

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00051411	2 Total pages filed: 10	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Dori	MI MI	OFFICE USE ONLY
	NICKNAME	LAST Contreras	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 815 Wiltshire Ave. San Antonio, TX 79209		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Dru	MI MI	
	NICKNAME	LAST LaMantia	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	601 Hobbs Dr. Edinburg, TX 78539			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(956)	655-9206		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year	THROUGH		Month Day Year
	07/01/2024			12/31/2024
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Court of Appeals, Chief Justice District 13		12 OFFICE SOUGHT (if known) None	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 10

13 C / OH NAME Contreras, Dori (The Honorable) **14** Filer ID (Ethics Commission Filers)
00051411

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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 POLITICAL EXPENDITURES	\$	1,494.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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 of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Dori Contreras

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Contreras, Dori (The Honorable)		19 Filer ID (Ethics Commission Filers) 00051411
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,494.33
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,029.35
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 187.57

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 4/10	2 FILER NAME Contreras, Dori (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051411
4 Date 09/18/2024	5 Payee name Cameron County Bar Associaton WLS	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 103 E. Price Road, Ste. B Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sneakers for Students Sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2024	Payee name GoDaddy.com	
Amount (\$) \$99.99	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Renewal Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2024	Payee name GoDaddy.com	
Amount (\$) \$44.34	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Renewal Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 5/10	2 FILER NAME Contreras, Dori (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051411
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4 Date 08/30/2024	5 Payee name PSJA Education Foundation
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 601 E. Kelly St. Alamo, TX 78577
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/01/2024	Payee name Texas Access to Justice Foundation
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Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 12886 Austin, TX 78711
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lawteria Sponsorship
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/28/2024	Payee name Texas Latinx Judges
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Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 90683 San Antonio, TX 78209
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution for Lawteria
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/3 Rpt: 6/10	2 FILER NAME Contreras, Dori (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051411
4 Date 09/28/2024	5 Payee name BKK Thai Kitchen	
6 Amount (\$) 110.95	7 Payee Address; City; State; Zip 3850 S. Alameda Corpus Christi, TX 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Lunch with Court Staff
Date 08/29/2024	Payee name Cameron County Bar Association	
Amount (\$) 75.00	Payee Address; City; State; Zip P.O. Box 3866 Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Dues
Date 09/28/2024	Payee name Castaneda, Tracy A	
Amount (\$) 200.00	Payee Address; City; State; Zip 1505 Alyssum Street Weslaco, TX 78599	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Administrative
Date 08/29/2024	Payee name Coastal Bend Womens Lawyers Association	
Amount (\$) 60.00	Payee Address; City; State; Zip P.O. Box 2176 Corpus Christi, TX 78403	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Dues

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/3 Rpt: 7/10	2 FILER NAME Contreras, Dori (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051411
4 Date 11/24/2024	5 Payee name Duggan, Gail Ojeda (Ms.)	
6 Amount (\$) 1,835.49	7 Payee Address; City; State; Zip 3326 Edge View San Antonio, TX 78259	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Final payment on Judicial Portrait and Frame
Date 12/11/2024	Payee name Koko's Restaurant	
Amount (\$) 6,437.79	Payee Address; City; State; Zip 6000 N. 10th, Ste. A McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Catering Fee for Retirement Party
Date 11/19/2024	Payee name Medina, Alonzo (Mr.)	
Amount (\$) 113.09	Payee Address; City; State; Zip 100 E. Cano, 5th Floor Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Tech Support
Date 11/04/2024	Payee name PSJA Education Foundation	
Amount (\$) 1,000.00	Payee Address; City; State; Zip 601 E. Kelly St. Alamo, TX 78577	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Established Namesake Scholarship Fund

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/3 Rpt: 8/10	2 FILER NAME Contreras, Dori (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051411
4 Date 09/12/2024	5 Payee name Railroad Seafood	
6 Amount (\$) 137.03	7 Payee Address; City; State; Zip 1214 N. Chaparral Corpus Christi, TX 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Lunch with Court Staff
Date 11/25/2024	Payee name Silva, Clarissa (Ms.)	
Amount (\$) 52.00	Payee Address; City; State; Zip 100 E. Cano, 5th Floor Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Reimbursement	(b) Description (See instructions regarding type of information required.) Reimbursement for funeral spray for Tijerina funeral
Date 10/31/2024	Payee name Texas Regional Bank	
Amount (\$) 8.00	Payee Address; City; State; Zip PO Box 5555 McAllen, TX 78502	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank Service Fee

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 9/10
2 FILER NAME Contreras, Dori (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051411
4 Date 07/31/2024	5 Name of person from whom amount is received Texas Regional Bank	8 Amount (\$) \$0.70
	6 Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78502	
	7 Purpose for which amount is received Interest on Checking Account <input type="checkbox"/> Check if political contribution returned to filer	
4 Date 08/30/2024	5 Name of person from whom amount is received Texas Regional Bank	8 Amount (\$) \$0.62
	6 Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78502	
	7 Purpose for which amount is received Interest on Checking Account <input type="checkbox"/> Check if political contribution returned to filer	
4 Date 09/30/2024	5 Name of person from whom amount is received Texas Regional Bank	8 Amount (\$) \$0.43
	6 Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78502	
	7 Purpose for which amount is received Interest on Checking Account <input type="checkbox"/> Check if political contribution returned to filer	
4 Date 10/31/2024	5 Name of person from whom amount is received Texas Regional Bank	8 Amount (\$) \$0.20
	6 Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78502	
	7 Purpose for which amount is received Interest on Checking Account <input type="checkbox"/> Check if political contribution returned to filer	
4 Date 11/29/2024	5 Name of person from whom amount is received Texas Regional Bank	8 Amount (\$) \$2.48
	6 Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78502	
	7 Purpose for which amount is received Interest on Checking Account <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/2 Rpt: 10/10
2 FILER NAME Contreras, Dori (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051411
4 Date 07/08/2024	5 Name of person from whom amount is received Texas Regional Bank	8 Amount (\$) \$78.91
	6 Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78502	
	7 Purpose for which amount is received Interest on Certificate of Deposit <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/08/2024	Name of person from whom amount is received Texas Regional Bank	Amount (\$) \$80.43
	Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78502	
	Purpose for which amount is received Interest on Certificate of Deposit <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/05/2024	Name of person from whom amount is received Texas Regional Bank	Amount (\$) \$23.80
	Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78502	
	Purpose for which amount is received Interest on Certificate of Deposit <input type="checkbox"/> Check if political contribution returned to filer	