FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 16 00083170 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Martha E. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Fierro CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 7552 Tipps St. MAILING Receipt # Amount **ADDRESS** Change of Address Houston, TX 77023 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Tammie NAME NICKNAME LAST **SUFFIX** Nielson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 405 Wafer ST **ADDRESS** (Residence or Business) Pasadena, TX 77506 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 545-6736 **PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election Exceeded modified

Month

Month

Day

Day

11/05/2024

OFFICE HELD (if any)

ELECTION DATE

10/27/2024

Year

Year

PERIOD

10 ELECTION

11 OFFICE

COVERED

THROUGH

Primary

X General

reporting limit

Month

ELECTION TYPE

Runoff

Special

Day

12/31/2024

12 OFFICE SOUGHT (if known)

State Senator District 6

Year

Other

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Fierro, Martha E. (M	s.)	14 Filer ID (00083170	(Ethics Commission Filers
15 NOTICE FROM POLITICAL COMMITTEE(S)	ommittees to support the cholder's knowledge or tice 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		I ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 595.2
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 8,595.2
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.0
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 7,039.3
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 14.1
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 3,240.0
17 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 Officehole	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

					3 0f 16
	ER NAM	(Ethi	ics Commission Filers)		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	595.25
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	8,000.00
3.		\$			
4.	X	\$	3,240.00		
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				7,039.37
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
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 C	OF C/OH	\$	
11	11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				_
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					

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: 4/16 3 Filer ID (Ethics Commission Filers) FILER NAME Fierro, Martha E. (Mrs.) 00083170 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/27/2024 Ruiz, Walter \$4,000.00 | Campaign Commercial 7 Contributor address; City; State; Zip Code Houston, TX 77058 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 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) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 11/02/2024 Ruiz, Walter \$4,000.00 | Commercial Contributor address; City; State; Zip Code Houston, TX 77058 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Self Business Home Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

	LOANS					SCHEDULE E
	The Instructio	n Guide explains how to	complete this	form.	1	ges Schedule E: 2 Rpt: 5/16
2	FILER NAME					(Ethics Commission Filers)
	Fierro, Martha E	. (Mrs.)			000831	.70
4	TOTAL OF UN	ITEMIZED LOANS			•	\$
5	Date of loan	7 Name of lender	out-of-state PA	AC (ID#:)	9 Loan Amount (\$)
	11/04/2024	Fierro, Francisco				\$500.00
6	Is lender a financial institution?	8 Lender address; City	; State;	Zip Code		10 Interest Rate 0.00
	No					11 Maturity Date
		Houston, TX 77023				12/04/2024
12		on / Job title (See Instructions)		13 Employer (See Instru	•	
1.4	Anesthesia	atoral		Memorial Hermann		Linto political account
14	Description of Coll X None	alerai		15 Check if personal fun	ius were deposited	(See Instructions)
16	GUARANTOR	17 Name of guarantor		<u> </u>		19 Amount Guaranteed (\$)
	INFORMATION					(4)
	X not applicable	18 Guarantor address; City	; State;	Zip Code		•
20	Principal occupation	on		21 Employer (See Instru	ıctions)	
	Date of loan	Name of lender	out-of-state PA	AC (ID#:)	Loan Amount (\$)
	11/06/2024	Fierro, Francisco	_			\$500.00
	Is lender a financial institution?	Lender address; City	; State;	Zip Code		Interest Rate 0.00
	No					Maturity Date
		Houston, TX 77023				01/06/2025
		on / Job title (See Instructions)		Employer (See Instru		
	Anesthesia			Memorial Hermanr		
	Description of Coll X None	ateral		Check if personal fun	ids were deposited	l into political account (See Instructions)
	GUARANTOR	Name of guarantor		<u> </u>		Amount Guaranteed (\$)
	INFORMATION					
	X not applicable	Guarantor address; City	; State;	Zip Code		
	Principal occupation	on		Employer (See Instru	ıctions)	1
_				1		

	LOANS					SCHEDULE E
	The Instruction	n Guide explains how t	o complete this	form.	· ·	ges Schedule E: 2 Rpt: 6/16
2	FILER NAME Fierro, Martha E	(Mrs.)				(Ethics Commission Filers)
4		IITEMIZED LOANS			00003	\$
5	Date of loan	7 Name of lender	out-of-state PA	7C (ID#:		9 Loan Amount (\$)
•	10/31/2024	Fierro, Martha	Unit-of-state 17	С (ПБ#		\$2,000.00
6	Is lender a financial institution?	8 Lender address; City	r; State;	Zip Code		10 Interest Rate
	No	Houston, TX 77023				11 Maturity Date 12/01/2024
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	ine)	12/01/2024
	Director	on 7 dob title (oce mondetions)		HAN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
14	Description of Coll	ateral		15 Check if personal funds	were deposited	l into political account
	X None					(See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor		•		19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City	y; State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instruction	ons)	
	Date of loan	Name of lender	out-of-state PA	AC (ID#:)	Loan Amount (\$)
	11/04/2024	Fierro, Martha				\$240.00
	Is lender a financial institution?	Lender address; City	r; State;	Zip Code		Interest Rate 0.00
	No					Maturity Date
	Dringing aggregation	Houston, TX 77023 on / Job title (See Instructions)		Employer (Coo Instruction	uno)	01/04/2025
	Director	on 7 Job title (See Instructions)		Employer (See Instruction HAN	1115)	
	Description of Coll	ateral		Check if personal funds	were deposited	l into political account
	X None					(See Instructions)
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	X not applicable	Guarantor address; City	/; State;	Zip Code		
	Principal occupation	<u>l</u> on		Employer (See Instruction	ons)	1

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 Salarice Magnet/Contract Labor

	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: 1/10 Rpt: 7/16	Fierro, Martha E. (Mrs.) 00083170
4	Date	5 Payee name
	10/29/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.09	1340 Poydras Street
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Fee
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/30/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.00	1340 Poydras Street
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Fees Fees
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/31/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	1340 Poydras Street
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/10 Rpt: 8/16	Fierro, Martha E. (Mrs.)		00083170
4	Date	5 Payee name		-
	11/04/2024	Anedot		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$3.60	1340 Poydras Street		
		New Orleans, LA 70112		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking	,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Fee
_				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	11/06/2024	Anedot		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$9.37	1340 Poydras Street		
		New Orleans, LA 70112		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		5	
	Date	Payee name		
	11/06/2024	Anedot		
	Amount (\$)	Payee address; City; State; Zip Co	nda	
	\$114.00	1340 Poydras Street	ue	
	Ψ114.00	1040 i Oyulus Silect		
		New Orleans, LA 70112		
		·		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking		Check if Austin, TX, officeholder living expense
				Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
_				

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	d Comn	nittee	-ood/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission Filers)	
L	Sch: 3/10 Rpt: 9/16	L F	ierro, Marth	na E. (Mrs.)						00083170		
4	Date	5 F	ayee name									
	11/04/2024	[omino's Pi	zza-Lawndale								
6	Amount (\$)	7 P	ayee addres	s; City;	State;	Zip Co	ode					
	\$20.00	7	210 Lawnd	ale								
		+	louston, TX	77012								
8	PURPOSE	(a) (ategory (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	F	ood/Bevera	age Expense				=		de of Texas. Comp		
	-							Pizza for volu		officeholder living	expense	
								. 1224 101 VOIU		,0,0		
9	Complete ONLY if direct	l Ca	ndidate/Offic	eholder name		Office sou	l Jaht			Office he	eld	_
Ĺ	expenditure to benefit C/O										•	
	Date	F	ayee name									
	11/05/2024		omino's Pi	zza-Lawndale								
	Amount (\$)	P	ayee addres	s; City;	State;	Zip Co	ode					
	\$50.00	7	210 Lawnd	ale								
		+	louston, TX	77012								
	PURPOSE	(a) (ategory (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			age Expense				=		de of Texas. Comp		
								Check if Austin,	, TX,	officeholder living	expense	
								ı 00u				
\vdash	Complete ONLY if direct	l Ca	ndidate/Offic	eholder name		Office sou	laht			Office he	eld	_
	expenditure to benefit C/O			choladi hamo		300	-911L			Omoc ne		
H	Date		ayee name									=
	10/28/2024	ı	ayee name acebook									
_	Amount (\$)		ayee addres	s; City;	Ctata:	Zip Co	nde					_
	\$80.00	l	ayee addres . hacker wa		State,	Zip CC	Jue					
	φου.υυ		HUCKEI WA	у								
		l n	nenlo park	, CA 94025								
	PURPOSE	(a) C	ategory (Se	e Categories listed at t	he top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	4	dvertising I	Expense				ш		de of Texas. Comp		
								Marketing	, 1X,	officeholder living	expense	
								manating				
	Complete ONLY if direct	L Ca	ndidate/Offic	eholder name		Office sou	l Jaht			Office he	eld	_
	expenditure to benefit C/O					55 500				Ooo 110	· -	
												-

