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) 00065774 12 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Rebeca C. NAME Date Received **ELECTRONICALLY FILED** 03/31/2025 NICKNAME LAST **SUFFIX** Martinez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 12373 MAILING Amount Receipt # **ADDRESS** Change of Address San Antonio, TX 78212 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dr. William T. NAME NICKNAME LAST **SUFFIX** Gonzaba M.D. STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 720 Pleasanton Rd. **ADDRESS** (Residence or Business) San Antonio, TX 78214 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 921-3800 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff 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 Court of Appeals, Chief Justice District 4

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Martinez, Rebeca C.	(The Honorable)	14 Filer ID 00065774	(Ethics Comr	mission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	OM candidate / officeholder. These expenditures may have been made without the candidate's or office consent. Candidates and officeholders are required to report this information only if they receive no							
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE	, ,	\$	0.00			
	2. TOTAL POLIT	CAL CONTRIBUTIONS		\$	0.00			
	,	PLEDGES, LOANS, OR GUARANTEES OF LOAN						
TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS					0.00			
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	12,074.18			
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	44,762.99			
OUTSTANDING LOAN TOTALS								
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.						
			able Rebeca C. Mart					
		Signature of	f Candidate or Officeho	naer				
AFFIX NOT	TARY STAMP / SEAL ABO	DVE						
		aid	, this the		_ day			
of	, 20, to ce	ertify which, witness my hand and seal of office.						
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administerir				
Signature of Office	or administering out	. Thica hame of omeer duministering batti	THE OF OTHER	administerii	19 04411			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 12
	ER NAN ırtinez,	(Ethics Commission Filers)		
	HEDULI	SUBTOTAL AMOUNT		
1.		\$		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		\$		
5.	X	\$ 11,754.25		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.		\$		
8.	Х	\$ 269.98		
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 49.95
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$
11.		\$		
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 2.31

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/4 Rpt: 4/12	Martinez, Rebeca C. (The Honorable) 00065774
4	Date	5 Payee name
	08/05/2024	AFL-CIO
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,700.00	231 West Cypress, Ste. 115
		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Progam and Directory Ad
_	Commission ONII V if divers	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Dete	
	Date	Payee name
	07/19/2024	Apple, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
		Cupertino, CA 95014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense icloud storage fee
		loloud storage ree
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/26/2024	Bexar County Women's Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	9506 Wahada
	Ψ200.00	3300 Wanada
		San Antonia, TV 70217
		San Antonio, TX 78217
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expanse Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Annual Event - Autumn Affair
	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 Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Final Services Salaries/Wangs/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/4 Rpt: 5/12	Martinez, Rebeca C. (The Honorable) 00065774
4 Date	5 Payee name
08/02/2024	Chase
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$9,156.84	PO Box 1423
	Charlotte, NC 28209-1423
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Repayment of total Chase credit card charges made
	during last reporting period.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/12/2024	That's Great News
Amount (\$)	Payee address; City; State; Zip Code
\$387.42	900 Northrop Road
	PO Box 5021
	Wallingford, CT 06492
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	printed/frame publication
	printed marile publication
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
07/18/2024	TurnItBlue
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	780 Utica Ave
	Boulder, CO 80304
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	webpage hosting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/4 Rpt: 6/12	Martinez, Rebeca C. (The Honorable) 00065774
4	Date	5 Payee name
	08/19/2024	TurnItBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	780 Utica Ave
		Boulder, CO 80304
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		webpage hosting
		noupage notang
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	09/18/2024	TurnitBlue
H	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	780 Utica Ave
		Boulder, CO 80304
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Webpage hosting
		Wespage nosting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/18/2024	TurnItBlue
H	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	780 Utica Ave
	, , , , ,	
		Boulder, CO 80304
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense
l	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		webpage hosting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Magne/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/4 Rpt: 7/12	Martinez, Rebeca C. (The Honorable) 00065774
4	Date	5 Payee name
	11/18/2024	TurnItBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	780 Utica Ave
		Boulder, CO 80304
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense webpage hosting
		webpage nosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/O	
H	Date	Payee name
	12/18/2024	TurnItBlue
⊢		Payee address; City; State; Zip Code
	Amount (\$)	
	\$50.00	780 Utica Ave
		Boulder, CO 80304
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense webpage hosting
		webpage nosting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		
1		

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 Salaries/Mange/Control Labor

