JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

Т	he JC/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Co 000817	mmission Filers) 717	2		iiled: 19
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	- r		USE ONLY
	OFFICEHOLDER NAME	The Honorable	Aurora Martin	ez		-	Date Received	USE UNLY
							ELECTRONIC	ALLY FILED
		NICKNAME	LAST				01/15/2025	
		NICRNAME	Jones		30			
4	CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #; CIT	-Y;	ZIP	CODE	Date Hand-delivered	or Date Postmarked
	OFFICEHOLDER MAILING	P.O. Box 82331				-	Receipt #	Amount
	ADDRESS						·	
	Change of Address	Austin, TX 78708				Ē	Date Processed	
						ľ	Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST			L	ЛІ	
ľ	TREASURER	Mrs.	Virginia					
	NAME		Virginia					
		NICKNAME	LAST			c	SUFFIX	
		Ginny	Agnew					
			<i>i</i> .g					
6	CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE):		APT / SUITE #;	CITY;	ST	ATE; ZIP CODE
ľ	TREASURER	1204 Castle Hill St.	<i>• • • • • • • • • • • • • • • • • • • </i>			0.1.1,	0.	
	(Residence or Business)							
	· · · · · ·	Austin, TX 78703						
7	CAMPAIGN	AREA CODE PH	ONE NUMBER	EXTENSION				
	TREASURER PHONE	(512) 473-2375						
8	REPORT TYPE	X January 15	30th day before		Runoff		15th day after ca	ampaign treasurer
		X January 15			rtunon		appointment (off	
		July 15	8th day before	election	Exceeded modi reporting limit	fied	Final Report (Atl	tach C/OH-FR)
9	PERIOD	Month Day Yea	ar		Month	Day	Year	
	COVERED	07/01/2024	TI	ROUGH	12	2/31/2024		
10	ELECTION	ELECTION DATE			ELECTION	TYPE		
		Month Day Yea	ar 🛛 🗖 F	Primary	Runoff		Other	
		11/05/2024		General	Special			
11	OFFICE	OFFICE HELD (if any)	I		12 OFFICE	SOUGHT (i	f known)	
		District Judge District 1	26 Travis			ludge Dist		
						-		
\vdash								
			GO 1	TO PAGE	2			
F	rme provided by Te	vas Ethics Commission					Voro	ion V/1 1 0 Edd20002
г 0	ins provided by Te	xas Ethics Commission	www.et	hics.state.t	x.u5		vers	ion V4.1.0.5dd2ace2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 19

T

13 C / OH NAME	Jones, Aurora Martir	ez (The Honorable)	14 Filer ID 00081717	(Ethics Con	nmission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	These expenditures may have bee	olitical expenditures made by politica n made without the candidate's or o t this information only if they receive	fficeholder's kr	nowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREAS	SURER NAME				
		COMMITTEE CAMPAIGN TREAS	SURER ADDRESS				
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTION ES OF LOANS, OR CONTRIBUTION	S(OTHER THAN PLEDGES, LOAN DNS MADE ELECTRONICALLY)	\$ \$	0.00		
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARAN ⁻	TEES OF LOANS)	\$	1,000.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$	0.00				
	4. TOTAL POLIT	I. TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	CAL CONTRIBUTIONS MAINTAINE	D AS OF THE LAST DAY OF THE	\$	8,579.58		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR		ING LOANS AS OF THE LAST DAY	Y \$	3,000.00		
17 AFFIDAVIT							
			m, under penalty of perjury, that the and includes all information require Election Code.				
			The Honorable Aurora Martine	ez Jones			
			Signature of Candidate or Office	eholder			
AFFIX NO	TARY STAMP / SEAL AE	OVE					
			, this the		day		
of	, 20, to c	ertify which, witness my hand and s	eal of office.				
Signature of office	cer administering oath	Printed name of officer admir	istering oath Title of of	ficer administe	ring oath		
Forms provided by Te	xas Ethics Commissio	n www.ethics.state.tx	.us	Version V	4.1.0.5dd2ace2		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

