#### 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) 00087602 53 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Elizabeth R. NAME Date Received **ELECTRONICALLY FILED** 07/14/2025 NICKNAME LAST **SUFFIX** Martinez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Alexander NAME NICKNAME LAST **SUFFIX** Martinez **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 421-8609 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 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 District Judge District 73rd Bexar

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 53

13 C / OH NAME	Martinez, Elizabeth F	R. (The Honorable)	<b>14</b> Filer ID (100087602	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
<b>—</b>	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	16)	<b>\$</b> 40,189.42
EXPENDITURE	,	IZED POLITICAL EXPENDITURES	13)	\$ 0.00
TOTALS	4 - TOTAL BOLL	TO ALL EXPENDITURES		0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 8,164.20
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	<b>\$</b> 84,975.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Honora	ble Elizabeth R. Marti	inez
		Signature o	f Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to 0	ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer	administering oath

# **SUBTOTALS - JC/OH**

# FORM JC/OH **COVER SHEET PG 3**

					3 of 53
	ER NAN ırtinez,	/IE Elizabeth R. (The Honorable)	<b>19</b> Filer ID 00087602	(Ethic	cs Commission Filers)
		E SUBTOTALS SCHEDULE		;	SUBTOTAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	40,189.42
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	_
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	2,663.04
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	2,750.58
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,750.58
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	544.90

	MONET	ARY POLITICAL CONT	TRIBUTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to co	mplete this form.	1 Total pages Schedule A(J)1: Sch: 1/14 Rpt: 4/53
2	FILER NAME Martinez, El	izabeth R. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087602
4	5 Full name of contributor out-of-state PAC (ID#:) Aguirre, Alex (Mr.)  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$1,000.00	
		San Antonio , TX 78231		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	•
	Attorney		Attorney	
10		employer/law firm	11 Law firm of contributor's s	spouse (if any)
	The Aguirre			
12	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  out-	of-state PAC (ID#:)	Amount of Contribution (\$)
01/11/2025 Anderson , Magnus		of state 1 AC (ID#)	\$1.00	
		Contributor address; City; State; Zip	Code	
		West Neal , WV 74289		
	Contributor's	Principal Occupation	Contributor's Job Title	
	None Provid	led	None Provided	
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	None Provid	led		
	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-	of-state PAC (ID#:)	Amount of Contribution (\$)
	03/03/2025	Baggs, Donna		\$1,041.98
		Contributor address; City; State; Zip	Code	
		San Antonio , TX 78216		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Director of F	inance	Director of Finance	
		employer/law firm	Law firm of contributor's s	spouse (if any)
	Prichard Yo			
	If contributor i	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/14 Rpt: 5/53
2	FILER NAME Martinez, Eli	zabeth R. (The Honorable)			1	Filer ID (Ethics Commission Filers) 00087602
4	Date 03/05/2025	Full name of contributor     Bashara, Jason     Contributor address; City;	out-of-state PAC (ID#:		—	Amount of Contribution (\$) \$250.00
		San Antonio , TX 78205				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Bashara Sch	employer/law firm nwartz PLLC		11 Law firm of contributor's sp	oous	e (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)	<u>I</u>		
F	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	02/25/2025	Bernstein , Kelly Contributor address; City;	State; Zip Code			\$250.00
		San Antonio , TX 78218				
		Principal Occupation		Contributor's Job Title		
	Therapist			Therapist		
		employer/law firm ein Psychotherapy		Law firm of contributor's sp	oous	e (II any)
	-	s a child, law firm of parent(s) (i	f any)			
	ii continuator i	o a orma, law mm or paremiles (	a carry)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	03/04/2025	Blanton , Darryl	_			\$5,000.00
		Contributor address; City; San Antonio , TX 78212				
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Firm Adminis			Firm Administrator		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Davis Cedillo	o & Mendoza, Inc.				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL CON	TRIBUTIO	DNS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how to co	omplete this f	orm.	1	ages Schedule A(J)1: 14 Rpt: 6/53	
2	FILER NAME Martinez, Eli	FILER NAME Martinez, Elizabeth R. (The Honorable)			3 Filer ID 000876	(Ethics Commissio	n Filers)
4	Date 03/05/2025	<ul> <li>5 Full name of contributor out Brock , Lara</li> <li>6 Contributor address; City; State; Zip</li> <li>San Antonio , TX 78261</li> </ul>	-of-state PAC (ID#:_		7 Amount	of Contribution (\$)	\$500.00
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title	<u> </u>		
	Attorney			Attorney			
10	10 Contributor's employer/law firm		oouse (if any)	)			
12	If contributor is	s a child, law firm of parent(s) (if any)		l			
	Date	Full name of contributor out	of-state PAC (ID#:_	)	Amount	of Contribution (\$)	
	03/05/2025	Butler, Ashley  Contributor address; City; State; Zip  San Antonio , TX 78230-0000				V	\$500.00
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>		
	Attorney	molpai occupation		Attorney			
		employer/law firm		Law firm of contributor's sp	nouse (if any)	1	
		Butler PLLC		Calfas Law Group	odoo (ii diiy)	,	
		s a child, law firm of parent(s) (if any)		Canad Lan Sissip			
	Date	Full name of contributor out	of-state PAC (ID#:_	)	Amount	of Contribution (\$)	
	02/28/2025	Canales Law & ADR  Contributor address; City; State; Zip  San Antonio , TX 78259-0000	Code				\$150.00
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oouse (if any)	)	
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL CONTRIB	UTIC	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete	this f	orm.	1	Total pages Schedule A(J)1: Sch: 4/14 Rpt: 7/53
2	FILER NAME Martinez, Eli	zabeth R. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00087602
4	Date 02/28/2025  5 Full name of contributor out-of-state PAC (ID#:) Canales, David A.  6 Contributor address; City; State; Zip Code  San Antonio , TX 78259-0000		7	Amount of Contribution (\$) \$100.00		
8	Contributor's F			9 Contributor's Job Title		
Ŭ	<ul><li>8 Contributor's Principal Occupation</li><li>9 Contributor's Job Title</li><li>Mediator</li><li>Mediator</li></ul>					
10	10 Contributor's employer/law firm Canales Law & ADR  11 Law firm of contributor's sp		ous	se (if any)		
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state P/	AC (ID#:	)		Amount of Contribution (\$)
	03/05/2025	Davis , JA (Mr.)  Contributor address; City; State; Zip Code  San Antonio , TX 78230-0000				\$500.00
	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	JA Davis LL	P				
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PA	AC (ID#:_			Amount of Contribution (\$)
	03/05/2025	Deyeso , Jane (Mrs.)  Contributor address; City; State; Zip Code  San Antonio , TX 78259-0000				\$1,041.98
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Law Office o	f Jane Deyeso				
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CO	NTRIBUTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to	complete this form.	1 Total pages Schedule A(J)1: Sch: 5/14 Rpt: 8/53
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Martinez, El	izabeth R. (The Honorable)		00087602
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	02/19/2025	Escobar Jr., Manuel G.		\$1,000.00
		6 Contributor address; City; State;	Zip Code	
		San Antonio , TX 78225		
8		Principal Occupation	9 Contributor's Job Title	
	Attorney		Attorney	
10		employer/law firm	11 Law firm of contributor's s	spouse (if any)
		of Manuel Escobar		
12	! If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	02/25/2025	Espinoza, Javier	·	\$1,000.00
		Contributor address; City; State;	Zip Code	··· <b> </b>
		San Antonio , TX 78216		
-	Contributor's	I Principal Occupation	Contributor's Job Title	1
	Attorney		Attorney	
		employer/law firm	Law firm of contributor's s	spouse (if any)
		Brock, PLLC		
		s a child, law firm of parent(s) (if any)	L	
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	02/11/2025	Garcia , Carlo		\$500.00
		Contributor address; City; State;	Zip Code	·· <b> </b>
			·	
		San Antonio , TX 78216		
	Contributor's	I Principal Occupation	Contributor's Job Title	<u> </u>
	Attorney		Attorney	
-	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
		Garcia & Curiel PLLC		
	If contributor	s a child, law firm of parent(s) (if any)	I	
		- a		
_				

	MONET	ARY POLITICAL CON	TRIBUTIC	ONS	SCH	IEDULE <b>A</b>	(J)1
	The Instru	ction Guide explains how to co	orm.	1 Total pages Sch: 6/14 Rpt			
2	FILER NAME Martinez, Eli	zabeth R. (The Honorable)			3 Filer ID (Ethic	s Commission	n Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 01/22/2025 Guerrero , Monica 6 Contributor address; City; State; Zip Code San Antonio , TX 78258		7 Amount of Cont	tribution (\$)	\$500.00		
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title			
	Attorney	·		Attorney			
10	10 Contributor's employer/law firm  Monica E. Guerrero  11 Law firm of contributor's specific to the contributor's specific to		oouse (if any)				
12	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out	t-of-state PAC (ID#:_		Amount of Con	tribution (\$)	
	03/05/2025	Hill , Justin  Contributor address; City; State; Zip  San Antonio , TX 78216	o Code			:	\$1,000.00
	Contributor's F	IPrincipal Occupation		Contributor's Job Title	<u> </u>		
	Attorney			Attorney			
		employer/law firm		Law firm of contributor's sp	oouse (if any)		
	Hill Law Firm			Lynzee Hill	, ,,		
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor our	t-of-state PAC (ID#:_		Amount of Con	tribution (\$)	
	02/07/2025	Joe A. Gamez Law Firm  Contributor address; City; State; Zip  San Antonio , TX 78230-0000	o Code			,	\$5,000.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)					

MON	ETARY POLITICAL CONTRIBUT	IONS	SCHEDULE A(J)1
The Ins	struction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 7/14 Rpt: 10/53
2 FILER NA	AME r. Elizabeth R. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087602
4 Date 02/10/2025  5 Full name of contributor out-of-state PAC (ID#: Law Offices of Thomas D. Jones, PC  6 Contributor address; City; State; Zip Code		#:)	7 Amount of Contribution (\$) \$250.00
	San Antonio , TX 78215		
8 Contribut	or's Principal Occupation	9 Contributor's Job Title	
10 Contribut	or's employer/law firm	11 Law firm of contributor's s	pouse (if any)
12 If contribu	utor is a child, law firm of parent(s) (if any)		
Date 03/04/20	Full name of contributor out-of-state PAC (ID Lopez , Steven  Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$521.15
Contribut	San Antonio , TX 78201	Contributor's Job Title	
Attorney	or's Principal Occupation	Attorney	
Contribut Lopez L	or's employer/law firm aw Firm	Law firm of contributor's s	pouse (if any)
If contribu	utor is a child, law firm of parent(s) (if any)	-	
Date 02/17/20	Full name of contributor out-of-state PAC (ID Maloney , Janice Contributor address; City; State; Zip Code San Antonio , TX 78229	#:)	Amount of Contribution (\$) \$2,500.00
Contribut	I or's Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	or's employer/law firm ces of Janice Maloney	Law firm of contributor's s	pouse (if any)
If contribu	itor is a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how	orm.	1 Total pages Schedule A(J)1: Sch: 8/14 Rpt: 11/53		
2	FILER NAME Martinez, Eli	zabeth R. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00087602	
4	Date 5 Full name of contributor out-of-state PAC (ID#:)  02/24/2025 Maloney , Tim  6 Contributor address; City; State; Zip Code  San Antonio , TX 78205		7 Amount of Contribution (\$) \$2,500	.00		
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	10 Contributor's employer/law firm Tim Maloney  11 Law firm of contributor's spi		pouse (if any)			
12	If contributor i	s a child, law firm of parent(s) (if a	ny)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	_
	03/05/2025	Maloney Jr., Pat  Contributor address; City; Sta  San Antonio , TX 78205			\$2,500	.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney	····o.pai o coapation		Attorney		
		employer/law firm		Law firm of contributor's sp	pouse (if any)	
		of Pat Maloney		'		
		s a child, law firm of parent(s) (if a	ny)			
	Date	Full name of contributor	out-of-state PAC (ID#:_		Amount of Contribution (\$)	_
	03/05/2025	Martinez , Desi  Contributor address; City; Sta  San Antonio , TX 78223	ate; Zip Code		\$1,041	.98
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	Martinez & A	Associates PLLC				
	If contributor i	s a child, law firm of parent(s) (if a	ny)			
_						

	MONET	ARY POLITICAL CONT	RIBUTIC	ONS		SCHEDULE /	A(J)1
	The Instru	ction Guide explains how to com	plete this f	orm.		ages Schedule A(J)1 /14 Rpt: 12/53	
2	FILER NAME Martinez, Eli	FILER NAME Martinez, Elizabeth R. (The Honorable)			3 Filer ID 00087	(Ethics Commission 602	on Filers)
4	Date 02/24/2025  5 Full name of contributor out-of-state PAC (ID#:) Martinez, Diane (Mrs.)  6 Contributor address; City; State; Zip Code  San Antonio , TX 78210		7 Amoun	t of Contribution (\$)	\$521.15		
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title	<u> </u>		
	Attorney			Attorney			
10	10 Contributor's employer/law firm Diane Martinez  11 Law firm of contributor's specific plane Martinez		ouse (if any	/)			
12	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-	state PAC (ID#:_	)	Amoun	t of Contribution (\$)	
	03/05/2025	Miller, Michael  Contributor address; City; State; Zip C				(4)	\$521.15
	Contributorio	San Antonio , TX 78216		Contributor's Job Title			
	Attorney	Principal Occupation		Attorney			
		employer/law firm		Law firm of contributor's sp	ouso (if any	Λ	
		of Michael Miller PC		Law iiiii oi contributor 3 3p	ouse (ii aii)	<i>(</i> )	
		s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-	state PAC (ID#:_	)	Amoun	t of Contribution (\$)	
	03/05/2025	Nava, Alex (Mr.)  Contributor address; City; State; Zip C  San Antonio , TX 78230	ode				\$1,000.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	1		
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any	/)	
	ANG Law Fi	rm					
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 10/14 Rpt: 13/53
2	FILER NAME Martinez, Eli	zabeth R. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00087602
4	O3/05/2025 Ortiz, Miguel  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$781.56		
		San Antonio , TX 78216				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Ortiz Law Of	employer/law firm ffices PC		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)
	03/05/2025	Ramon , Andrew  Contributor address; City;			•	\$208.65
_	Contributor's	San Antonio , TX 78230	-0000	Contributor's Job Title		
	Attorney	Principal Occupation		Attorney		
		employer/law firm		Law firm of contributor's sp	าดน	se (if any)
		of Andrew G. Ramon PC				
	If contributor is	s a child, law firm of parent(s) (if	any)	I.		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	03/05/2025	Rush , Robert  Contributor address; City; Section Contributor Contributor address; City; Section Contributor Con	State; Zip Code			\$521.15
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney	····o·pai o coapation		Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Robert L. Ru	ısh Law Firm				
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to complete th	is form.	1 Total pages Schedule A(J)1: Sch: 11/14 Rpt: 14/53		
2	FILER NAME Martinez, El	izabeth R. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087602		
4	Date 03/05/2025			7 Amount of Contribution (\$) \$156.56		
		San Antonio , TX 78259				
8	Contributor's	Principal Occupation	9 Contributor's Job Title			
	Realtor		Relator			
10		employer/law firm	11 Law firm of contributor's s	pouse (if any)		
12		alty Partners is a child, law firm of parent(s) (if any)				
12	. II contributor i	s a clind, law littl of parefuls) (if any)				
	Date	Full name of contributor  out-of-state PAC (I	ID#· )	Amount of Contribution (\$)		
	03/01/2025	Schimmel , Ulices	\$1.00			
		Contributor address; City; State; Zip Code		···		
		, , , , , , , , , , , , , , , , , , ,				
		Micaelahaven , AZ 45513				
	Contributor's	I Principal Occupation	Contributor's Job Title			
	None Provid	led	None Provided			
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)		
	None Provid	led				
	If contributor i	is a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of Contribution (\$)		
	02/04/2025	Sciano , Daniel		\$2,500.00		
		Contributor address; City; State; Zip Code				
		San Antonio , TX 78216				
	Contributor's	Principal Occupation	Contributor's Job Title	1		
	Attorney		Attorney			
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)		
	Tinsman & S	Sciano				
	If contributor i	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 12/14 Rpt: 15/53		
2	FILER NAME Martinez, Eli	izabeth R. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00087602		
4	Date 03/04/2025	5 Full name of contributor out-of-state PAC (ID Sloan , Jeremy 6 Contributor address; City; State; Zip Code Shavano Park , TX 78231	7 Amount of Contribution (\$) \$1,000.00			
8	Contributor's I	I Principal Occupation	9 Contributor's Job Title			
	Attorney		Attorney			
10	Contributor's	employer/law firm	pouse (if any)			
	Sloan PLLC		Sloan PLLC			
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor  ut-of-state PAC (ID	D#:)	Amount of Contribution (\$)		
	03/05/2025	Solis , Carlos (Mr.)  Contributor address; City; State; Zip Code  San Antonio , TX 78230-0000		\$100.00		
	Contributor's F	I Principal Occupation	Contributor's Job Title			
	Attorney		Attorney			
	Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)		
	Hilley & Solis	s Law, PLLC				
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of Contribution (\$)		
	02/21/2025 The Crosley Law Firm  Contributor address; City; State; Zip Code			\$500.00		
		San Antonio , TX 78218-0000				
	Contributor's I	Principal Occupation	Contributor's Job Title			
	Contributor's 6	employer/law firm	Law firm of contributor's sp	oouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)				

MONE	TARY POLITICAL	SCHEDULE A(J)1					
The Instru	uction Guide explains ho	ow to complete this	form.	1 Total pages Schedule A(J)1: Sch: 13/14 Rpt: 16/53			
2 FILER NAMI Martinez, E	E Elizabeth R. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00087602			
4 Date 01/24/2025	Date 01/24/2025  5 Full name of contributor x out-of-state PAC (ID#: C USAA Employee PAC  6 Contributor address; City; State; Zip Code		<u>C00164145</u>	7 Amount of Contribution (\$) \$500.00			
	San Antonio , TX 78288	3					
8 Contributor's	Principal Occupation		9 Contributor's Job Title				
10 Contributor's	s employer/law firm		11 Law firm of contributor's s	pouse (if any)			
12 If contributor	is a child, law firm of parent(s) (	if any)					
Date 03/03/2025	Full name of contributor Vance , Lisa Contributor address; City;	Amount of Contribution (\$) \$260.73					
	San Antonio , TX 78217 S Principal Occupation	7	Contributor's Job Title				
Attorney  Contributor's	s employer/law firm		Attorney  Law firm of contributor's spouse (if any)				
	s of Lisa A. Vance, PC			()			
If contributor	is a child, law firm of parent(s) (	if any)	•				
Date 03/05/2025	Date Full name of contributor out-of-state PAC ( 03/05/2025 Vasquez, Rudy  Contributor address; City; State; Zip Code  San Antonio , TX 78204			Amount of Contribution (\$) \$208.65			
Contributor's	Principal Occupation		Contributor's Job Title	J			
Attorney			Attorney				
Contributor's employer/law firm  Law Offices of Rudy Vasquez PC			Law firm of contributor's s	pouse (if any)			
If contributor	is a child, law firm of parent(s) (	if any)					

	MONET	ARY POLITICAL (		A(J)1				
	The Instru	ction Guide explains how	v to complete this f	orm.	1		es Schedule A(J) 14 Rpt: 17/53	1:
2	FILER NAME Martinez, Eli	izabeth R. (The Honorable)			3		(Ethics Commiss	sion Filers)
4	Date 02/04/2025  Full name of contributor out-of-state PAC (ID#:) Wayne Wright Lawyers  6 Contributor address; City; State; Zip Code				7	Amount o	f Contribution (\$)	\$2,500.00
	Contributorio	San Antonio , TX 78201		O Contributorio lab Titla				
0	Contributors	Principal Occupation		9 Contributor's Job Title				
10	Contributor's	employer/law firm	oous	se (if any)				
12	! If contributor i	s a child, law firm of parent(s) (if a	any)	L				
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount o	f Contribution (\$)	
	03/05/2025	Wilson , Eric						\$260.73
		Contributor address; City; S	tate; Zip Code					
		San Antonio , TX 78209						
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>			
	Attorney			Attorney				
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)		
	Wilson Law							
	If contributor i	s a child, law firm of parent(s) (if a	any)					

## 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	I Committee	Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	se Print Sala		se s/Contract Labor	-	Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:						1	iler ID	(Ethics Commission Filers)
L	Sch: 1/12 Rpt: 18/53	Martinez, E	Elizabeth R. (The Hon	orable)				00087602	
4	Date	5 Payee name	?						
	02/11/2025	3D Signs							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code				
	\$145.00	7986 1st S	treet						
		Somerset,	TX 78069						
8	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising				=			plete Schedule T.
						Check if Austin	n, TX, o	fficeholder living	expense
						Letterneau			
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office	sought			Office he	ald
Ĺ	expenditure to benefit C/O		noonoluoi nume	Onice	Jougin			Since he	
	Date	Payee name	-						
	03/05/2025	Anedot							
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$40.30	1920 McKi	nnney Ave.						
		7th Floor							
		Dallas, TX	75201						
	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees							plete Schedule T.
						Anedot Fees		fficeholder living	expense
							•		
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office	sought			Office he	eld
	expenditure to benefit C/O				ŭ				
	Date	Payee name	)						
	03/05/2025	Anedot							
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$20.30	-	nnney Ave.						
		7th Floor							
		Dallas, TX	75201						
	PURPOSE	(-) -	See Categories listed at the top	of this sobodule)	(b)	Description			
	OF	Fees	bee Calegories listed at the top	oi alis schedule)	(3)		outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE					_		fficeholder living	expense
						Anedot Fees	i		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office	sought			Office he	eld
	The straight of the straight of the	÷							

## 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/Political Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	xpense		kpense /ages/	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1: Sch: 2/12 Rpt: 19/53		AME z, Elizabeth R. (The F		)	_		l	Filer ID 00087602	(Ethics Commission Filers)	)
4								<u> </u>			
	03/05/2025	5 Payee na Anedot	e			_		_			
6	Amount (\$)	7 Payee ad		State;	Zip Cod	de					
	\$4.30		Kinnney Ave.								
		7th Floor									
_	DUDDOCE		X 75201			(h)	D 1::				
8	PURPOSE OF	(a) Category Fees	(See Categories listed at the	top of this sche	edule)	(a) 	Description  Check if travel of	outsio	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE	1 663				Ì	Check if Austin,		officeholder living		
							Anedot Fees				
_	Complete Others "	Contract III	Office halds		\ff; ~ -	n le ·				ald	
9	Complete ONLY if direct expenditure to benefit C/OF		Officeholder name		Office soug	gnt 		_	Office h	eiu 	
	Date	Payee na	me				<u> </u>		<u> </u>		
	03/05/2025	Anedot									
	Amount (\$)	Payee ad		State;	Zip Cod	de			_ <del></del>		
	\$6.56		Kinnney Ave.								
		7th Floor									
	D. 125 - 2 -		X 75201			<i>(</i> : -	_				
	PURPOSE OF		(See Categories listed at the	top of this sche	edule)	(b)	Description  Check if travel of	outsi	de of Texas Com	nplete Schedule T.	
	EXPENDITURE	Fees					<b>=</b>		officeholder living		
							Anedot Fees				
	Complete Children	0-111	Office lead		\ <b>££</b> :	aul- :					
	Complete ONLY if direct expenditure to benefit C/OF		Officeholder name	C	Office soug	ynt 			Office he	eiu	
	Date	Payee na	me								
	03/05/2025	Anedot									
	Amount (\$)	Payee ad		State;	Zip Cod	de					
	\$21.15		Kinnney Ave.								
		7th Floor									
	DI IDDOG		X 75201			(I-)					
	PURPOSE OF	(a) Category Fees	(See Categories listed at the	top of this sche	edule)	(a) 	Description  Check if travel of	outsio	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE	1 003				Ì	Check if Austin,		officeholder living		
							Anedot Fees				
	Complete ONLY if direct	Candidata	Officeholder name		Office soug	nh+			Office he		
	expenditure to benefit C/OF		omenomer name	C	AIIICE SOU(	gill			Onice n	ciu	

# SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER  The Instruction Guide explains how to complete this form.	District (ut of District (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
	Sch: 3/12 Rpt: 20/53	Martinez, Elizabeth R. (The Honorable) 00087	7602
4	Date 03/05/2025	5 Payee name Anedot	
6	Amount (\$) \$21.15	7 Payee address; City; State; Zip Code 1920 McKinnney Ave. 7th Floor Dallas, TX 75201	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texi  Check if Austin, TX, officehold  Anedot Fees	
9	Complete ONLY if direct expenditure to benefit C/Oh		fice held
	Date 03/05/2025	Payee name Anedot	
	Amount (\$) \$10.73	Payee address; City; State; Zip Code 1920 McKinnney Ave. 7th Floor Dallas, TX 75201	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Text  Check if Austin, TX, officehold  Anedot Fees	
	Complete ONLY if direct expenditure to benefit C/OF		fice held
	Date 03/05/2025	Payee name Anedot	
	Amount (\$) \$10.30	Payee address; City; State; Zip Code 1920 McKinnney Ave. 7th Floor Dallas, TX 75201	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Tex.  Check if Austin, TX, officehold  Anedot Fees	
	Complete ONLY if direct expenditure to benefit C/OF	<b>U</b>	fice held
	rms provided by Tayas F	Sthice Commission www.athice state ty us	Varsian V// 1 0 a02d6221

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services  The Instruction Gu	S		ages	/Contract Labor		OTHER (enter	a category not liste	d above)
_	T-t-1 O-bd-1- F1:	_	EU ED NAME						_	Eller ID	/F#b: O	-:: =:
1	Total pages Schedule F1:	2							3	Filer ID	•	nission Filers)
	Sch: 4/12 Rpt: 21/53		Martinez, E	izabeth R. (The	Honorable)					00087602	<u>-</u>	
4	Date	5	Payee name									
	03/05/2025		Anedot									
6	Amount (\$)	7	Payee addre	ss; City;	State; 2	Zin Coo	de.					
ľ	\$8.65		1920 McKir		State, .	p 000						
	Ψ0.00			initely 7 we.								
			7th Floor									
			Dallas, TX	<sup>7</sup> 5201								
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Fees					<b>=</b>			mplete Schedule T.	
	2/11/2/10/11/2/12							Check if Austin		officeholder livi	ng expense	
								Anedot Fees				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Offi	ice soug	ght			Office	held	
	expenditure to benefit C/OI	П										
	Date		Payee name									
	03/05/2025		Anedot									
	Amount (\$)		Payee addre	ss; City;	State; 2	Zip Cod	de					
	\$41.98		1920 McKir		•	•						
	¥ .=.00		7th Floor									
				75004								
			Dallas, TX	75201								
	PURPOSE OF	(a)	Category (Se	ee Categories listed at th	ne top of this schedu	ule)	(b)	Description				
	EXPENDITURE		Fees					<b>-</b>			mplete Schedule T.	
								Check if Austin		, omcenoider iivi	ng expense	
								Alledot Fees				
_	Commission ONII V if direct	Ļ	Canalidata/Offi		0#		. la 4			Office	la a l al	
	Complete ONLY if direct expenditure to benefit C/OI		Januluale/OIII	ceholder name	OIII	ice soug	Jrit			Office	neia	
	<u> </u>											
	Date		Payee name									
	03/05/2025		Anedot									
	Amount (\$)		Payee addre	ss; City;	State;	Zip Cod	de					
	\$20.30		1920 McKir	nney Ave.								
			7th Floor									
			Dallas, TX	75201								
	DUDD005	_				1.	<i></i>					
	PURPOSE OF	(a)		ee Categories listed at th	ne top of this schedu	ule)	(a)	Description  Check if travel	outci	do of Toyas Co	mplete Schedule T.	
	EXPENDITURE		Fees					Check if Austin				
								Anedot Fees			9	
_	Complete ONLY if direct	Щ	Candidate/Offi	ceholder name	Offi	ice soug	ıht			Office	held	
	expenditure to benefit C/OI		Januiuale/OIII	Conduct Hairie	Oili	ice soug	jiil			Office	iiciu	

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		1
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission I	Filers)
_	Sch: 5/12 Rpt: 22/53	Martinez, Elizabeth R. (The Honorable)  00087602	i licioj
4	Date	5 Payee name	
	03/05/2025	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$41.98	1920 McKinnney Ave.	
		7th Floor	
		Dallas, TX 75201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Anedot Fees	
		Alledot rees	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
_	expenditure to benefit C/OI		
	Date	Payee name	
	03/05/2025	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.30	1920 McKinnney Ave.	
		7th Floor	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Anedot Fees	
		Alledot rees	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experialture to belieff C/Or		
	Date	Payee name	
L	03/05/2025	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.65	1920 McKinnney Ave.	
		7th Floor	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	_/	Check if Austin, TX, officeholder living expense	
		Anedot Fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

## 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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 6/12 Rpt: 23/53	2 FILER NAME Martinez, Elizabeth R. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00087602
4	Date 03/05/2025	5 Payee name Anedot
6	Amount (\$) \$20.30	7 Payee address; City; State; Zip Code 1920 McKinnney Ave. 7th Floor Dallas, TX 75201
8	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  Anedot Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/05/2025	Payee name Anedot
	Amount (\$) \$40.30	Payee address; City; State; Zip Code 1920 McKinnney Ave. 7th Floor Dallas, TX 75201
	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  Anedot Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/05/2025	Payee name Anedot
	Amount (\$) \$40.30	Payee address; City; State; Zip Code 1920 McKinnney Ave. 7th Floor Dallas, TX 75201
	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  Anedot Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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: 7/12 Rpt: 24/53	Martinez, Elizabeth R. (The Honorable) 00087602	
4	Date	5 Payee name	
	03/05/2025	Anedot	
_			
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$31.56	1920 McKinnney Ave.	
		7th Floor	
		Dallas, TX 75201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Anedot Fees	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	<del>1</del>	
	Date	Payee name	_
	03/04/2025	Anedot	
	Amount (\$)		
	\$200.30	1920 McKinnney Ave.	
		7th Floor	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Anedot Fees	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	experiorare to benefit C/O		
	Date	Payee name	
	03/04/2025	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.30	1920 McKinnney Ave.	
	Ψ10.00	7th Floor	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Anedot Fees	
		Alleuot Fees	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to beliefft C/O	•	
_			_

## 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	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: 8/12 Rpt: 25/53	Martinez, Elizabeth R. (The Honorable) 00087602	
4	Date	5 Payee name	
	03/04/2025	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$21.15	1920 McKinnney Ave.	
		7th Floor	
		Dallas, TX 75201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	_/	Check if Austin, TX, officeholder living expense  Anedot Fees	
		Alleuot Fees	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
	Date	Payee name	=
	03/03/2025	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$41.98	1920 McKinnney Ave.	
		7th Floor	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Anedot Fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	_
	03/03/2025	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$10.73	1920 McKinnney Ave.	
		7th Floor	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Anedot Fees	
		Alleuot Fees	
-	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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 9/12 Rpt: 26/53	Martinez, Elizabeth R. (The Honorable) 00087602						
4	Date	5 Payee name						
	02/25/2025	Anedot						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$40.30	1920 McKinnney Ave.						
		7th Floor						
		Dallas, TX 75201						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense  Anedot Fees						
		Alledot Fees						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_					
Ľ	expenditure to benefit C/OI							
	Date	Payee name						
	02/24/2025	Anedot						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$21.15	1920 McKinnney Ave.						
		7th Floor						
		Dallas, TX 75201						
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
	EXI ENDITORE	Check if Austin, TX, officeholder living expense						
		Anedot Fees						
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_					
	expenditure to benefit C/OI							
Г	Date	Payee name	_					
	02/24/2025	Anedot						
	Amount (\$)	Payee address; City; State; Zip Code	_					
	\$100.30	1920 McKinnney Ave.						
		7th Floor						
		Dallas, TX 75201						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Anedot Fees						
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_					
I	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 Committee

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

Travel in District
Travel Out of District
ntract Labor
OTHER (enter a categor

1 Total pages Schedule F1: Sch: 10/12 Rpt: 27/53 Martinez, Elizabeth R. (The Honorable)  4 Date O2/17/2025  5 Payee name Anedot  6 Amount (\$) \$100.30 Pees OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH  Date O2/11/2025  Date O2/11/2025  Date O2/11/2025  Date O2/11/2025  Amount (\$) Payee name Anedot  Date O2/11/2025  Amount (\$) Payee name Anedot  Amount (\$) Payee address; City; State; Zip Code  Date O2/11/2025  Amount (\$) Payee address; City; State; Zip Code  Payee name Anedot  Amount (\$) Payee address; City; State; Zip Code  1920 McKinnney Ave.
Sch: 10/12 Rpt: 27/53 Martinez, Elizabeth R. (The Honorable) 00087602  4 Date 02/17/2025 S Payee name Anedot  6 Amount (\$) 7 Payee address; City; State; Zip Code 1920 McKinnney Ave. 7th Floor Dallas, TX 75201  8 PURPOSE OE EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot Fees  Date O2/11/2025 Payee name Anedot  Amount (\$) Payee address; City; State; Zip Code
Anedot  Anedot  Anedot  Anedot  Anedot  Purpose OF EXPENDITURE  Date 02/11/2025  Anedot  Anedo
6 Amount (\$) \$100.30 7 Payee address; City; State; Zip Code  \$100.30 7 Payee address; City; State; Zip Code  1920 McKinnney Ave. 7th Floor Dallas, TX 75201  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot Fees  Office sought  Date O2/11/2025 Amount (\$) Payee name Anedot  Payee address; City; State; Zip Code
\$100.30   1920 McKinnney Ave. 7th Floor Dallas, TX 75201  8 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 Anedot Fees  9 Complete ONLY if direct expenditure to benefit C/OH Date O2/11/2025 Anedot  Payee name Anedot Anedot  Payee address; City; State; Zip Code
7th Floor Dallas, TX 75201  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (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 Anedot Fees  Office sought  Date 02/11/2025 Anedot  Amount (\$) Payee address; City; State; Zip Code
B 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 Anedot Fees  Office sought  Date 02/11/2025 Amount (\$) Payee address; City; State; Zip Code
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (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 Anedot Fees  Office sought  Date 02/11/2025 Anedot  Payee name Anedot  Anount (\$) Payee address; City; State; Zip Code
Fees    Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Anedot Fees    Office sought
Fees    Check if travel outside of Texas. Complete Schedule T.     Check if Austin, TX, officeholder living expense     Anedot Fees     Check if Austin, TX, officeholder living expense     Anedot Fees     Check if Austin, TX, officeholder living expense     Anedot Fees     Check if travel outside of Texas. Complete Schedule T.     Check if Austin, TX, officeholder living expense     Anedot Fees     Date
9 Complete ONLY if direct expenditure to benefit C/OH  Date O2/11/2025 Anedot  Amount (\$) Payee address; City; State; Zip Code
9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Anedot  Amount (\$) Payee address; City; State; Zip Code
Date Payee name 02/11/2025 Anedot Amount (\$) Payee address; City; State; Zip Code
Date Payee name 02/11/2025 Anedot Amount (\$) Payee address; City; State; Zip Code
02/11/2025 Anedot Amount (\$) Payee address; City; State; Zip Code
02/11/2025 Anedot Amount (\$) Payee address; City; State; Zip Code
Amount (\$) Payee address; City; State; Zip Code
\$20.30 L 1920 McKinnnev Ave
7th Floor
Dallas, TX 75201
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxas Complete Schedule T
Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Anedot Fees
7.83333.7333
Complete ONLY if direct Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH
Date Payee name
02/04/2025 Anedot
Amount (\$) Payee address; City; State; Zip Code
\$100.30 1920 McKinnney Ave.
7th Floor
Dallas, TX 75201
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF See Sate Support and the top of this scribbally Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE Check if Austin, TX, officeholder living expense
Anedot Fees
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract L  The Instruction Guide explains how to complete this fo				· · · · · · · · · · · · · · · · · · ·			
1	Total pages Cabadula F1:	a FILED NAM					٦	Filor ID	(Ethios Commiss	eion Filore)
1	Total pages Schedule F1: Sch: 11/12 Rpt: 28/53	1	⊏ Elizabeth R. (The Hor	norable)			³	Filer ID 00087602	(Ethics Commiss	ion Filers)
_	<u> </u>		<u> </u>				<u> </u>			
4	Date	5 Payee name	9							
	01/22/2025	Anedot								
6	Amount (\$)	<b>7</b> Payee addr		State; Zip Co	ode					
	\$20.30	1920 McKi	nnney Ave.							
		7th Floor								
		Dallas, TX	75201							
8	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				Check if travel	outs	ide of Texas. Com	olete Schedule T.	
	EXI ENDITORE					_	, TX	, officeholder living	expense	
						Anedot Fees				
					<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ught			Office he	eld	
	Data									
	Date 01/11/2025	Payee name Anedot	9							
	Amount (\$)	Payee addr		State; Zip Co	ode					
	\$0.34		nnney Ave.							
		7th Floor								
		Dallas, TX	75201							
	PURPOSE	(a) Category (	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				<b>=</b>		ide of Texas. Com		
						Anedot	, IX	, officeholder living	expense	
						Alledot				
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	Jaht Jaht			Office he	ıld	
	expenditure to benefit C/OI									
	Date	Payee name								
	03/01/2025	Anedot	-							
		Payee addr	occ: City:	State; Zip Co	odo					
	Amount (\$) \$0.34	1 1	ess; City; nnney Ave.	State, Zip Ct	bue					
	Ψ0.34	1	illilley Ave.							
		7th Floor								
		Dallas, TX	75201							
	PURPOSE OF		See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Fees						ide of Texas. Comp , officeholder living		
						Anedot	, 17	, officeriolder living	схрензе	
	Complete ONLY if direct	L Candidate/∩f	ficeholder name	Office sou	l Jaht			Office he	eld	
	expenditure to benefit C/OI			200 000	9			200 110	-	