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 10/16	Fierro, Martha E. (Mrs.)	00083170					
4	Date	5 Payee name	<u>'</u>					
	10/28/2024	Facebook						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$72.00	1 hacker way						
		menlo park, CA 94025						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription					
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.					
	LAFENDITORE		Check if Austin, TX, officeholder living expense					
		Ma	arketing					
0	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
9	expenditure to benefit C/OI		Office field					
	Data							
	Date 12/29/2024	Payee name Facebook						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$88.00	1 hacker way						
		menlo park, CA 94025						
	PURPOSE OF		escription					
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Ad	dvertising					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	1						
	Date	Payee name						
	10/30/2024	Facebook Facebook						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$97.00	1 hacker way						
		menlo park, CA 94025						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription					
	OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE		Check if Austin, TX, officeholder living expense					
		Co	ommercial					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
	Orange to borion Oron	•						

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 5/10 Rpt: 11/16	2 FILER NAME Fierro, Martha E. (Mrs.) 3 Filer ID (Ethics Commission Filers) 00083170	
4	Date 11/01/2024	5 Payee name Facebook	
6	Amount (\$) \$107.00	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 Commercial	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 11/04/2024	Payee name Facebook	
	Amount (\$) \$118.00	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 Advertisement	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 11/04/2024	Payee name Facebook	
	Amount (\$) \$130.00	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 Commercial	
	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 Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	Credit Card Payment	The Instruction Guide explains how to comp	plete t	this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/10 Rpt: 12/16	Fierro, Martha E. (Mrs.)		00083170
4	Date	5 Payee name		·
	11/05/2024	Facebook		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$143.00	1 hacker way		
		menlo park, CA 94025		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) De	escription
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
l	-			Check if Austin, TX, officeholder living expense Ocial Media
			50	ocial wedia
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
ľ	expenditure to benefit C/O			Cindo Hold
⊨	Date	Payee name		
l	11/06/2024	Facebook		
_	Amount (\$)	Payee address; City; State; Zip Code	Δ	
	\$158.00	1 hacker way	C	
	Ψ130.00	Thacker way		
l		menlo park, CA 94025		
┝	PURPOSE	<u> </u>	h) Da	
l	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	υ, D∈ □	escription Theck if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
			Ac	ds
L				
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	ht	Office held
L				
	Date	Payee name		
L	11/29/2024	Frost Bank		
l	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$10.00	1001 Broadway		
		Houston, TX 77012		
	PURPOSE OF	,	b) De	escription
l	EXPENDITURE	Accounting/Banking	H	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Fe	ees
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O			