3 of 19

18 FILER N	AME Aurora Martinez (The Honorable)	19 Filer ID 00081717	(Ethics Commission Filers)
		00001717	
	F SCHEDULE		SUBTOTAL AMOUNT
1. X	\$ 1,000.00		
2.	\$		
3.	\$		
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$ 5,730.31
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
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 CONTRIBUTIO	DNS	\$
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 3.89

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

	The Instru	ction Guide explains how	v to complete this fo	orm.		Total pages Schedule A(J)1 Sch: 1/1 Rpt: 4/19	:
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Jones, Auro	ra Martinez (The Honorable)				00081717	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/12/2024	Baker Botts Amicus Fund			\$1,000.00		
		6 Contributor address; City; St	tate; Zip Code				
		Houston TX 77002					
Ļ	Constributorila	Houston, TX 77002		Contributorio Job Title			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	nouc	(if any)	
		sinployer/law intri			pouse		
12	2 If contributor i	s a child, law firm of parent(s) (if a	anv)				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	· · ·	3 Filer ID (Ethics Commission Filers)					
1	Sch: 1/12 Rpt: 5/19	Jones, Aurora Martinez (The Honorable)	00081717					
4	Date 07/17/2024	5 Payee name Academy Sports + Outdoors						
6	Amount (\$) \$54.11	 Payee address; City; State; Zip Code 351 IH-35 N. Frontage Rd Round Rock, TX 78664 						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense S					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/16/2024	Amazon						
	Amount (\$) \$86.56	Payee address; City; State; Zip Code 410 Terry Ave N						
		Seattle, WA 98109						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense tion Items					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/16/2024	Amazon						
	Amount (\$) \$48.69	Payee address; City; State; Zip Code 410 Terry Ave N						
		Seattle, WA 98109						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense tion Items					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 2/12 Rpt: 6/19	Jones, Aurora Martinez (The Honorable)	00081717			
4	Date 11/06/2024	Payee name Amazon				
6	Amount (\$) \$18.80	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 Seattle, WA 98109				
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense S			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/29/2024	Amazon				
	Amount (\$) \$119.06	Payee address; City; State; Zip Code 410 Terry Ave N				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense or Juvenile Court Files			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	09/11/2024	American Inns of Court				
	Amount (\$) \$425.00	Payee address; City; State; Zip Code 225 Reinekers Ln Ste. 770 Alexandria, VA 22314				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense I ES			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Overhea Polling Expens Printing Expen Salaries/Wage	se Travel Out of District s/Contract Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)				
	Sch: 3/12 Rpt: 7/19	lones, Aurora Martinez (The Honorable	e)	00081717				
4	Date 08/21/2024	Payee name Austin AFL-CIO Council						
6	Amount (\$) \$263.47	Payee address; City; State; P.O. Box 301074 Austin, TX 78703	Zip Code					
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Advertising Expense	dule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Print Program Ad				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name O	ffice sought	Office held				
	Date	Payee name						
	09/13/2024	Domino's Pizza						
	Amount (\$) \$136.62	Payee address; City; State; 900 Guadalupe St	Zip Code					
		Austin, TX 78705						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Food/Beverage Expense	dule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Family Drug Treatment Court Team Lunch (Mentor Court)				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name O	ffice sought	Office held				
	Date	Payee name						
	07/26/2024	Domino's Pizza						
	Amount (\$) \$124.41	Payee address; City; State; 900 Guadalupe St	Zip Code					
		Austin, TX 78705	i					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Food/Beverage Expense	_{dule)} (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Family Drug Treatment Court Team Lunch (Mentor Court)				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name O	ffice sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							_	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen mittee Legal Services The Instruction Guide e	ise i	Office Overh Polling Expe Printing Expe Salaries/Wag	ense Jes/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	٦
	Sch: 4/12 Rpt: 8/19	.	Jones, Aurora Martinez (The Ho	onorable))			00081717	
4	Date	5	Payee name				1		\neg
	08/26/2024		Godaddy.com						
6	Amount (\$)	7	Payee address; City;	State;	Zip Code	9			
	\$95.82		14455 N. Hayden Rd						
			Ste. 219						
			Scottsdale, AZ 85260						
8	PURPOSE	<u> </u>) Description			\neg
Ŭ	OF		Category (See Categories listed at the top Advertising Expense	of this sched	iule)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE	'				Check if Austin	, TX,	, officeholder living expense	
						Website			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice sough	it		Office held	
	Date		Payee name						٦
	12/20/2024		H-E-B						
	Amount (\$)		Payee address; City;	State;	Zip Code	9			-
	\$21.30	I	1000 E. 41st St						
			Austin, TX 78751						
	PURPOSE OF		Category (See Categories listed at the top	of this sched	lule) (I) Description			
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
								eatment Court Team Breakfast	
						, , , , , , , , , , , , , , , , , , ,	-		
	Complete ONLY if direct	L C	andidate/Officeholder name	Off	fice sough	ıt		Office held	\neg
	expenditure to benefit C/OI	Н			5				
-	Date		Payee name						╡
	12/16/2024		H-E-B						
	Amount (\$)		Payee address; City;	State;	Zip Code)			
	\$38.93		603 Louis Henna Blvd						
			Bldg A						
		I	Round Rock, TX 78664						
	PURPOSE								\neg
	OF		Category (See Categories listed at the top		lule)	Description Check if travel	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE	'	Office Overhead/Rental Expens	e				, officeholder living expense	
						Office Suppli			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Officeholder name	Off	fice sough	it		Office held	-
┣—									\neg

