#### 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) 0000010 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Maria B. NAME Date Received **ELECTRONICALLY FILED** 10/07/2024 NICKNAME LAST **SUFFIX** Ramirez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Maria NAME NICKNAME LAST **SUFFIX** Ramirez STREET ADDRESS (NO PO BOX PLEASE); **CAMPAIGN** APT / SUITE #; ZIP CODE CITY; STATE; **TREASURER ADDRESS** (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer X appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 07/31/2024 10/04/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Judge, Municipal Court of Appeals El Paso Judge, Municipal Court of Appeals El Paso **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	Ramirez, Maria B.		<b>14</b> Filer ID (0000010	(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 NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		.l IIZED POLITICAL CONTRIBUTIONS(OTHER THAN EES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00			
		TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	3)	\$ 0.00			
EXPENDITURE TOTALS	,	IIZED POLITICAL EXPENDITURES	<u>-</u>	\$ 0.00			
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 3,325.65			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 0.00			
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 true and correct and includes al under Title 15, Election Code.					
		Ма	ıria B. Ramirez				
		Signature of	Candidate or Officehol	der			
AFFIX NOT	TARY STAMP / SEAL AE	OVE					
Sworn to and subscribed before me, by the said day							
		ertify which, witness my hand and seal of office.					
Signature of offic	cer administering oath	Printed name of officer administering oath	Title of officer	r administering oath			

### SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

3 of 5						
l	ER NAN mirez,	(Ethics Commission Filers)				
l	HEDULI ME OF	SUBTOTAL AMOUNT				
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$			
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$			
4.		SCHEDULE E(J): LOANS (JUDICIAL)	\$			
5.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$		
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.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 3,325.65		
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$		
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

### SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Polling Expense Printing Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form		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 G:	2 FILER NAME				ı	Filer ID	,
	Sch: 1/2 Rpt: 4/5	Ramirez, M	aria B.				000000	010
4	Date	5 Payee name						
	09/26/2024	AllPrint						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$3,065.65	7230 Gateway Blvd						
		-200 00	.u.y 2u.					
	Reimbursement from political contributions		770015					
	intended	El paso, TX	. 79915					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sche	edule)	(b) Description	=		el outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Printing Ex	pense		L	Ch	eck if Aust	tin, TX, officeholder living expense
					gotv mailout			
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit							
	C/OH							
	Date	Payee name						
	08/22/2024	City of El P	aso					
	Amount (\$)	Payee address; City; State; Zip Code						
	\$250.00	300 N Campbell						
		300 14 6411	pocii					
	Reimbursement from political contributions		. ====.					
	intended	El Paso, T	( 79901					
	PURPOSE	Category (S	ee Categories listed at the top of this sch	edule)	Description	=		el outside of Texas. Complete Schedule T.
OF EXPENDITURE		Fees				Ch	eck if Aust	tin, TX, officeholder living expense
					fee for place on t	the I	ballot	
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
	Date	Payee name						
	09/06/2024	El Paso Co	unty					
	Amount (\$)	nount (\$) Payee address; City; State; Zip Code						
	\$5.00	500 E. San Antonio						
	Reimbursement from							
	political contributions intended	El Paso, T	70001					
	PURPOSE OF		ee Categories listed at the top of this sche	edule)	Description	=		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
	EXPENDITURE	election vot	ers cd		<b>∟</b>	_	IECK II AUS	un, 1A, onicendider living expense
					election voters co	d		
		Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
_	-							

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 5/5 Ramirez, Maria B. 00000010 Date Payee name 09/23/2024 El Paso County 6 Amount (\$) Payee address; City; State; Zip Code \$5.00 500 E. San Antonio Reimbursement from political contributions intended El Paso, TX 79901 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense election voters cd **EXPENDITURE** election voters cd Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH