$ 0.00		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 296.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 2,680.26		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 0.00		
17 AFFIDAVIT						
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.				
		The Ho	onorable Amy Martin			
	der					
AFFIX NOT	TARY STAMP / SEAL AB	OVE				
Sworn to and subsc	ribed before me, by the s	aid	, this the	day		
		ertify which, witness my hand and seal of office.				
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer	administering oath		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 5		
18 FILER NAME Martin, Amy (The Honorable) 19 Filer ID (Ethics Commission Filers) 00081822					
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT				
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$		
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$		
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 148.00		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 148.00		
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 I TO FILER	RETURNED	\$		

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 Con

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 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	5)			
	Sch: 1/1 Rpt: 4/5	Martin, Amy (The Honorable) 00081822				
4	Date	5 Payee name				
	07/19/2024	Capital One Bank				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$40.00	P.O. Box 60599				
		City of Industry, CA 91716				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Credit Card Payment				
	-	Check if Austin, TX, officeholder living expense credit card payment				
		Gredit card payment				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O	Office relations of the sought				
_	Date	Pouse name				
	10/12/2024	Payee name Capital One Bank				
		<u> </u>				
	Amount (\$) \$108.00	Payee address; City; State; Zip Code P.O. Box 60599				
	Φ100.00	P.O. BOX 00399				
		City of ladvata. CA 01710				
		City of Industry, CA 91716				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE Credit Card Payment Credit Card Payment Check if travel outside of Texas. Completed to Check if Austin, TX, officeholder living expensions.						
credit card payment						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/Ol	DH				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica			nting Expense laries/Wages/Con		THER (enter a category	y not listed a	bove)
	The Inst	ruction Guide explains how	to complete t	his form.			
1 Total pages Schedule F4:	Schedule F4: 2 FILER NAME			3 Filer		iler ID (Ethics Commission Filers)	
Sch: 1/1 Rpt: 5/5	Martin, Amy (The H	Ionorable)			00081822		
4 CREDIT CARD	Name of final	ncial institution		OF UNITEMIZED			
ISSUER	Capit	al One	EXPENDITURES CHARGED TO A CREDIT		 \$		
	·		CARD	LD TO A CILLDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$108.00	09/30/2024	10/12/202	24			
	,=						
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
			225 Varic	k St #12th HQ			
	Square Space						
			New York	, NY 10014			
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	web doma	ain registration			
X Political	Advertising Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
	\$40.00	07/04/2024	07/19/202	24			
PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code
	Liameter CLRT Dell	#i! O	P.O. Box 66664				
	Houston GLBT Political Caucus						
				TX 77266			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Political organization membership dues				
l <u> </u>	Membership dues	of this schedule)					
X Political	·						
Non-Political	`	of Texas. Complete Schedule T.	ľ	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							