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) 00081717 16 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Aurora Martinez NAME Date Received **ELECTRONICALLY FILED** 07/13/2025 NICKNAME LAST **SUFFIX** Jones CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; 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** Mrs. Virginia NAME NICKNAME LAST **SUFFIX** Ginny Agnew **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** (512) 473-2375 **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 Day Month Day Year 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 126 Travis

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Jones, Aurora Martin	(Ethics Commission Filers)								
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
_	GENERAL									
		COMMITTEE ADDRESS								
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER NAI	ME.							
		COMMITTEE CAMPAIGN TREASURER ADI	DRESS							
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00						
		ICAL CONTRIBUTIONS	OANS)	\$ 0.00						
EXPENDITURE	· ·	PLEDGES, LOANS, OR GUARANTEES OF L IZED POLITICAL EXPENDITURES	OANS)	\$ 0.00						
TOTALS				0.00						
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 3,598.73						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF T RIOD	HE LAST DAY OF THE	\$ 5,982.46						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAN TING PERIOD	S AS OF THE LAST DAY	\$ 3,000.00						
17 AFFIDAVIT										
			enalty of perjury, that the acles all information required de.							
		The Hon	orable Aurora Martinez	Jones						
		Signatu	re of Candidate or Officeho	older						
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE								
		aid		day						
of	, 20, to co	ertify which, witness my hand and seal of office	ı.							
Signature of office	er administering oath	Printed name of officer administering oa	h Title of office	er administering oath						

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 16					
18 FILER NAME Jones, Aurora Martinez (The Honorable) 19 Filer ID (Ethics Commission 00081717) 20 SCHEDULE SUBTOTALS									
I	HEDULI	SUBTOTAL AMOUNT							
1.		\$							
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	6	\$ 3,598.73					
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$					
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$					
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$ 1.61					

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		Gift/Awards/Mem Legal Services	orials Expense on Guide explains		ges/Contract Labo		Travel Out of Di OTHER (enter a	strict category not listed above	e)
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ľ	Total pages Schedule F1:	l		/The Henerald	la\		3	Filer ID	(Ethics Commission	i Fileis)
	Sch: 1/10 Rpt: 4/16		, Aurora Martinez	(The Honorabi	ie)			00081717		
4	Date	5 Payee	name							
	01/03/2025	Amaz	on							
6	Amount (\$)	7 Payee	address; City;	State	; Zip Cod	9				
	\$53.20	l '	erry Ave N							
	755.25		,							
		Caattl	- \\\\ 00100							
		Sealli	e, WA 98109							
8	PURPOSE	(a) Catego	ory (See Categories liste	d at the top of this sch	nedule)	Description	n			
	OF EXPENDITURE	Office	Overhead/Rental	Expense					plete Schedule T.	
						ш		, officeholder living	g expense	
						Staff Nan	ne Piat	es		
9	Complete ONLY if direct		te/Officeholder nam	e (Office sough	nt		Office h	eld	
	expenditure to benefit C/OI	7								
F	Date	Payee	name							
	01/03/2025	Amaz								
⊢	Amount (\$)	Payee	address; City;	State	; Zip Cod					
	\$35.72	•	_	Sidic	, Zip Cou	•				
	Φ33.12	410 1	erry Ave N							
		Seattle	e, WA 98109							
	PURPOSE	(a) Catego	ory (See Categories liste	ed at the top of this sch	nedule)	Description	n			
	OF EXPENDITURE		Overhead/Rental			Check if t	travel outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITORE					ш		, officeholder living	g expense	
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	Complete ONLY if direct		te/Officeholder nam	e (Office sougl	nt		Office h	eld	
	expenditure to benefit C/OI	-1								
	Date	Payee	name							
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	Amount (\$)	· ·	address; City;	Siale	, Zip Cou	7				
	\$51.62	410 1	erry Ave N							
		Seattle	e, WA 98109							
	PURPOSE	(a) Catego	ory (See Categories liste	d at the top of this sch	nedule)	Description	n			
	OF EXPENDITURE		Overhead/Rental		,	Check if t	travel outs	ide of Texas. Com	plete Schedule T.	
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	expenditure to benefit C/OI	H								
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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/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/10 Rpt: 5/16	Jones, Aurora Martinez (The Honorable) 00081717
4	Date	5 Payee name
	02/11/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$129.38	410 Terry Ave N
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Trial Court Chambers Decor
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to borionic Grou	•
	Date	Payee name
	02/19/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.68	410 Terry Ave N
l		Seattle, WA 98109
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Office Supplies
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Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
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	02/20/2025	Amazon
	Amount (\$) \$19.47	Payee address; City; State; Zip Code 410 Terry Ave N
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		Soottle NAA 00100
		Seattle, WA 98109
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	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 3/10 Rpt: 6/16	Jones, Aurora Martinez (The Honorable) 00081717
4	Date	5 Payee name
	02/20/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.30	410 Terry Ave N
		Seattle, WA 98109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
		Cinic Supplies
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	the state of the s
⊨		
	Date	Payee name
L	02/21/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.00	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Trial Court Chambers Decor
		That Court Chambers Decor
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
H		
	Date	Payee name
	02/21/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.37	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Trial Court Chambers Decor
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiorare to benefit C/OI	¬

