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) 00083698 12 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Ana M. NAME Date Received **ELECTRONICALLY FILED** 07/16/2025 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** Ms. Aubrey NAME NICKNAME LAST **SUFFIX** Bennett **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** (713) 401-9088 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer 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 179 Harris Criminal District Court Judge District 179th

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Martinez , Ana M. (T	ne Honorable)	14 Filer ID (I 00083698	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without is d officeholders are required to report this information	the candidate's or office	holder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
ш	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00			
		ICAL CONTRIBUTIONS	e)	\$ 0.00			
EXPENDITURE							
TOTALS		\$ 0.00					
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 2,463.40			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 11,977.22			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF 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 penalty true and correct and includes a under Title 15, Election Code.					
		The Hono	rable Ana M. Martine	zZ			
		Signature of	Candidate or Officehold	der			
AFFIX NOT	TARY STAMP / SEAL AB	OVE					
Sworn to and subso	cribed before me, by the s	aid	, this the	day			
of	, 20, to c	ertify which, witness my hand and seal of office.					
Signature of offic	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 12				
18 FILER		19 Filer ID 00083698	(Ethics Com	nmission Filers)				
	z , Ana M. (The Honorable)	1						
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$							
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS							
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$						
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	2,463.40				
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	ONS	\$					
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	1,205.34				

	LOANS (J	UDICIAL)				SCHE	OULE E	(J)	
	The Instruction	on Guide explains how to complete this	form.	1		ges Schedule 1 Rpt: 4/12	e E(J):		
2	FILER NAME Martinez , Ana M	Л. (The Honorable)		1	Filer ID	(Ethics Cor	nmission Fi	lers)	
4	TOTAL OF UN	IITEMIZED LOANS		<u>. </u>		\$		0.00	
5	Date of loan	7 Name of lender out-of-state Pr	AC (ID#:)	9 Loan Am	nount (\$)		
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest			
						11 Maturity	Date		
12	2 Lender's Principal	Occupation	13 Lender's Job Title			•			
14	1 Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if	any)				
16	If lender is child, la	aw firm of parent(s) (if any)	1						
17	7 Description of Coll	ateral	18 Check if personal funds we	ere d	leposited		account tructions)		
19	GUARANTOR INFORMATION	20 Name of guarantor	•			22 Amount	Guaranteed	d (\$)	
23	not applicable not applicable	21 Guarantor address; City; State; pal Occupation	Zip Code 24 Guarantor's Job Title						
25	5 Guarantor's Emplo	over/Law Firm	26 Law Firm of guarantor's spouse (if any)						
			20 200 7 mm 0. gaa.a.no. 0 0p		- (a)				
27	' If guarantor is child	d, law firm of parent(s) (if any)							

SCHEDULE F1

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/Political Committee Credit Card Payment			nmittee	Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					Travel Out of District OTHER (enter a category not listed above)					
		_			Struction G	iide explains	HOW TO CO	npie	ete uns form.	_				
1	Total pages Schedule F1:	ı								3	Filer ID		(Ethics Commission Filers	s)
_	Sch: 1/7 Rpt: 5/12	 	Martinez , A	Ana M.	(The Hor	orable)					000836	98		
4	Date	ı	Payee name											
	05/13/2025		Barnaby's C	Cafe										
6	Amount (\$)	7	Payee addre	SS;	City;	State	; Zip Co	de						
	\$187.34		801 Congre	ss Ave	9									
			J											
			Houston, T	x 7700)2									
8	PURPOSE	├				ho ton of the !-	a a diula)	(b)	Description					
	OF		Category (See Food/Bever			ne top of this sch	ieauie)	(~)	_ `	outsi	de of Texas.	Com	plete Schedule T.	
	EXPENDITURE		. OOU/DEVE	age E	wheliae				Check if Austin					
									Court lunch					
9	Complete ONLY if direct		andidate/Offi	ceholde	er name	(Office sou	ght			Offic	e he	eld	
	expenditure to benefit C/O	Н												
Т	Date		Payee name											
	04/07/2025		CIBO Expre	ess										
\vdash	Amount (\$)	\vdash	Payee addre	SS;	City;	State	: Zip Co	de						
	\$21.92	I	2800 N Ter		-		,	-						
	Ψ21.32		_000 N 101	ul	a remin	.a. 0,								
			=											
			Houston, T	x 7703	32									
	PURPOSE OF	(a)	Category (S	ee Catego	ories listed at t	he top of this sch	nedule)	(b)	Description					
	EXPENDITURE		Food/Bever	age E	xpense				=				plete Schedule T.	
									Check if Austin					
									LULU NEGIUII	ui C	JOINE EN	o c I	ncai	
_	Complete ONLY if direct	<u></u>	andidate/Offi	cahold	ar namo		Office sou	aht			Offic	o ho	ald	
	expenditure to benefit C/O		ai iuiuale/UIII	CEHOIU	zi iiaili e	,	Office Sou	ynt			Oili	e ne	aiu .	
L		_												
	Date		Payee name											
	06/06/2025		Cira Cabra	Lazy E	Bird									
	Amount (\$)		Payee addre	ss;	City;	State	; Zip Co	de						
	\$67.95		200 N Gree	n Stre	et									
			Chicago, IL	60607	7									
	PURPOSE	(a)	Category (S	ee Catenr	ories listed at t	he top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Food/Bever			, :	-,		Check if travel				plete Schedule T.	
	EVLEINDIIOKE			-					Check if Austin					
									NCSL's Pretr	ial	Fellows	Pro	gram 2025	
	Complete ONLY if direct		Candidate/Offi	ceholde	er name	(Office sou	ght			Offic	e he	eld	
	expenditure to benefit C/O	H 								_				