## 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	/ - al Cor	mmittee	Gift/Awa Legal Se		ials Expens			Expens Wages	e e /Contract Labor ete this form.		Travel in Distric Travel Out of Di OTHER (enter a	strict	eted above)
1	Total pages Schedule F1:	2	FILER NAM	E							3	Filer ID	(Ethics Con	nmission Filers)
	Sch: 12/12 Rpt: 29/53		Martinez, I		th R. (T	he Hond	orable)	)				00087602		,
4	Date	5	Payee name	е										
	02/13/2025		Martinez, I	Elizabe	th (Judg	je)								
6	Amount (\$)	7	Payee addr	ess;	City;		State;	Zip C	ode					
	\$1,310.84		РО ВОХ 8	30353										
			San Anton	io, TX	78283									
8	PURPOSE	(a)	Category (	See Categ	ories listed	at the top o	f this sch	edule)	(b)	Description				
	OF EXPENDITURE		Reimburse	ements	from Pe	ersonal						ide of Texas. Con		т.
	EXI ENDITORE		Expenditu	es - 7tl	h Repor	t				_		, officeholder livin		
										Reimbursen Report	nent	s from Pers	onal Exper	nditures - 7th
										Керип				
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficehold	er name		С	office so	ught			Office h	eld	

## 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)			
l	Sch: 1/11 Rpt: 30/53	Martinez, Elizabeth	R. (The Honorable)			00087602					
4	CREDIT CARD ISSUER		ncial institution Chase	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 01/18/2025	(c) Date(s) C 01/28/2025	Credit Card Issuer 5	Paid					
7	PAYEE	(a) Payee name  NorthWest Democr	ats	(b) Payee at P.O. Box 6	81911	City,	State,	Zip Code			
Ļ		(a) Category		(b) Description	io , TX 78268						
8	PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top of this schedule) Food/Beverage Expense  Breakfast Fee									
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
€	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$69.28	(b) Date of Charge 05/29/2025	(c) Date(s) C 06/16/202!	Credit Card Issuer 5	<sup>*</sup> Paid					
Г	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code			
	Lowes Home Improvement			203 SW Lo	•						
L		( ) 0 :		San Antonio , TX 78245							
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Water Faucet for 73rd	·	(b) Description  Water Fau	on cet for 73rd						
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	ense				
H	Complete ONLY if direct	Candidate/Officeholder	·	e sought	_ check in a learning in A	Office held					
6	expenditure to benefit C/OH			J							
	PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 05/10/2025	(c) Date(s) C 05/27/2025	Credit Card Issuer 5	Paid					
	PAYEE (a) Payee name  Bexar County Democratic Party		(b) Payee address; City, S 1844 Fredericksburg Rd.  San Antonio , TX 78201		State,	Zip Code					
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description Sustaining							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH											

### 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

Candidate/Onicerolden/Folitica	· · · · · · · · · · · · · · · · · · ·	ruction Guide explains how	•	THEN (enter a categor	y not listed a	oove)			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	3 Filer ID (Ethics Commission Filers)				
Sch: 2/11 Rpt: 31/53	Martinez, Elizabeth	R. (The Honorable)		00087602					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged \$81.36	(b) Date of Charge 02/24/2025	(c) Date(s) Credit Card Issue 02/27/2025	r Paid					
7 PAYEE	(a) Payee name HEB		(b) Payee address; 1601 Nogalitos San Antonio , TX 78204	City,	State,	Zip Code			
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Expe	· · · · · · · · · · · · · · · · · · ·	Lunch for Jurors						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$42.22	(b) Date of Charge 05/17/2025	(c) Date(s) Credit Card Issue 05/27/2025	r Paid					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Lowe's Home Improvement			7901 Callaghan Rd.					
			San Antonio , TX 78229						
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top New Faucet for 73rd	of this schedule)	(b) Description New Faucet for 73rd						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought	Office held					
PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 03/01/2025	(c) Date(s) Credit Card Issue 03/04/2025	r Paid					
PAYEE (a) Payee name  Texas Latinx Judges		(b) Payee address; P.O. Box 90683 San Antonio , TX 78209	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Membership Dues						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held					

## 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 Legal Services 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 F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)				
Sch: 3/11 Rpt: 32/53	Martinez, Elizabeth	R. (The Honorable)			00087602						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$						
6 PAYMENT	(a) Amount Charged \$90.00	(b) Date of Charge 03/06/2025	(c) Date(s) 0 03/22/202	Credit Card Issuer 5	Paid						
7 PAYEE	(a) Payee name  North East Bexar C	County	(b) Payee at P.O. Box 7		City,	State,	Zip Code				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	(b) Description  Membership Dues and Dining with Dems Ticket									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	K, officeholder living expense						
Complete ONLY if direct			e sought		Office held						
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 06/21/2025	(c) Date(s) 0 06/29/202	Credit Card Issuer 5	Paid						
PAYEE	(a) Payee name  Stonewall Democrats of San			ddress; .2814 io , TX 78212	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description  Membership Dues								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Ī	Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	_	Office held						
PAYMENT	(a) Amount Charged \$176.19	(b) Date of Charge 06/06/2025	(c) Date(s) 0 06/29/202	Credit Card Issuer 5	Paid						
PAYEE	(a) Payee name Original Blanco Cafe		(b) Payee address; City, State, Zip 201 W. Commerce St.  San Antonio , TX 78205			Zip Code					
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper	· · · · · · · · · · · · · · · · · · ·	(b) Descripti								
Non-Political	(1)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held						

## 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)	
Sch: 4/11 Rpt: 33/53	Martinez, Elizabeth	R. (The Honorable)		00087602			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRE CARD	\$			
6 PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 03/11/2025	(c) Date(s) Credit Card Is: 03/30/2025	suer Paid			
7 PAYEE	(a) Payee name  Bexar County Democratic Party  (b) Payee act 1844 Frede San Antoni				State,	Zip Code	
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description Sustaining Membershi				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living ex	pense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 04/10/2025	(c) Date(s) Credit Card Is: 04/29/2025	suer Paid			
PAYEE	(a) Payee name  Bexar County Democratic Party		(b) Payee address; 1844 Fredericksburg F San Antonio , TX 7820		State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description Sustaining Member				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 06/10/2025	(c) Date(s) Credit Card Is: 06/16/2025	suer Paid			
PAYEE (a) Payee name  Bexar County Democratic Party		(b) Payee address; City, 1844 Fredericksburg Rd.  San Antonio , TX 78201		State,	Zip Code		
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ons Made By er/Political Committee	(b) Description Sustaining Donation				
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	Check if Austin	TX, officeholder living ex Office held	pense		

## 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 Legal Services 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 F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)							
Sch: 5/11 Rpt: 34/53	Martinez, Elizabeth	R. (The Honorable)		00087602							
4 CREDIT CARD ISSUER		ncial institution Chase	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$78.35	01/02/2025	01/12/2025								
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code							
	Eddies Taco House	е	402 W. Cevallos								
			San Antonio , TX 78204								
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Description								
EXPENDITURE  X Political	Food/Beverage Expe	·	Breakfast for Swearing In	l							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	C, officeholder living expense							
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 01/18/2025	(c) Date(s) Credit Card Issue 02/04/2025	er Paid							
	Ψ13.00	01/10/2023									
PAYEE	(a) Payee name	l	(b) Payee address;	City, State, Zip Code							
		P.O. Box 2297									
	Bexar County Worr	nens Bar									
			San Antonio , TX 78298								
PURPOSE OF	(a) Category	of this cohodule)	(b) Description								
EXPENDITURE	(See Categories listed at the top Fees	or this schedule)	Membership Dues								
X Political											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	name Offic	fice sought Office held								
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$82.29	02/25/2025	03/04/2025								
PAYEE	(a) Payee name	I	(b) Payee address;	City, State, Zip Code							
			PO Box 856680								
	Ready Refresh										
			Louisville, KY 40285-6680								
PURPOSE OF (a) Category			(b) Description								
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	,	Water for the 73rd								
X Political											
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
oxperialitate to beliefit 6/011	expenditure to benefit C/OH										

## 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)
	Sch: 6/11 Rpt: 35/53	Martinez, Elizabeth	R. (The Honorable)			00087602		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZEI IDITURES GED TO A CRED	<b> </b> \$		
6	PAYMENT	(a) Amount Charged \$2.39	(b) Date of Charge 03/20/2025	(c) Date(s 04/04/20	) Credit Card Issu 125	uer Paid		
7	PAYEE	(a) Payee name Ready Refresh		(b) Payee PO Box		City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Descri				
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, T	X, officeholder living e	expense	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$192.00	(b) Date of Charge 05/22/2025	(c) Date(s 06/04/20	) Credit Card Issu 125	uer Paid		
	PAYEE (a) Payee name USPS		(b) Payee 1140 S.	Laredo	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		San Antonio , TX 78214  (b) Description PO Box Rental				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, T	X, officeholder living e	expense	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	fice sought Office held				
	PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 01/18/2025	(c) Date(s 02/04/20	) Credit Card Issu 125	uer Paid		
	PAYEE	PAYEE (a) Payee name  San Antonio Black Lawyers		(b) Payee address; City, State, Zip of P.O. Box 831202  San Antonio , TX 78283			Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	,	(b) Descri Members	ship Dues			
$\vdash$	Non-Political	(7)	of Texas. Complete Schedule T.	o ooueibt	Check if Austin, T	X, officeholder living e	expense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	riame Office	e sought		Office held		
ı								

### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete thi	s form.		,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 7/11 Rpt: 36/53	Martinez, Elizabeth	R. (The Honorable)					
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$94.90	(b) Date of Charge 02/04/2025	(c) Date(s) C 02/06/2025	Credit Card Issuer	Paid		
7 PAYEE	(a) Payee name USPS		(b) Payee ac 1140 S. La	redo	City,	State,	Zip Code
	( ) -			o , TX 78214			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Mail and Stamps	of this schedule)	(b) Description  Mail and Si				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged \$37.33	(b) Date of Charge 04/17/2025	(c) Date(s) C 05/03/2025	Credit Card Issuer	Paid		
PAYEE (a) Payee name  Ready Refresh		(b) Payee ac PO Box 85	6680	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		Louisville, KY 40285-6680  (b) Description  Water for the 73rd				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	-	Office held		
PAYMENT	(a) Amount Charged \$2.39	(b) Date of Charge 05/17/2025	(c) Date(s) C 06/04/2025	Credit Card Issuer	Paid		
PAYEE	(a) Payee name  Ready Refresh		(b) Payee ac PO Box 85 Louisville, I	•	City,	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Water for 7				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

## 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 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 Inst	ruction Guide explains how	to complete this form			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	Ethics Commiss	sion Filers)
Sch: 8/11 Rpt: 37/53	Martinez, Elizabeth	R. (The Honorable)		00087602		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNI EXPENDITURE CHARGED TO CARD	:s <b> \$</b>		
6 PAYMENT	(a) Amount Charged \$218.15	(b) Date of Charge 05/20/2025	(c) Date(s) Credit ( 06/04/2025	Card Issuer Paid		
7 PAYEE	(a) Payee name Chipotle		(b) Payee address. 610 Newport Ce	nter Dr. #1100	State,	Zip Code
9 DUDDOSE OF	(a) Category		Newport Beach (b) Description	, CA 92000		
			' '	Presentation Meeting	9	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX, officeholder living	expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit (	Card Issuer Paid		
	\$32.34	06/18/2025				
PAYEE	(a) Payee name		(b) Payee address	; City,	State,	Zip Code
	Ready Refresh		PO Box 856680			
			Louisville, KY 40	285-6680		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Water for the 73	rd		
X Political						
Non-Political		of Texas. Complete Schedule T.		if Austin, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$69.80	(b) Date of Charge 06/27/2025	(c) Date(s) Credit (	Card Issuer Paid		
PAYEE	(a) Payee name Golden Star		(b) Payee address: 821 W. Commer San Antonio , T>	ce	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	· · · · · · · · · · · · · · · · · · ·	(b) Description Presiding Court	Lunch		
Non-Political	(c) Check if travel outside	Check	if Austin, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held	_	

## 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 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 Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 9/11 Rpt: 38/53	Martinez, Elizabeth	R. (The Honorable)		00087602			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$22.94	06/18/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Monarch Trophy St	udio	16227 San Pedro Ave.				
	100		San Antonio , TX 78232				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	and the state of the same			
X Political	Gift/Awards/Memorial		Plaque for Carl's Veith Fa	amily to take nome			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$242.50	06/12/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Rudy's Country Sto	ore	10623 Westover Hills Blv	d			
			San Antonio , TX 78251				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expel		(b) Description Presiding Court Appreciation Lunch				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$235.00	04/22/2025	05/03/2025				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
		_	P.O. Box 2297				
	Bexar County Wom	nens Bar					
			San Antonio , TX 78298				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Fees for Benchflix and Cl	hill CLE			
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH	<u></u>						

## 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 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 Inst	ruction Guide explains how	to complete	this form.	(1 11 11 11 11 11 11 11 11 11 11 11 11 1	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
	Sch: 10/11 Rpt: 39/53	Martinez, Elizabeth	R. (The Honorable)			00087602		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$22.94	(b) Date of Charge 05/29/2025	(c) Date(s) 06/04/20	) Credit Card Issuei 125	Paid		
7	PAYEE	(a) Payee name  Monarch Trophy St	udio	(b) Payee address; City, State, Zip Coo 16227 San Pedro Ave. San Antonio , TX 78232				
8	PURPOSE OF	(a) Category						
	EXPENDITURE  X Political	(See Categories listed at the top Gift/Awards/Memorial		(b) Description Plaque to hang in Presiding Court - Carl Veith				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$51.75	(b) Date of Charge 06/02/2025	(c) Date(s) 06/02/20	) Credit Card Issuer 125	Paid		
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Texas Association	of District		oline, 10th Floor			
L	DUDDO05.05	(a) Cataman			, TX 77019			
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip Members	ship Dues			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held		
	PAYMENT	(a) Amount Charged \$350.00	(b) Date of Charge 06/02/2025	(c) Date(s) 06/04/20	) Credit Card Issuei 125	Paid		
	PAYEE	(a) Payee name  Texas Center for th	e Judiciary	(b) Payee 1210 Sai Austin , 7	n Antonio St.	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip Conferer	otion nce Fee for Annua	al Meeting		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
_	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	<del></del>	Office held		
۲	Appenditure to beliefit 6/011							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a cate)

	Candidate/Officerolder/Folitica	· ·	ruction Guide explains how	•	THEN (enter a category	not listeu a	bove)
1	Total pages Schedule F4:		·	·	3 Filer ID (Ethics	Commiss	sion Filers)
	Sch: 11/11 Rpt: 40/53		R. (The Honorable)		00087602		,
4	CREDIT CARD ISSUER	Name of final	ncial institution Chase	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6	PAYMENT	(a) Amount Charged \$42.19	(b) Date of Charge 01/25/2025	(c) Date(s) Credit Card Issuer 02/01/2025	r Paid		
7	PAYEE	(a) Payee name Amazon		(b) Payee address; 410 Terry Ave. N Seattle , WA 98109	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Envelopes for Letters			
L	Non-Political	(7)	of Texas. Complete Schedule T.	<u> </u>	officeholder living exper	nse	
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$44.37	(b) Date of Charge 03/12/2025	(c) Date(s) Credit Card Issuer 03/30/2025	r Paid		
	PAYEE	(a) Payee name Amazon		(b) Payee address; 410 Terry Ave. N Seattle , WA 98109	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Monitor for Court	of this schedule)	(b) Description Monitor for Court			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	nse	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$64.90	(b) Date of Charge 01/06/2025	(c) Date(s) Credit Card Issuel 01/13/2025	r Paid		
	PAYEE	(a) Payee name Amazon		(b) Payee address; 410 Terry Ave. N Seattle , WA 98109	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Privacy Screen for Co		(b) Description Privacy Screen for Compu	uter		
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living exper	nse	
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
_							

## SCHEDULE G

## **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 Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L	o.our our raymon		The Instruction Guide explains	how to co	omplete this form.	_	
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 1/11 Rpt: 41/53	Martinez, E	lizabeth R. (The Honorable	)			00087602
4	Date	<b>5</b> Payee name					
	01/06/2025	Amazon					
6	Amount (\$)	7 Payee addre	ess; City; State;	; Zip Co	ode		
	\$64.90	410 Terry A	Ave. N				
	Reimbursement from						
	X political contributions intended	Seattle , W	A 98109				
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Privacy Scr	een for Work Computer			_	eck if Austin, TX, officeholder living expense
	- <del>-</del>				Privacy Screen fo	or W	Vork Computer
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held
	C/OH						
	Date	Payee name					
	01/26/2025	Amazon					
	Amount (\$)	Payee addre	ess; City; State;	; Zip Co	ode		
	\$42.19	410 Terry A					
	Reimbursement from						
	x political contributions intended	Seattle , W	A 98109				
	PURPOSE	Category (S	ee Categories listed at the top of this sch	edule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising	Expense			Ch	eck if Austin, TX, officeholder living expense
	LAI LINDITURE				Envelopes for Le	etters	s
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH						
		<u> </u>					
	Date	Payee name					
L	03/12/2025	Amazon					
	Amount (\$)	Payee addre	ess; City; State;	; Zip Co	ode		
	\$44.37	410 Terry A	Ave. N				
	Reimbursement from						
	X political contributions intended	Seattle , W	A 98109				
	PURPOSE	Category (S	ee Categories listed at the top of this sch	edule)	Description	=	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Monitor for	73rd		[	Ch	eck if Austin, TX, officeholder living expense
					Monitor for 73rd		
L							
		Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH						

#### 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 Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee 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: 2/11 Rpt: 42/53 Martinez, Elizabeth R. (The Honorable) 00087602 Date Payee name 03/11/2025 Bexar County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$30.00 1844 Fredericksburg Rd. Reimbursement from political contributions intended San Antonio, TX 78201 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Sustaining Membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/10/2025 **Bexar County Democratic Party** Amount (\$) Payee address; City; State; Zip Code \$30.00 1844 Fredericksburg Rd. Reimbursement from political contributions San Antonio, TX 78201 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 Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Sustaining Membership Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 04/10/2025 **Bexar County Democratic Party** State; Zip Code Amount (\$) Payee address; City; \$30.00 1844 Fredericksburg Rd. Reimbursement from political contributions intended San Antonio, TX 78201 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Description Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Sustaining Membership