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)					
	Total pages Schedule F1:	-	3 Filer ID (Ethics Commission Filers)					
-	Sch: 5/12 Rpt: 9/19	Jones, Aurora Martinez (The Honorable)	00081717					
4	Date	Payee name						
	10/03/2024	HBAA Charitable Foundation						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$250.00	P.O. Box 12692						
		Austin, TX 78711						
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description						
ľ	OF		utside of Texas. Complete Schedule T.					
	EXPENDITURE		TX, officeholder living expense					
		Sponsorship fo	or Luncheon					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/30/2024	Joseph M. Pritchard Inn						
-	Amount (\$)	Payee address; City; State; Zip Code						
	\$30.00	1414 Colorado St						
	\$00.00	#502						
		Austin, TX 78711						
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE		ıtside of Texas. Complete Schedule T. TX, officeholder living expense					
		Pritchard Inn D						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/17/2024	Longhorn Trophies						
_	Amount (\$)	Payee address; City; State; Zip Code						
	\$168.00	5555 N. Lamar Blvd						
	\$100.00	Bldg E, Ste. E126						
		-						
		Austin, TX 78751						
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE		ıtside of Texas. Complete Schedule T. TX, officeholder living expense					
			ward for Assistant					
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OF	Once Sought						
⊢								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fe Fo Gif mittee Le	ent Expense es od/Beverage Expense t/Awards/Memorials Exper gal Services ne Instruction Guide e	Office O Polling E nse Printing Salaries	verhea Expense Expense Wages	se s/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:			•			3	Filer ID	(Ethics Commission Filers)
	Sch: 6/12 Rpt: 10/19		Martinez (The Ho	onorable)				00081717	
4	Date	Payee name							
	12/23/2024	Mailchimp							
6	Amount (\$)	Payee address;	City;	State; Zip C	ode				
	\$107.13	675 Ponce de	Leon Ave NE						
		Ste. 5000							
		Atlanta, GA 30	0308						
8	PURPOSE	Category (See (Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising E>	kpense					de of Texas. Comple officeholder living e	
						Email Service		oncentrater inving e	Aperide
9	Complete ONLY if direct expenditure to benefit C/OF	andidate/Office	holder name	Office so	ught			Office held	d
	Date	Payee name							
	11/22/2024	Mailchimp							
	Amount (\$)	Payee address;	City;	State; Zip C	ode				
	\$107.13	675 Ponce de	Leon Ave NE						
		Ste. 5000	. 5000						
		Atlanta, GA 30	0308						
	PURPOSE OF EXPENDITURE	Category _{(See (} Advertising E>	Categories listed at the top <pense< th=""><th>of this schedule)</th><th>(b)</th><th></th><th>, TX,</th><th>de of Texas. Complo officeholder living e</th><th></th></pense<>	of this schedule)	(b)		, TX,	de of Texas. Complo officeholder living e	
	Complete ONLY if direct expenditure to benefit C/O	andidate/Office	holder name	Office so	ught			Office held	d
	Date	Payee name							
	10/22/2024	Mailchimp							
	Amount (\$)	Payee address;	City;	State; Zip C	ode				
	\$107.13	675 Ponce de	Leon Ave NE						
		Ste. 5000							
		Atlanta, GA 30	0308						
	PURPOSE	Category (See 0	Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising E>	kpense				, TX,	de of Texas. Compl officeholder living e	
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Office	holder name	Office so	ught			Office held	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 7/12 Rpt: 11/19		Jones, Aurora Martinez (The H	Honorabl	le)			00081717	
4	Date	5	Payee name						
	09/23/2024	1	Mailchimp						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le			
	\$107.13	6	675 Ponce de Leon Ave NE						
		:	Ste. 5000						
			Atlanta, GA 30308						
8	PURPOSE	(a) (Category (See Categories listed at the to	op of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Advertising Expense		,	Check if travel		ide of Texas. Complete Schedule T.	
	EXPENDITORE							, officeholder living expense	
						Email Service	9		
_			andidata (Office helder record			h.t.			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name		Office soug	m		Office held	
	Date	I	Payee name						
	08/22/2024		Mailchimp						
	Amount (\$)	1	Payee address; City;	State;	; Zip Coo	le			
	\$107.13	6	675 Ponce de Leon Ave NE						
			Ste. 5000						
		,	Atlanta, GA 30308						
	PURPOSE	(a) (Category (See Categories listed at the to	op of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Advertising Expense		,			ide of Texas. Complete Schedule T.	
								, officeholder living expense	
						Email Service	9		
	Complete ONLY if direct		andidate/Officeholder name		Office soud	ht		Office held	
	expenditure to benefit C/OF	-	andidate/Oncendider name	Ċ	Jince Sout	n t		Onice held	
	Date		^D ayee name						
	07/22/2024	1	Mailchimp						
	Amount (\$)	1	Payee address; City;	State;	; Zip Coo	le			
	\$107.13	(675 Ponce de Leon Ave NE						
		:	Ste. 5000						
			Atlanta, GA 30308						
	PURPOSE	(a) (Category (See Categories listed at the to	on of this sch	edule)	(b) Description			
	OF		Advertising Expense		ieuuie)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE							, officeholder living expense	
						Email Service	Э		
	0							orr	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held	