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Expense Travel (
| Expense Travel (
| S/Wages/Contract Labor OTHER

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 4/10 Rpt: 7/16	Jones, Aurora Martinez (The Honorable) 00081717	
4	Date	5 Payee name	_
	02/24/2025	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$19.15	410 Terry Ave N	
		Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Office Supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	=
	01/06/2025	American Inns of Court	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$40.00	225 Reinekers Ln	
		Ste. 770	
		Alexandria, VA 22314	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Guest Meal Fee at Inns of Court Meeting	
		g and a second and a	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	1	
	Date	Payee name	
	01/06/2025	American Inns of Court	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	225 Reinekers Ln	
		Ste. 770	
		Alexandria, VA 22314	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Drink Fee at Inns of Court Meeting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	1	
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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/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER Credit Card Payment The Instruction Guide explains how to complete this form.	R (enter a category not listed above)
1 Total pages Schedule F1: 2 FILER NAME 3 Filer II	D (Ethics Commission Filers)
Sch: 5/10 Rpt: 8/16 Jones, Aurora Martinez (The Honorable) 0008	1717
4 Date 5 Payee name	
01/06/2025 Art To Frames	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$69.06 770 5th Ave	
Brooklyn, NY 11232	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Office Overhead/Rental Expense Check if travel outside of Tex	
Check if Austin, TX, officeno	lder living expense
Frames	
9 Complete ONLY if direct Candidate/Officeholder name Office sought O expenditure to benefit C/OH	Office held
experience to beliefit every	
Date Payee name	
06/26/2025 Domino's Pizza	
Amount (\$) Payee address; City; State; Zip Code	
\$30.27 1900 Guadalupe St	
Austin, TX 78705	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tex	
Food/Beverage Expense Check if travel outside of Texact Check if Austin, TX, officehold	
Staff Lunch	ider living expense
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought O	Office held
expenditure to benefit C/OH	Alloe Held
Data Dava veri	
Date Payee name	
02/18/2025 H-E-B	
Amount (\$) Payee address; City; State; Zip Code	
\$113.36 5808 Burnet Rd	
Austin, TX 78756	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Office Overhead/Rental Expense	·
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Complete ONLY if direct Candidate/Officeholder name Office sought Oexpenditure to benefit C/OH	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/10 Rpt: 9/16	Jones, Aurora Martinez (The Honorable) 00081717
4	Date	5 Payee name
L	03/19/2025	Hobby Lobby
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$348.94	7707 S.W. 44th St
		Oklahoma City, OK 73179
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Frames
		Fidilies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	
⊨		
	Date	Payee name
	01/22/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.13	675 Ponce de Leon Ave NE
		Ste. 5000
		Atlanta, GA 30308
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email Service
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	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	02/24/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.13	675 Ponce de Leon Ave NE
		Ste. 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ 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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
_	Sch: 7/10 Rpt: 10/16	Jones, Aurora Martinez (The Honorable) 00081717	
4	Date	5 Payee name	
	03/24/2025	Mailchimp	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$107.13	675 Ponce de Leon Ave NE	
		Ste. 5000	
		Atlanta, GA 30308	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Email Service	
		Email Scrive	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	
	04/22/2025	Mailchimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$107.13	675 Ponce de Leon Ave NE	
		Ste. 5000	
		Atlanta, GA 30308	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Email Service	
		Email Scrive	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/22/2025	Mailchimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$107.13	675 Ponce de Leon Ave NE	
		Ste. 5000	
		Atlanta, GA 30308	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Email Service	
		Linai Scivice	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	S		ages	/Contract Labor		OTHER (enter a	a category not listed at	oove)
		_		The Instruction Gu	ilde explains no	w to con	npie	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 8/10 Rpt: 11/16		Jones, Auro	ra Martinez (Th	e Honorable)					00081717		
4	Date	5	Payee name									
	06/23/2025		Mailchimp									
6	Amount (\$)	7	Payee addres	ss; City;	State; 2	Zip Cod	de					
	\$107.13		675 Ponce	de Leon Ave NE								
			Ste. 5000									
			Atlanta, GA	30308								
8	PURPOSE	(2)					(h)	Description				
١	OF	(a)		e Categories listed at t	ne top of this schedu	ule)	(D)	_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Advertising	Expense				브		officeholder livin		
								Email Service	9			
9	Complete ONLY if direct		- Candidate/Offic	ceholder name	Offi	ice soug	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	06/02/2025		State Bar of	Texas								
	Amount (\$)		Payee addres	ss; City;	State; 2	Zip Cod	de					
	\$260.00		1414 Colora	ido St								
			Austin, TX 7	'8701								
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Fees		,			Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITORE							—	, TX,	officeholder livin	g expense	
								Dues				
	Complete ONLY if direct expenditure to benefit C/OI		Sandidate/Office	ceholder name	Offi	ice soug	ght			Office h	eld	
		_										
	Date		Payee name									
	05/05/2025		Texas Board	d of Legal Spec	ialization							
	Amount (\$)		Payee addres	ss; City;	State; 2	Zip Cod	de					
	\$200.00		505 E. Hunt	land Dr								
			Suite 400, L	B 28								
			Austin, TX 7	'8752								
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Fees		,			Check if travel			nplete Schedule T.	
	EXPENDITORE									officeholder livin	g expense	
								Board Certific	cati	on Fees		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Offi	ice soug	ght			Office h	eld	
	experience to beliefft C/OI											

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
	Sch: 9/10 Rpt: 12/16	Jones, Aurora Martinez (The Honorable) 00081717	
4	Date	5 Payee name	
	06/04/2025	Texas Center for the Judiciary	
6	Amount (\$) \$435.00	7 Payee address; City; State; Zip Code 1210 San Antonio St Ste. 800 Austin, TX 78701	
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 Judicial Conference Fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	01/10/2025	Wix.com	
	Amount (\$) \$376.71	Payee address; City; State; Zip Code 500 Terry A Francois Blvd	
		San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/23/2025	Wix.com	
	Amount (\$) \$33.82	Payee address; City; State; Zip Code 500 Terry A Francois Blvd	
		San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/10 Rpt: 13/16	Jones, Aurora Martinez (The Honorable) 00081717
4	Date	5 Payee name
	06/13/2025	Wix.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.93	500 Terry A Francois Blvd
L		San Francisco, CA 94158
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialture to beriefft C/Oi	
	Date	Payee name
	06/16/2025	Wix.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$376.71	500 Terry A Francois Blvd
		San Francisco, CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantific to belieff G/O	
	Date	Payee name
L	01/27/2025	World Market
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.26	1201 Marina Village Pkwy
		Alamada, CA 04501
L	DUDDOOF	Alameda, CA 94501
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Trial Court Chambers Decor
lacksquare	Operated ONE VIII	Operation (Office Includes a constant of the C
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash	•	
l		

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

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.	1			ages Schedule K:	
_							/2 Rpt: 14/16	
2	FILER NAME Jones, Aurora Martinez (The Honorable)						(Ethics Commission Fi	lers)
_		_			0	0081		
4	Date	5	Name of person from whom amount is received				8 Amount (\$)	Φ0.00
	01/14/2025	ļ	Frost Bank					\$0.33
		6	Address of person from whom amount is received; City; State; Zip Code					
			San Antonio, TX 78205					
		7		k if politi	00	contr	ibution returned to filer	
		ľ	Interest	к п рони	La	COIIII	ibution returned to mer	
	Date		Name of person from whom amount is received				Amount (\$)	40.00
	02/13/2025	ļ	Frost Bank					\$0.28
			Address of person from whom amount is received; City; State; Zip Code					
			San Antonio, TX 78205					
		┝		k if politi	00	contr	ibution returned to filer	
			Interest	k ii politii	ca	COIII	ibution returned to mer	
		<u> </u>					A (A)	
	Date		Name of person from whom amount is received				Amount (\$)	\$0.25
	03/13/2025	ļ	Frost Bank					Φ0.25
			Address of person from whom amount is received; City; State; Zip Code					
			San Antonio, TX 78205					
		H		k if politic	cal	contr	ibution returned to filer	
			Interest					
	Date	\vdash	Name of person from whom amount is received				Amount (\$)	
	04/11/2025		Frost Bank				Αποαπί (Φ)	\$0.25
	0-11112020	ļ	Address of person from whom amount is received; City; State; Zip Code					Ψ0.20
			Address of person from whom amount is received, City, State, 21p Code					
			San Antonio, TX 78205					
		Н	Purpose for which amount is received Chec	k if politic	ca	contr	ibution returned to filer	
			Interest	•				
	Date	H	Name of person from whom amount is received				Amount (\$)	
	05/13/2025		Frost Bank				γ unodite (φ)	\$0.27
		ļ	Address of person from whom amount is received; City; State; Zip Code		••••			
			Address of person from whom amount is received, City, State, 21p code					
			San Antonio, TX 78205					
		H	Purpose for which amount is received Chec	k if politic	ca	contr	ibution returned to filer	
			Interest	•				

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: 15/16 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jones, Aurora Martinez (The Honorable) 00081717 5 Name of person from whom amount is received 8 Amount (\$) 06/12/2025 \$0.23 Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205 Purpose for which amount is received Check if political contribution returned to filer Interest

OUTSTA	NDING LOANS	SCHEDULE L				
The Instruct	ion Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 16/16				
FILER NAME	Martinez (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081717				
LENDER INFORMATION	4 Name of lender	00001111				
	5 Lender address; City; State; Zip Code					
	REDACTED PER 254.0313, GOV'T CODE					
GUARANTOR INFORMATION	6 Name of guarantor					
X not applicable	7 Guarantor address; City; State; Zip Code					