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit

C/OH

Office sought

Office held

## SCHEDULE G

Solicitation/Fundraising Expense

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L	Croun Cara r ayınıcını		The Instruction Guide explains	how to co	omplete this form.		
1	Total pages Schedule G:	2 FILER NAMI				3	Filer ID (Ethics Commission Filers)
	Sch: 3/11 Rpt: 43/53	Martinez, E	lizabeth R. (The Honorable	<del>!</del> )			00087602
4	Date	5 Payee name					
	06/10/2025	1 .	nty Democratic Party				
6	Amount (\$)	<b>7</b> Payee addre	ss; City; State	; Zip Co	ode		
	\$30.00	1844 Frede	ricksburg Rd.				
	Reimbursement from political contributions intended	San Antoni	o , TX 78201				
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	Che	eck if travel outside of Texas. Complete Schedule T.
ĺ	OF	1	ns/Donations Made By	· <del>-</del> /		_	eck if Austin, TX, officeholder living expense
	EXPENDITURE		Officeholder/Political Comm	nittee	Sustaining Dona	_ ition	
9	expenditure to benefit	L Candidate/Office	holder name		Office sought		Office held
	C/OH						
	Date	Payee name					
	01/18/2025	l ´	nty Womens Bar				
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode		
	\$75.00	P.O. Box 2		, , ,			
		1.0.2012	<del></del> -				
	X Reimbursement from political contributions intended	San Antoni	o , TX 78298				
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Fees				Che	eck if Austin, TX, officeholder living expense
					Membership		
L							
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH						
L							
	Date	Payee name					
L	04/22/2025	Bexar Cour	nty Womens Bar				
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode		
	\$235.00	P.O. Box 2	297				
	Reimbursement from						
	X political contributions intended	San Antoni	o , TX 78298				
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	_	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Expe	ense			_	eck if Austin, TX, officeholder living expense
					CLE Benchflix ar	nd C	Chill
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held

## SCHEDULE G

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
_	Sch: 4/11 Rpt: 44/53	Martinez, Elizabeth R. (The Honorable)	00087602
_	·		00001002
4	Date	5 Payee name	
	05/20/2025	Chipotle	
6	Amount (\$)	7 Payee address; City; State; Zip Co	de
	\$218.15	610 Newport Center Dr. #1100	
	Reimbursement from		
	political contributions intended	Newport Beach , CA 92660	
0	DUDDOCE		(b) Description
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	EXPENDITURE	Food/Beverage Expense	
			Judges Food for Presentation in the 73rd
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought Office held
	C/OH		
	Date	Payee name	
	01/02/2025	Eddies Taco House	
	Amount (\$)	Payee address; City; State; Zip Co	de
	\$78.35	402 W. Cevallos	
	Reimbursement from		
	political contributions intended	San Antonio , TX 78204	
	PURPOSE		Description
	OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	EXPENDITURE	Food/Beverage Expense	Breakfast for Swearing In
			bleaklast for Swearing III
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought Office held
	C/OH		
	Data		
	Date 06/27/2025	Payee name Golden Star	
	Amount (\$)	Payee address; City; State; Zip Co	de
	\$69.80	821 W. Commerce	
	Reimbursement from political contributions		
	X political contributions intended	San Antonio , TX 78207-0000	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	OF	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
	EXPENDITURE		Appreciation Lunch for Presiding Staff
	Complete ONLY if direct	I Candidate/Officeholder name	Office sought Office held
	expenditure to benefit	-	
	C/OH		

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense

	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 The Instruction Guide explains h	Office Over Polling Ex Printing E Salaries/V	xpense Nages/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 G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
_	Sch: 5/11 Rpt: 45/53		Martinez, Elizabeth R. (The Honorable)				00087602
4	Date	5	Payee name				
	02/24/2025		HEB				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$81.36		1601 Nogalitos				
	Reimbursement from political contributions intended		San Antonio , TX 78204				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	CI	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense			Cl	neck if Austin, TX, officeholder living expense
	LAFEINDITORE				Lunch for Jurors		
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	05/17/2025		Lowe's Home Improvement				
	Amount (\$)	T	Payee address; City; State;	Zip Co	ode		
	\$42.22		7901 Callaghan Rd.				
	Reimbursement from		<b>3</b>				
	political contributions intended		San Antonio , TX 78229				
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	Cl	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Faucet for 73rd			Cl	neck if Austin, TX, officeholder living expense
					Faucet for 73rd		
	Complete ONLY if direct expenditure to benefit C/OH	Car	didate/Officeholder name		Office sought		Office held
	Date		Payee name				
	05/29/2025		Lowes Home Improvement				
	Amount (\$)	$\vdash$	·	Zip Co	nde		
	\$69.28		203 SW Loop 410	Zip CC	Juc		
			203 3 W 200β 410				
	Reimbursement from political contributions intended		San Antonio , TX 78245				
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	⊒ .	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Water Faucet for 73rd		<u>L</u>	_	neck if Austin, TX, officeholder living expense
					Water Faucet for	73	ra
	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought		Office held
	expenditure to benefit C/OH	Cai	Made Officional Haffe		Omee sought		Office field

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense P y - Gift/Awards/Memorials Expense P al Committee Legal Services S	office Overhead/Rental Exp olling Expense rinting Expense alaries/Wages/Contract La	abor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide explains ho	w to complete this fo	rm.	
1	Total pages Schedule G:	2 FILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 6/11 Rpt: 46/53	Martinez, Elizabeth R. (The Honorable)			00087602
4	Date	5 Payee name			
	05/29/2025	Monarch Trophy Studio			
6	Amount (\$)	7 Payee address; City; State; 2	Zip Code		
	\$22.94	16227 San Pedro Ave.	<b>,</b>		
	Reimbursement from				
	x political contributions intended	San Antonio , TX 78232			
L			<u> </u>		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedu	(b) Descript	``` □	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	EXPENDITURE	Gift/Awards/Memorials Expense	Diagua far		
			Plaque ior	Presidir	ng - Carl Veith
Ļ					
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office so	ught	Office held
	C/OH				
H	Date	Payee name			
	06/18/2025	Monarch Trophy Studio			
		1 ,	7: 0! -		
	Amount (\$)		Zip Code		
	\$22.94	16227 San Pedro Ave.			
	Reimbursement from political contributions				
	intended	San Antonio , TX 78232			
	PURPOSE	Category (See Categories listed at the top of this schedu	le) Descript		Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Gift/Awards/Memorials Expense			Check if Austin, TX, officeholder living expense
			Plaque for	Carl Ve	ith's Family to keep
	•	Candidate/Officeholder name	Office so	ught	Office held
	expenditure to benefit C/OH				
H	Data	T -			
	Date	Payee name			
	03/06/2025	North East Bexar County Democrats			
	Amount (\$)		Zip Code		
	\$90.00	P.O. Box 700766			
	X Reimbursement from political contributions				
	intended	San Antonio , TX 78270-0766			
	PURPOSE	Category (See Categories listed at the top of this schedu	le) Descript	ion 🔲	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Membership Fee and Ticket for Dining wi	ith		Check if Austin, TX, officeholder living expense
	EXI ENDITORE	Dems	Membershi	p Fee a	and Ticket for Dining with Dems
L					
		Candidate/Officeholder name	Office so	ught	Office held
	expenditure to benefit C/OH				
$\vdash$					

## SCHEDULE **G**

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees . Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Ex Printing E: Salaries/V	xpense Vages/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 G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 7/11 Rpt: 47/53		Martinez, Elizabeth R. (The Honorable)				00087602
4	Date	5	Payee name				
	01/18/2025		NorthWest Democrats				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$10.00		P.O. Box 681911				
	Reimbursement from political contributions intended		San Antonio , TX 78268				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	CI	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense			CI	neck if Austin, TX, officeholder living expense
	EXPENDITORE				Breakfast Fee		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	06/06/2025		Original Blanco Cafe				
	Amount (\$)	H	Payee address; City; State;	Zip Co	ode		
	\$176.19		201 W. Commerce St.				
	Reimbursement from political contributions intended		San Antonio , TX 78205				
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	CI	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense		Presiding Court L		neck if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Car	ıdidate/Officeholder name		Office sought		Office held
	Date	Г	Payee name				
	02/25/2025		Ready Refresh				
	Amount (\$)	$\vdash$	Payee address; City; State;	Zip Co	ode		
	\$82.29		PO Box 856680	•			
	Reimbursement from						
	X political contributions intended		Louisville, KY 40285-6680				
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	╛	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense		L L	_	heck if Austin, TX, officeholder living expense
					Water for the 73r	d	
	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought		Office held
	expenditure to benefit C/OH	Jui	Made, Official fatte		Cince sought		Since Held

#### 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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 8/11 Rpt: 48/53 Martinez, Elizabeth R. (The Honorable) 00087602 Date Payee name 03/20/2025 Ready Refresh Amount (\$) Payee address; City; State; Zip Code \$2.39 PO Box 856680 Reimbursement from political contributions Х intended Louisville, KY 40285-6680 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Water for the 73rd Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/17/2025 Ready Refresh Amount (\$) Payee address; City; State; Zip Code \$2.39 PO Box 856680 Reimbursement from political contributions Х Louisville, KY 40285-6680 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 Food/Beverage Expense **EXPENDITURE** Water for 73rd Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/17/2025 Ready Refresh Payee address; City; State; Zip Code Amount (\$) \$37.33 PO Box 856680 Reimbursement from Χ political contributions intended Louisville, KY 40285-6680 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Water for the 73rd Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit

C/OH

## SCHEDULE G

## **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Sal  The Instruction Guide explains how	to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/11 Rpt: 49/53	Martinez, Elizabeth R. (The Honorable)		00087602
4	Date	5 Payee name		
	06/18/2025	Ready Refresh		
6	Amount (\$)	7 Payee address; City; State; Zi	p Code	
	\$32.34	PO Box 856680		
	Reimbursement from			
	X political contributions intended	Louisville, KY 40285-6680		
8	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	Food/Beverage Expense	L	Check if Austin, TX, officeholder living expense
			Water for 73rd Co	ourtroom
9	Complete ONLY if direct	Landidate/Officeholder name	Office sought	Office held
	expenditure to benefit			
	C/OH			
	Date	Payee name		
	06/12/2025	Rudy's Country Store		
	Amount (\$)	Payee address; City; State; Zi	p Code	
	\$242.50	10623 Westover Hills Blvd		
	Reimbursement from political contributions			
	X political contributions intended	San Antonio , TX 78251		
	PURPOSE	Category (See Categories listed at the top of this schedule	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
			Presiding Court A	Appreciation Lunch
		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
H	Date	Payee name		
	01/18/2025	San Antonio Black Lawyers Assoc.		
-	Amount (\$)	Payee address; City; State; Zi	n Code	
	\$75.00	P.O. Box 831202		
	Reimbursement from			
	political contributions intended	San Antonio , TX 78283		
	PURPOSE	Category (See Categories listed at the top of this schedule	) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
			Membership Due	es es
		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
_				

## SCHEDULE G

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains	Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM		<u> </u>	3 Filer ID (Ethics Commission Filers)
_	Sch: 10/11 Rpt: 50/53		Elizabeth R. (The Honorable	2)	00087602
4	Date	5 Payee nam	ie		•
	06/21/2025	Stonewall	Democrats of San Antonio		
6	Amount (\$)	7 Payee addr	ress; City; State	; Zip Code	
	\$25.00	P.O. Box 2		, ,	
	Reimbursement from political contributions intended	San Antor	nio , TX 78212		
8	PURPOSE	(a) Category	(See Categories listed at the top of this sch	nedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Fees	(		Check if Austin, TX, officeholder living expense
	EXPENDITURE	. 555		Membership Du	es
				·	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Offic	eholder name	Office sought	Office held
	Date	Payee nam	<u> </u>		
	06/02/2025	1 1	sociation of District Judges		
	Amount (\$)	Payee addr		; Zip Code	
	\$51.75	1	ine, 10th Floor	, —р топо	
	Reimbursement from		,		
	x political contributions intended	Houston ,	TX 77019		
	PURPOSE	Category (	(See Categories listed at the top of this sch	nedule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Fees			Check if Austin, TX, officeholder living expense
				Membership Du	es
				Office country	Office held
	Complete ONLY if direct	Candidate/Offic	ahaldar nama		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name	Office sought	Office Held
	expenditure to benefit	Candidate/Offic		Office sought	Office field
	expenditure to benefit C/OH	Payee nam		Office Sought	Office field
	expenditure to benefit C/OH	Payee nam	ne nter for the Judiciary		Office field
	expenditure to benefit C/OH Date 06/02/2025	Payee nam Texas Cer Payee addr	ne nter for the Judiciary	e; Zip Code	Office field
	expenditure to benefit C/OH  Date 06/02/2025  Amount (\$)  \$350.00	Payee nam Texas Cer Payee addr	ne nter for the Judiciary ress; City; State		Office field
	expenditure to benefit C/OH  Date 06/02/2025  Amount (\$)	Payee nam Texas Cer Payee addr	ne nter for the Judiciary ress; City; State Antonio St.		Office Held
	expenditure to benefit C/OH  Date 06/02/2025  Amount (\$)  Reimbursement from political contributions intended  PURPOSE	Payee nam Texas Cer Payee addr 1210 San Austin , T	ne nter for the Judiciary ress; City; State Antonio St.	; Zip Code	Check if travel outside of Texas. Complete Schedule T.
	expenditure to benefit C/OH  Date 06/02/2025  Amount (\$)  \$350.00  X  Reimbursement from political contributions intended	Payee nam Texas Cer Payee addr 1210 San Austin , T	ne nter for the Judiciary ress; City; State Antonio St.  X 78701 (See Categories listed at the top of this sch	e; Zip Code  nedule) Description [	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	expenditure to benefit C/OH  Date 06/02/2025  Amount (\$)  Reimbursement from political contributions intended  PURPOSE OF	Payee nam Texas Cer Payee addr 1210 San Austin , TX	ne nter for the Judiciary ress; City; State Antonio St.  X 78701 (See Categories listed at the top of this sch	e; Zip Code  nedule) Description [	Check if travel outside of Texas. Complete Schedule T.
	expenditure to benefit C/OH  Date 06/02/2025  Amount (\$) \$350.00  X Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE	Payee nam Texas Cer Payee addr 1210 San Austin , T Category ( Event Exp	ne nter for the Judiciary ress; City; State Antonio St.  X 78701 (See Categories listed at the top of this sch	nedule)  Description  Conference Fee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	expenditure to benefit C/OH  Date 06/02/2025  Amount (\$)  Reimbursement from political contributions intended  PURPOSE OF	Payee nam Texas Cer Payee addr 1210 San Austin , T Category ( Event Exp	ne nter for the Judiciary ress; City; State Antonio St.  X 78701 (See Categories listed at the top of this sch	e; Zip Code  nedule) Description [	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

## SCHEDULE G

# **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Co	Food/Beverage Expense Gift/Awards/Memorials Expense	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/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 G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 11/11 Rpt: 51/53		Martinez, Elizabeth R. (The Honorable)				00087602				
4	Date	5	Payee name								
	03/01/2025		Texas Latinx Judges								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode						
	\$100.00		P.O. Box 90683								
	Reimbursement from political contributions intended		San Antonio , TX 78209								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	lule)	(b) Description	С	heck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE		Fees			С	neck if Austin, TX, officeholder living expense				
	LAFENDITORE				Membership Fee						
9	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought		Office held				
	Date		Payee name								
	05/22/2025		USPS								
		┝	Payee address; City; State;	Zin Co	nde						
Amount (\$) \$192.00			Payee address; City; State; Zip Code 1140 S. Laredo								
			1140 S. Laredo								
	X Reimbursement from political contributions intended		San Antonio , TX 78214								
	PURPOSE		Category (See Categories listed at the top of this sched	lule)	Description	С	heck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE		Office Overhead/Rental Expense			С	neck if Austin, TX, officeholder living expense				
	EXPENDITORE				PO Box Rental F	ees	5				
	Complete ONLY if direct	<u> </u>	ndidate/Officeholder name		Office sought		Office held				
	expenditure to benefit C/OH										
	Date		Payee name								
	02/04/2025		United States Postal Service								
	Amount (\$)	$\vdash$	Payee address; City; State;	Zip Co	ode						
	\$94.90		2400 McCullough Ave.	*							
	Reimbursement from		3								
	x political contributions intended		San Antonio , TX 78212								
	PURPOSE OF		Category (See Categories listed at the top of this sched	lule)	Description	₹ .	heck if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE		Mail and Stamps		L	<b>1</b> c	heck if Austin, TX, officeholder living expense				
					Mail and Stamps						
	Complete ONLY if direct expenditure to benefit C/OH	<u>I</u> Cai	ndidate/Officeholder name		Office sought		Office held				

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

## SCHEDULE K

	The Instru	ages Schedule K: /2 Rpt: 52/53				
2	FILER NAME Martinez, Eli	zabeth R. (The Honorable)	Filer ID	(Ethics Commission File	ers)	
4	Date 01/11/2025	<ul> <li>5 Name of person from whom amount is received         Anderson , Magnus     </li> <li>6 Address of person from whom amount is received; City; State; Zip Code</li> </ul>	8 Amount (\$)	\$1.00		
		West Neal , WV 74289				
		7 Purpose for which amount is received   Contributor Unknown - Transaction void	al cont	ibution returned to filer		
	Date 01/11/2025	Name of person from whom amount is received Anedot  Address of person from whom amount is received; City; State; Zip Code  Dallas , TX 75201		Amount (\$)	\$0.34	
		Purpose for which amount is received	al cont	I ibution returned to filer		
	Date 03/01/2025	Name of person from whom amount is received Anedot Address of person from whom amount is received; City; State; Zip Code		Amount (\$)	\$0.34	
		Dallas , TX 75201				
		Purpose for which amount is received	al cont	ibution returned to filer		
	Date 06/23/2025	Name of person from whom amount is received  Lowe's  Address of person from whom amount is received; City; State; Zip Code	Amount (\$)	42.22		
		San Antonio , TX 78229				
		Purpose for which amount is received	ribution returned to filer			
	Date 06/30/2025	Name of person from whom amount is received  Molina , Demetrio (Mr.)  Address of person from whom amount is received; City; State; Zip Code		Amount (\$)	50.00	
		San Antonio , TX 78255-2100  Purpose for which amount is received  Received Check past Moratorium Dates	olitic	al cont	ibution returned to filer	
		1.000 ved Oneok past moratorium Dates				

## 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: 53/53 2 FILER NAME Filer ID (Ethics Commission Filers) Martinez, Elizabeth R. (The Honorable) 00087602 8 Amount (\$) Date 5 Name of person from whom amount is received 03/01/2025 Schimmel, Ulices \$1.00 6 Address of person from whom amount is received; City; State; Zip Code Micaelhaven, AZ 45513 Purpose for which amount is received X Check if political contribution returned to filer Contributor Unknown - Transaction void Amount (\$) Name of person from whom amount is received Date 06/30/2025 Segovia, Herman (Mr.) \$250.00 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78201-0000 Purpose for which amount is received X Check if political contribution returned to filer Received Check past Moratorium Period