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	,
-	Sch: 8/12 Rpt: 12/19	Jones, Aurora Martinez (The Honorable) 00081717	`
4	Date 08/09/2024	5 Payee name Marriott San Antonio	
6	Amount (\$) \$954.12	 7 Payee address; City; State; Zip Code 101 Bowie St San Antonio, TX 78205 	
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advanced Family Law Conferece Hotel 	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	11/12/2024	National Association of Counsel for Children	
	Amount (\$)	Payee address; City; State; Zip Code	\neg
	\$120.00	899 N. Logan St Ste. 208 Denver, CO 80203	
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dues for NACC Certification 	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	=
	07/22/2024	National Council of Juvenile and Family Court Judges	
-	Amount (\$)	Payee address; City; State; Zip Code	\neg
	\$200.00	P.O. Box 8970	
		Reno, NV 89507	
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense NCJFCJ Board Member Fee & Donation 	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)						
Ļ	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1: Sch: 9/12 Rpt: 13/19	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jones, Aurora Martinez (The Honorable) 00081717						
4	Date	5 Payee name						
	07/22/2024 National Council of Juvenile and Family Court Judges							
6	Amount (\$) \$495.00	7 Payee address; City; State; Zip Code P.O. Box 8970						
		Reno, NV 89507						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Judicial Conference Registration						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	12/20/2024	Procore Tower						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$30.00 221 W. 6th St Austin, TX 78701							
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking 						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held								
	Date	Payee name						
	08/26/2024	St. Alban's Episcopal Church						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$270.00	11819 S. IH-35						
		Austin, TX 78747						
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if Austin, TX, officeholder living expense Facilities Rental for Treatment Court Retreat 						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						