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 2/7 Rpt: 6/12	Martinez , Ana M. (The Honorable) 00083698
4	Date	5 Payee name
	03/25/2025	Costco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.33	Costco
		21802 Townsen Blvd West
		Humble, TX 77338
8	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Jury Coffe and snacks
Ļ	C. L. Chill Wife disease	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	· 	
	Date	Payee name
	04/09/2025	Dunkin' Donuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.04	Bush Intl Airport, Bush Intl Airport Terminal E
		Houston, TX 77032
	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 2025 Regional Conference meal
		2020 Negional Completion medi
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
-	Date	Payee name
	01/02/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.40	1600 Amphitheatre Pkwy
	Ψ30.40	1000 Amphiliteatie Pkwy
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Webiste Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Total cost of campaign website for current report term
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/OI	'

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filer)
Sch: 3/7 Rpt: 7/12	Martinez , Ana M. (The Honorable)		00083698
4 Date	5 Payee name		
04/17/2025	Texas Board of Legal Specialization		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$250.00	505 E. Huntland Drive, Suite 400, LB 28		
	Austin, TX 78752		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		outside of Texas. Complete Schedule T.
EXI ENDITORE			, TX, officeholder living expense Certification Exam
		ree - Boaru C	Seruncauon Exam
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
expenditure to benefit C/O		giit	Office field
Data			
Date 01/15/2025	Payee name		
	Texas Center for the Judiciary		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$75.00	1210 San Antonio		
	Suite 800		
	Austin, TX 78701		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Legal education	—	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		ш	ference registration fee
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
expenditure to benefit C/O	Н		
Date	Payee name		
06/02/2025	Texas Center for the Judiciary		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$350.00	1210 San Antonio		
	Suite 800		
	Austin, TX 78701		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Fees		outside of Texas. Complete Schedule T.
EXPENDITURE		ш	, TX, officeholder living expense
		Registration F Conference	Fee 2025 Annual Judicial Education
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	••		

SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gi Candidate/Officeholder/Political Committee Le

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	. •	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/7 Rpt: 8/12	Martinez , Ana M. (The Honorable) 00083698
4	Date 04/07/2025	5 Payee name Uber
6	Amount (\$) \$121.23	7 Payee address; City; State; Zip Code 1725 3rd Street
		San Francisco, CA 94158
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Airport Transportation at Regional Conference
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	04/08/2025	Uber
	Amount (\$) \$41.68	Payee address; City; State; Zip Code 1725 3rd Street
		San Francisco, CA 94158
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Local transportation at Regional Conference
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 04/09/2025	Payee name Uber
	Amount (\$) \$49.56	Payee address; City; State; Zip Code 1725 3rd Street
		San Francisco, CA 94158
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Airport transportation at Regional Conference
	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 -

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

	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: 5/7 Rpt: 9/12	Martinez , Ana M. (The Honorable) 00083698							
4	Date	5 Payee name							
	06/04/2025	Uber							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$34.01	1725 3rd Street							
		San Francisco, CA 94158							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Airport Transportation Chicago							
		All port Transportation Chicago							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_						
ľ	expenditure to benefit C/OI								
F	Date	Payee name	=						
	06/09/2025	Uber							
	Amount (\$)	Payee address; City; State; Zip Code	_						
	\$130.99	1725 3rd Street							
		San Francisco, CA 94158							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Airport Transportation - NCSL's Pretrial Fellows							
		Program 2025							
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_						
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·							
H	Date	Payee name	-						
	03/27/2025	United							
H	Amount (\$)	Payee address; City; State; Zip Code	_						
	\$484.95	3700 N Terminal Rd							
	Ψ+04.33	3700 N Terminar Nu							
		Houston, TX 77032							
Т	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_						
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Regional Conference 2025 Airfare							
L	0 1. 5		_						
I	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
L									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guid		Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI					3	Filer ID	(Ethics Commission File	ers)
	Sch: 6/7 Rpt: 10/12		Ana M. (The Hono	rable)				00083698		
4	Date	5 Payee name								
	04/09/2025	United								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$59.00	3700 N Ter	minal Rd							
		Houston, T	X 77032							
8	PURPOSE	(a) Category (S	ee Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District			ш		de of Texas. Com		
	_					_		officeholder living		
						Conference	ιo	urige related	l fee - Regional	
					<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office sou	ıght			Office he	eld	
	Date	Payee name								
	06/06/2025	United								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$40.00	3700 N Ter		, ,						
	Ψ10.00	0,001410.	······································							
		Houston, T	X 77032							
	PURPOSE	(a) Category (S	ee Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District			_		de of Texas. Com		
	_					_		officeholder living		.
						2025	- 1	NCSES PIEU	ial Fellows Progran	11
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l ught			Office he	eld	
	expenditure to benefit C/OF	4			Ü					
	Date	Payee name								
	06/09/2025	United								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$40.00	3700 N Ter	minal Rd							
		Houston, T	X 77032							
	PURPOSE	(a) Category (S	ee Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District					de of Texas. Com		
						ш		officeholder living	•	.
						2025	- 1	NOSES PIET	ial Fellows Progran	11
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	lapt			Office he	ald .	
	expenditure to benefit C/O		iccholder flattle	Onice Suc	agi it			Office He	iu.	

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	Gift/Awards Legal Serv	rage Expense s/Memorials Expense ices ruction Guide expla	Salaries	Expense /Wages/C	ontract Labor		Travel in District Travel Out of Di OTHER (enter a		d above)
1	Total pages Schedule F1:	2 FILE	R NAME					3	Filer ID	(Ethics Comm	nission Filers)
	Sch: 7/7 Rpt: 11/12	Mart	inez , Ana M. (The Honorable)					00083698		
4	Date	5 Paye	e name					•			
	04/09/2025	Wes	tin Irving Las C	olinas							
6	Amount (\$)	7 Paye	e address; C	City; S	tate; Zip C	ode					
	\$398.00	400	West Las Colin	as Boulevard							
		Irvin	g, TX 75039								
8	PURPOSE	(a) Cate	gory (See Categorie	es listed at the top of th	is schedule)	(b) D	escription				
	OF EXPENDITURE	Trav	el Out of Distric	ct		[plete Schedule T.	
							_		officeholder living		
						-	ouging Re	gioria	al Conferen	Le	
Ļ	Operation ONE VIII II		1-1-10#: 1 1:		Ott.				0,,,	-1-1	
9	Complete ONLY if direct expenditure to benefit C/O		date/Officeholder	name	Office so	ugnt			Office h	ela	

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 12/12 2 FILER NAME Filer ID (Ethics Commission Filers) Martinez, Ana M. (The Honorable) 00083698 8 Amount (\$) Date 5 Name of person from whom amount is received 05/12/2025 Eleven Administrative Judicial Region \$75.00 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77002 Purpose for which amount is received Check if political contribution returned to filer Reimbursement Fee Regional Conference Name of person from whom amount is received Amount (\$) Date 06/29/2025 Frost Bank \$2.55 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77003 Purpose for which amount is received Check if political contribution returned to filer Interest on checking account for this term Date Name of person from whom amount is received Amount (\$) 04/23/2025 Texas Center for Judiciary \$1,127.79 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer Regional Conference 2025