Candidate/Officeholder/Politica	· ·			THER (enter a category not listed above)				
		ruction Guide explains how	to complete this form.	1				
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 1/1 Rpt: 8/12	Martinez, Rebeca C	C. (The Honorable)		00065774				
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED					
ISSUER	Chase	e Bank	EXPENDITURES CHARGED TO A CREDIT	\$				
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$134.99	12/03/2024						
	Ψ104.55	12/00/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
			2702 Love Field Dr	, , , , , , , , , , , , , , , , , , ,				
	Southwest Airlines		2. 02 2010 1 10.0 2.					
			Dallas, TX 78235					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)		ning from New Chief Justice				
X Political	Travel Out of District		Investiture	J.				
Non-Political	(-) D a	(T. 0. 1. 0. 1. T.						
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense Office held				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officerolder	name Onic	e sougni	Office field				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	· Doid				
PATMENT	` '	, ,	(c) Date(s) Credit Card Issue	Palu				
	\$134.99	12/03/2024						
20/55								
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Southwest Airlines		2702 Love Field Dr					
			B II TV 70005					
	(a) Oatawari		Dallas, TX 78235					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	Chief Justice Investiture				
l <u> </u>	Travel Out of District	· · · · · · · · · · · · · · · · · · ·	Travel to El Paso for New Chief Justice Investiture					
X Political								
Non-Political	<u> </u>	of Texas. Complete Schedule T.		officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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		mmittee	Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction	als Expense				Travel in Di Travel Out (OTHER (en		listed above)
1	Total pages Schedule G:	2	FILER NAME					1	Filer ID	•	nmission Filers)
	Sch: 1/2 Rpt: 9/12		Martinez, R	ebeca C. (The	Honorable)			(000657	74	
4	Date	5	Payee name								
	08/09/2024		Apple, Inc								
6	Amount (\$)	7	Payee addre		State;	Zip Co	ode				
	\$9.99		1 Apple Pa	rk Way							
	Reimbursement from political contributions intended		Cupertino,	CA 95014							
8	PURPOSE OF	(a)	Category (S	ee Categories listed a	t the top of this sch	edule)	(b) Description	_			Complete Schedule T.
	EXPENDITURE		Office Over	head/Rental E	xpense		 	Che	eck if Austin	, TX, officeholder	living expense
							icloud storage				
9	Complete ONLY if direct	<u>Ca.</u>	ndidate/Office	holder name			Office sought			Office held	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cal	ndidate/Office	noider name			Office Sought			Office field	
	Date		Payee name								
	09/09/2024		Apple, Inc								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$9.99		1 Apple Pa	rk Way							
	Reimbursement from political contributions intended		Cupertino,	CA 95014							
	PURPOSE		Category (S	ee Categories listed a	t the top of this sch	edule)	Description				Complete Schedule T.
	OF EXPENDITURE		Office Over	head/Rental E	xpense		L L	Che	eck if Austin	, TX, officeholder	living expense
							icloud storage				
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Office	holder name			Office sought			Office held	
		_									
	Date		Payee name								
	10/09/2024	lacksquare	Apple, Inc								
	Amount (\$)		Payee addre		State;	Zip Co	ode				
	\$9.99		1 Apple Pa	rk way							
	Reimbursement from political contributions intended		Cupertino,	CA 95014							
	PURPOSE OF			ee Categories listed a		edule)	Description	=			Complete Schedule T.
	EXPENDITURE		Office Over	head/Rental E	xpense		Linkand starren	Che	eck if Austin	, TX, officeholder	living expense
							icloud storage				
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Office	holder name			Office sought			Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 10/12 Martinez, Rebeca C. (The Honorable) 00065774 Date Payee name 11/09/2024 Apple, Inc Amount (\$) Payee address; City; State; Zip Code \$9.99 1 Apple Park Way Reimbursement from political contributions intended Cupertino, CA 95014 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** icloud storage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/09/2024 Apple, Inc Amount (\$) Payee address; City; State; Zip Code \$9.99 1 Apple Park Way Reimbursement from political contributions Cupertino, CA 95014 intended PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** icloud storage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

SCHEDULE K

┕							
I The Instruction Guide explains how to complete this form.						ages Schedule K: ./2 Rpt: 11/12	
2	FILER NAME		Filer ID	(Ethics Commission F	ilers)		
	Martinez, Re	ebeca C. (The Honorable)			00065	5774	
4	Date	5 Name of person from whom amount is received	<u> </u>			8 Amount (\$)	
	07/31/2024	Wells Fargo					\$0.41
		6 Address of person from whom amount is received; City; State; Zip Code					
		Address of person from whom amount is received, Gity, State, 21p code					
		San Francisco, CA 94104					
			Check if nolit	tica	al conti	I ribution returned to filer	
		interest	Oncor ii poiit		ai 0011ti	insulation retained to mer	
⊨				_		1	
	Date	Name of person from whom amount is received				Amount (\$)	Φ0.40
	08/30/2024	Wells Fargo					\$0.40
		Address of person from whom amount is received; City; State; Zip Code					
		Con Francisco CA 04104					
		San Francisco, CA 94104		_			
		<u> </u>	Check if polit	tica	al conti	ribution returned to filer	
		interest		-			
	Date Name of person from whom amount is received					Amount (\$)	
	09/30/2024	Wells Fargo					\$0.37
		Address of person from whom amount is received; City; State; Zip Code					
		Con Francisco CA 04404					
		San Francisco, CA 94104		_			
			Check if polit	tica	al conti	ribution returned to filer	
		interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	10/30/2024	Wells Fargo					\$0.38
		Address of person from whom amount is received; City; State; Zip Code				1	
		San Francisco, CA 94104					
		Purpose for which amount is received	Check if polit	tic	al conti	ribution returned to filer	
		interest					
Г	Date	Name of person from whom amount is received				Amount (\$)	
	11/29/2024	Wells Fargo					\$0.37
		Address of person from whom amount is received; City; State; Zip Code				1	
		San Francisco, CA 94104					
	Purpose for which amount is received					ribution returned to filer	
		interest					
Г		1					

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 12/12 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Martinez, Rebeca C. (The Honorable) 00065774 5 Name of person from whom amount is received 8 Amount (\$) 12/31/2024 \$0.38 Wells Fargo 6 Address of person from whom amount is received; City; State; Zip Code San Francisco, CA 94104 Purpose for which amount is received Check if political contribution returned to filer interest