			EXPENDITURE CATEGO	ORIES FOR	RBOX	8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/V	erhead/Re pense xpense Vages/Cor	eimbursement ental Expense ntract Labor this form.		Transportation E Travel in District Travel Out of Dis				
1	Total pages Schedule F1:	2					2	Filer ID	(Ethics Commission Filers)			
1	Sch: 10/12 Rpt: 14/19		Jones, Aurora Martinez (The Honorat	ole)				00081717				
4	Date 11/18/2024		Payee name State Bar of Texas									
6	Amount (\$)			e; Zip Co	do							
Ŭ		\$255.00 1414 Colorado St										
	Ψ200.00											
			A									
			Austin, TX 78701									
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	chedule)	(b) De	escription						
	EXPENDITURE		Fees						plete Schedule T.			
							IX,	officeholder living	j expense			
						103						
_	Complete ONIL V if direct		Condidate (Office helder name	Office cou	abt			Office b	ald			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	gni			Office h	eiu			
_	Date	<u> </u>										
		I	Payee name State Par of Toyas									
10/23/2024 State Bar of Texas												
	Amount (\$)	I		e; Zip Co	de							
\$75.00 1414 Colorado St												
			Austin, TX 78701									
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b) De	escription						
	OF EXPENDITURE		Fees Chec					neck if travel outside of Texas. Complete Schedule T.				
	EXPENDITORE					1		officeholder living	g expense			
					Te	exas Bar Co	lleç	ge Dues				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office h	eld			
	expenditure to benefit C/OI											
	Date		Payee name									
	10/01/2024		Texas Association of Specialty Courts	5								
	Amount (\$)		Payee address; City; State	e; Zip Co	de							
	\$40.00		1905 University Ave									
			Huntsville, TX 77340									
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b) De	escription						
	OF EXPENDITURE		Fees			Check if travel o	outsic	de of Texas. Com	nplete Schedule T.			
	EXPENDITORE							officeholder living				
					Te	exas Associa	atic	on of Specia	alty Courts Dues			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght			Office he	eld			
	expenditure to benefit C/OI	L.J.										

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 11/12 Rpt: 15/19		Jones, Aurora Martinez (The Honorable	e)			00081717		
4	Date	5 Payee name							
	11/13/2024		Texas Center for the Judiciary						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$70.00		1210 San Antonio St	·					
			Ste. 800						
			Austin, TX 78701						
_	BUBBOCE				(h) - · · ·				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	nutsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Fees				, officeholder living expense		
					Continuing Ju	udio	cial Education		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	Jht		Office held		
	Date		Payee name						
	11/13/2024		Texas Center for the Judiciary						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$65.00		1210 San Antonio St						
			Ste. 800						
			Austin, TX 78701						
	PURPOSE	(a)			(b) Description				
	OF	("	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		outsi	ide of Texas. Complete Schedule T.		
			Check if Austin	Austin, TX, officeholder living expense					
					2024 Texas I	Ber	nch Book		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	Jht		Office held		
	Date		Payee name						
	12/23/2024		The Roosevelt Room						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$247.13		307 W. 5th St						
			Austin, TX 78705						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description	outo:	ide of Toyac, Complete Schedule T		
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
					Staff Holiday				
					, , ,		-		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
⊢									