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

ı	Credit Card Payment	The Instruction Guide explains how to	complet	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/10 Rpt: 13/16	Fierro, Martha E. (Mrs.)		00083170
4	Date	5 Payee name		
	12/31/2024	Frostbank		
6	Amount (\$)	7 Payee address; City; State; Zip (Code	
	\$10.00	1001 Broadway		
		Houston, TX 77012		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office s	niap+	Office held
	expenditure to benefit C/O		Jugrit	Office field
H	Dete			
	Date	Payee name		
	11/04/2024	Google ads		
	Amount (\$)	Payee address; City; State; Zip (Code	
	\$17.18	1600 Amphitheatre Pkwy		
		Mountainview, CA 94043		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Advertising Evenes		Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Advertising Expense		
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
	EXPENDITURE	Advertising Expense		
				Check if Austin, TX, officeholder living expense Commercial
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office so		Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office so		Check if Austin, TX, officeholder living expense Commercial
	Complete ONLY if direct expenditure to benefit C/OPDate	Candidate/Officeholder name Office so		Check if Austin, TX, officeholder living expense Commercial
_	Complete ONLY if direct expenditure to benefit C/OhDate 11/05/2024	Candidate/Officeholder name Office so H Payee name Google ads	ought	Check if Austin, TX, officeholder living expense Commercial
_	Complete ONLY if direct expenditure to benefit C/OhDate 11/05/2024 Amount (\$)	Candidate/Officeholder name Payee name Google ads Payee address; City; State; Zip 0	ought	Check if Austin, TX, officeholder living expense Commercial
_	Complete ONLY if direct expenditure to benefit C/OhDate 11/05/2024	Candidate/Officeholder name Office so H Payee name Google ads	ought	Check if Austin, TX, officeholder living expense Commercial
	Complete ONLY if direct expenditure to benefit C/OhDate 11/05/2024 Amount (\$)	Candidate/Officeholder name Payee name Google ads Payee address; City; State; Zip 0 1600 Amphitheatre Pkwy	ought	Check if Austin, TX, officeholder living expense Commercial
	Complete ONLY if direct expenditure to benefit C/Oh Date 11/05/2024 Amount (\$) \$30.00	Candidate/Officeholder name Payee name Google ads Payee address; City; State; Zip 0	ought	Check if Austin, TX, officeholder living expense Commercial Office held
_	Complete ONLY if direct expenditure to benefit C/Oh Date 11/05/2024 Amount (\$) \$30.00	Candidate/Officeholder name Payee name Google ads Payee address; City; State; Zip of 1600 Amphitheatre Pkwy Mountainview, CA 94043 (a) Category (See Categories listed at the top of this schedule)	ought	Check if Austin, TX, officeholder living expense Commercial Office held Description
	Complete ONLY if direct expenditure to benefit C/Oh Date 11/05/2024 Amount (\$) \$30.00	Candidate/Officeholder name Payee name Google ads Payee address; City; State; Zip of 1600 Amphitheatre Pkwy Mountainview, CA 94043	ought	Check if Austin, TX, officeholder living expense Commercial Office held Description Check if travel outside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/OFDate 11/05/2024 Amount (\$) PURPOSE OF	Candidate/Officeholder name Payee name Google ads Payee address; City; State; Zip of 1600 Amphitheatre Pkwy Mountainview, CA 94043 (a) Category (See Categories listed at the top of this schedule)	Code (b)	Check if Austin, TX, officeholder living expense Commercial Office held Description
	Complete ONLY if direct expenditure to benefit C/OFDate 11/05/2024 Amount (\$) PURPOSE OF	Candidate/Officeholder name Payee name Google ads Payee address; City; State; Zip of 1600 Amphitheatre Pkwy Mountainview, CA 94043 (a) Category (See Categories listed at the top of this schedule)	Code (b)	Check if Austin, TX, officeholder living expense Commercial Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/On Date 11/05/2024 Amount (\$) \$30.00 PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name Google ads Payee address; City; State; Zip of 1600 Amphitheatre Pkwy Mountainview, CA 94043 (a) Category (See Categories listed at the top of this schedule) Advertising Expense	Code (b)	Check if Austin, TX, officeholder living expense Commercial Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ads
	Complete ONLY if direct expenditure to benefit C/OFDate 11/05/2024 Amount (\$) PURPOSE OF	Candidate/Officeholder name Payee name Google ads Payee address; City; State; Zip of 1600 Amphitheatre Pkwy Mountainview, CA 94043 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office States	Code (b)	Check if Austin, TX, officeholder living expense Commercial Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Onterest of the second	Candidate/Officeholder name Payee name Google ads Payee address; City; State; Zip of 1600 Amphitheatre Pkwy Mountainview, CA 94043 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office States	Code (b)	Check if Austin, TX, officeholder living expense Commercial Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ads
	Complete ONLY if direct expenditure to benefit C/Onterest of the second	Candidate/Officeholder name Payee name Google ads Payee address; City; State; Zip of 1600 Amphitheatre Pkwy Mountainview, CA 94043 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office States	Code (b)	Check if Austin, TX, officeholder living expense Commercial Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ads

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 8/10 Rpt: 14/16	2 FILER NAME Fierro, Martha E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00083170
4	Date 11/05/2024	5 Payee name Google ads	1
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy	
		Mountainview, CA 94043	
8	PURPOSE OF EXPENDITURE	Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ads
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/05/2024	Google ads	
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy	
		Mountainview, CA 94043	
	PURPOSE OF EXPENDITURE	Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ads
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/02/2024	Google ads	
	Amount (\$) \$87.35	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy	
		Mountainview, CA 94043	
	PURPOSE OF EXPENDITURE	Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ads
	Complete ONLY if direct expenditure to benefit C/OI	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

	Candidate/Officeholder/Politica			Giff/Awards/Memorials Legal Services	s Expense	Salaries/M		se s/Contract Labor		OTHER (enter a	strict category not listed abo	ove)
	Credit Card Payment			The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 9/10 Rpt: 15/16		Fierro, Marth	na E. (Mrs.)						00083170		
4	Date	5	Payee name					•				
	11/01/2024		Palmer, Glo	ria								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$4,592.00		7413 Parker									
			Houston, TX	77016								
8	PURPOSE	(a)					(h)	Description				
ľ	OF	(")		e Categories listed at t ges/Contract L		dule)	(5)	_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Galarioo, Wa	g00/00/11/401 L	asor			Check if Austin,	, TX,	officeholder living	g expense	
								Blockwalker				
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Ot	ffice sou	ght			Office h	eld	
	experioritire to beriefit C/Or											
	Date		Payee name									
	11/12/2024		Palmer, Glo	ria								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$732.00		7413 Parker	Street								
			Houston, TX	77016								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE			ges/Contract L		,		=			plete Schedule T.	
								—		officeholder living		
								Contract Wor	K- I	DIUCKWAIKIII	y	
	Complete ONLY if direct	<u> </u>	Candidate/Offic	seholder name	Ot	ffice sou	aht			Office h	ald	
	expenditure to benefit C/O		Januluale/Onic	enoluei name	O	ilice sou	grit			Office II	eiu	
	Data											
	Date 12/10/2024		Payee name WIX*WIX.CO	OM INC								
						7. 0						
	Amount (\$)		Payee addres			Zip Co	ae					
	\$24.89		500 Terry A.	Fracois Boule	varu							
			0	04.044.50								
				co, CA 94158								
	PURPOSE OF	(a) 		e Categories listed at	the top of this sche	dule)	(b)	Description	outci	do of Toyas Com	plete Schedule T.	
	EXPENDITURE		Advertising I	Expense						officeholder living		
								Website			,	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Ot	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
1												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - ıl Coı	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	ense	Polling Expen Printing Exper	ad/Rental Expense se nse es/Contract Labor		Travel in District Travel Out of Dis	
	Credit Card Payment			The Instruction Guide	explains	how to comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 10/10 Rpt: 16/16		Fierro, Mar	tha E. (Mrs.)				1	00083170	
4	Date	5	Payee name	<u> </u>				<u> </u>		
	11/12/2024		WIX							
-	Amount (\$)	7	Payee addre	ess; City;	State:	Zip Code				
ľ	\$24.89	ľ		A. Fracois Boulevar		Zip Code				
	Ψ24.03		Jou Telly A	A. Fracois Boulevar	u					
L			San Franci	sco, CA 94158						
8	PURPOSE	(a)	Category (S	See Categories listed at the to	p of this sch	edule) (b)	Description			
l	OF EXPENDITURE		Advertising				_		ide of Texas. Com	
l	EXI ENDITORE						ш	n, TX	, officeholder living	g expense
l							Website			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	ficeholder name	C	Office sought	İ		Office he	eld
	experience to benefit of or									
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