

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00083698	2 Total pages filed: 12								
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR The Honorable</td> <td style="width: 30%;">FIRST Ana M.</td> <td style="width: 40%;">MI</td> </tr> </table>		MS / MRS / MR The Honorable	FIRST Ana M.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/16/2025					
	MS / MRS / MR The Honorable	FIRST Ana M.	MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Martinez</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME	LAST Martinez	SUFFIX							
NICKNAME	LAST Martinez	SUFFIX									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div>		Date Hand-delivered or Date Postmarked <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount						
	Receipt #	Amount									
	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Ms.</td> <td style="width: 30%;">FIRST Aubrey</td> <td style="width: 40%;">MI</td> </tr> </table>		MS / MRS / MR Ms.	FIRST Aubrey	MI						
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<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Bennett</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME	LAST Bennett	SUFFIX							
NICKNAME	LAST Bennett	SUFFIX									
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div>											
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div>										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 401-9088										
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)								
<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)								
9 PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> </tr> <tr> <td>01/01/2025</td> <td>THROUGH</td> <td>06/30/2025</td> <td></td> </tr> </table>			Month Day Year		Month Day Year		01/01/2025	THROUGH	06/30/2025	
Month Day Year		Month Day Year									
01/01/2025	THROUGH	06/30/2025									
10 ELECTION	<table style="width: 100%;"> <tr> <td style="width: 40%;"> ELECTION DATE Month Day Year </td> <td style="width: 60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special										
11 OFFICE	OFFICE HELD (if any) District Judge District 179 Harris	12 OFFICE SOUGHT (if known) Criminal District Court Judge District 179th									

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Martinez , Ana M. (The Honorable)	14 Filer ID (Ethics Commission Filers) 00083698
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$ 2,463.40
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,977.22
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Ana M. Martinez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

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18 FILER NAME Martinez , Ana M. (The Honorable)		19 Filer ID 00083698	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	0.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	2,463.40
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	1,205.34

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/1 Rpt: 4/12
2 FILER NAME Martinez , Ana M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083698
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/7 Rpt: 5/12	2 FILER NAME Martinez , Ana M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083698
4 Date 05/13/2025	5 Payee name Barnaby's Cafe	
6 Amount (\$) \$187.34	7 Payee address; City; State; Zip Code 801 Congress Ave Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Court lunch
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/07/2025	Payee name CIBO Express	
Amount (\$) \$21.92	Payee address; City; State; Zip Code 2800 N Terminal Rd Terminal C, Houston, TX 77032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2025 Regional Conference meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/06/2025	Payee name Cira Cabra Lazy Bird	
Amount (\$) \$67.95	Payee address; City; State; Zip Code 200 N Green Street Chicago, IL 60607	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NCSL's Pretrial Fellows Program 2025
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/7 Rpt: 6/12	2 FILER NAME Martinez , Ana M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083698
4 Date 03/25/2025	5 Payee name Costco	
6 Amount (\$) \$50.33	7 Payee address; City; State; Zip Code Costco 21802 Townsen Blvd West Humble, TX 77338	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jury Coffe and snacks
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name Dunkin' Donuts	
Amount (\$) \$23.04	Payee address; City; State; Zip Code Bush Intl Airport, Bush Intl Airport Terminal E Houston, TX 77032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2025 Regional Conference meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2025	Payee name Google	
Amount (\$) \$38.40	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Webiste	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Total cost of campaign website for current report term
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/7 Rpt: 7/12	2 FILER NAME Martinez , Ana M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083698
4 Date 04/17/2025	5 Payee name Texas Board of Legal Specialization	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 505 E. Huntland Drive, Suite 400, LB 28 Austin, TX 78752	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee - Board Certification Exam
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/15/2025	Payee name Texas Center for the Judiciary	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 1210 San Antonio Suite 800 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal education	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Regional conference registration fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/02/2025	Payee name Texas Center for the Judiciary	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 1210 San Antonio Suite 800 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration Fee 2025 Annual Judicial Education Conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/7 Rpt: 8/12	2 FILER NAME Martinez , Ana M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airport Transportation at Regional Conference
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/08/2025	Candidate/Officeholder name	Office sought
Payee name Uber	Office held	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Local transportation at Regional Conference
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/09/2025	Candidate/Officeholder name	Office sought
Payee name Uber	Office held	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airport transportation at Regional Conference
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/7 Rpt: 9/12	2 FILER NAME Martinez , Ana M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083698
4 Date 06/04/2025	5 Payee name Uber	
6 Amount (\$) \$34.01	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airport Transportation Chicago
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/09/2025	Payee name Uber	
Amount (\$) \$130.99	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airport Transportation - NCSL's Pretrial Fellows Program 2025
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/27/2025	Payee name United	
Amount (\$) \$484.95	Payee address; City; State; Zip Code 3700 N Terminal Rd Houston, TX 77032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Regional Conference 2025 Airfare
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

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1 Total pages Schedule F1: Sch: 6/7 Rpt: 10/12	2 FILER NAME Martinez , Ana M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083698
4 Date 04/09/2025	5 Payee name United	
6 Amount (\$) \$59.00	7 Payee address; City; State; Zip Code 3700 N Terminal Rd Houston, TX 77032	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare/airport lounge related fee - Regional Conference
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/06/2025	Payee name United	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 3700 N Terminal Rd Houston, TX 77032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luggage Fee - NCSL's Pretrial Fellows Program 2025
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/09/2025	Payee name United	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 3700 N Terminal Rd Houston, TX 77032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luggage Fee - NCSL's Pretrial Fellows Program 2025
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

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1 Total pages Schedule F1: Sch: 7/7 Rpt: 11/12	2 FILER NAME Martinez , Ana M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083698
4 Date 04/09/2025	5 Payee name Westin Irving Las Colinas	
6 Amount (\$) \$398.00	7 Payee address; City; State; Zip Code 400 West Las Colinas Boulevard Irving, TX 75039	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging Regional Conference
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 12/12
2 FILER NAME Martinez , Ana M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083698
4 Date 05/12/2025	5 Name of person from whom amount is received Eleven Administrative Judicial Region	8 Amount (\$) \$75.00
	6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77002	
	7 Purpose for which amount is received Reimbursement Fee Regional Conference <input type="checkbox"/> Check if political contribution returned to filer	
Date 06/29/2025	Name of person from whom amount is received Frost Bank	Amount (\$) \$2.55
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77003	
	Purpose for which amount is received Interest on checking account for this term <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/23/2025	Name of person from whom amount is received Texas Center for Judiciary	Amount (\$) \$1,127.79
	Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701	
	Purpose for which amount is received Regional Conference 2025 <input type="checkbox"/> Check if political contribution returned to filer	