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 12/12 Rpt: 16/19		Jones, Aurora Martinez (The Honorable	e)			00081717	
4	Date	5	Payee name					
	07/25/2024	Tso Chinese Takeout & Delivery						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$63.65	65 3909 N. IH-35						
			Ste. E-5					
			Austin, TX 78722					
8	PURPOSE	<u> </u>	Category (See Categories listed at the top of this sche		(b) Description			
	OF		Food/Beverage Expense	euule)		outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE				Check if Austir	, ТХ	, officeholder living expense	
					Staff Lunch			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held	
	Date		Payee name					
	09/30/2024		UT Law Alumni Association					
⊢	Amount (\$) Payee address; City; State; Zip Code							
	\$300.00		727 E. Dean Keeton St	·				
			Austin, TX 78705					
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description		ide of Taura Consulta Cabadula T	
OF Event Expense Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense								
	UT Law Alumni Event							
Complete ONLY if direct			andidate/Officeholder name C	Office sou	jht		Office held	
	expenditure to benefit C/OI	Н						
⊨	Date		Payee name					
	11/21/2024		Whole Foods Market					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$21.86		525 N. Lamar Blvd					
			Austin, TX 78703					
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense	
					Coffee for Of			
⊢	Complete ONLY if direct	<u>ر</u>	candidate/Officeholder name C	Office sou	t		Office held	
	expenditure to benefit C/Oł				,			
\vdash								

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

SCHEDULE K

	The Instru	bages Schedule K: 1/2 Rpt: 17/19					
2	FILER NAME Jones, Auror	ra N	Martinez (The Honorable)	3	Filer II	D (Ethics Commission F 1717	ilers)
4	Date 07/12/2024	5	8 Amount (\$)	\$0.73			
		6	Address of person from whom amount is received; City; State; Zip Code				
			San Antonio, TX 78205				
		7	Purpose for which amount is received Check if p Interest	olitio	cal cont	tribution returned to filer	
	Date 08/13/2024		Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code	,		Amount (\$)	\$0.94
			San Antonio, TX 78205				
			Purpose for which amount is received Check if p Interest	olitio	cal cont	tribution returned to filer	
	Date 09/13/2024	Ī	Name of person from whom amount is received Frost Bank			Amount (\$)	\$0.80
			Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205				
				olitio	cal cont	tribution returned to filer	
	Date 10/11/2024	<u> </u>	Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$0.52
			San Antonio, TX 78205 Purpose for which amount is received Check if p	oliti	ral cont	ribution returned to filer	
L			Interest	Untix			
	Date 11/14/2024		Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$0.54
			San Antonio, TX 78205				
			Purpose for which amount is received Check if p Interest	olitio	cal cont	tribution returned to filer	

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

SCHEDULE K

	The Instruc	ctio	on Guide explains how to complete this form.	1		pages Schedule K: 2/2 Rpt: 18/19
2	FILER NAME			Filer II	D (Ethics Commission Filers)	
	Jones, Auror	a N	Nartinez (The Honorable)		00081	1717
4	Date	5	Name of person from whom amount is received	-		8 Amount (\$)
	12/12/2024		Frost Bank			\$0.36
		6	Address of person from whom amount is received; City; State; Zip Code			
			San Antonio, TX 78205			
		7		oliti	cal cont	ribution returned to filer
			Interest			

OUTSTAN	IDING LOANS	SCHEDULE L
	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 19/19
PILER NAME Jones, Aurora N	Nartinez (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081717
LENDER INFORMATION	4 Name of lender Martinez Jones, Aurora (The Honorable)	
	5 Lender address; City; State; Zip Code	
	Austin, TX 78708	
GUARANTOR INFORMATION	6 Name of guarantor	
X not applicable	7 Guarantor address; City; State; Zip Code	