

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	AREA CODE PHONE NUMBER EXTENSION		
5 CANDIDATE / OFFICEHOLDER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	ELECTION DATE		
	ELECTION TYPE		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	OFFICE HELD (if any)		
	OFFICE SOUGHT (if known)		
8 CAMPAIGN TREASURER PHONE	COMMITTEE TYPE		
	COMMITTEE NAME		
9 REPORT TYPE	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
10 PERIOD COVERED	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	COMMITTEE TYPE		
11 ELECTION	COMMITTEE NAME		
	COMMITTEE ADDRESS		
12 OFFICE	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
13 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	COMMITTEE TYPE		
	COMMITTEE NAME		
GO TO PAGE 2			

**OFFICE USE ONLY**

Date Received  
*emailed @ 2:23pm on 4/6/23*

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,575.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,653.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,921.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 SIGNATURE** 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.

*Christina Martinez*  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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 \_\_\_\_\_

OR

**(2) Unsworn Declaration**

My name is Christina Martinez and my date of birth is 11/04/1979  
 My address is 2219 Ramona (street), San Antonio (city), Texas (state), 78201 (zip code) (country)  
 Executed in Bexar County, State of Texas, on the 6th day of April, 2023 (month) (year)

*Christina Martinez*  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,575.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,653.67
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">11</span>
2 FILER NAME Christina Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Moll	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 433 College Blvd San Antonio, TX 78209		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harriet Helmle	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 30211 Fairway Ash BOERNE, TX 78015		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicole Orozco	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 749 Harriman Place San Antonio, TX 78207		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Force	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 15515 Lake Ridge Rd Charlotte, NC 28278		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Christina Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 2/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne Goudge	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 200 Claiborne Way San Antonio, TX 78209		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Lawton	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 402 Harrison Ave San Antonio, TX 78209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Weber	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 7526 Carriage Pass San Antonio, TX 78249		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon Nisbet	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 231 Rockhill San Antonio, TX 78209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <b>Christina Martinez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/17/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Agather</b>	7 Amount of contribution (\$) <b>\$1,000.00</b>
6 Contributor address; City; State; Zip Code <b>300 West French Place San Antonio, TX 78212</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/25/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>SA Klds First</b>	Amount of contribution (\$) <b>\$5,000.00</b>
Contributor address; City; State; Zip Code <b>4007 McCullough Avenue, San Antonio 78202</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/28/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ann Parker</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>110 Kennedy Unit 6 San Antonio, TX 78209</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/1/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Taddy McAllister</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>203 Terrell Rd SATX 78209</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <b>Christina Martinez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/1/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Pat Frost</b> 6 Contributor address; City; State; Zip Code <b>520 Genesco Rd SATX 78209</b>	7 Amount of contribution (\$) <b>\$500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/1/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Frank Burney</b> Contributor address; City; State; Zip Code <b>112 E Pecan St Suite 1616 San Antonio, TX 78205</b>	Amount of contribution (\$) <b>\$250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/2/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mercedes Schaefer</b> Contributor address; City; State; Zip Code <b>17106 Mt. Everest San Antonio, TX 78232</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/2/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Walter Embrey</b> Contributor address; City; State; Zip Code <b>1020 NE Loop 410 STE 700 san antonio, TX 78209</b>	Amount of contribution (\$) <b>\$2,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME Christina Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jason Mims	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1614 Lone Oak SATX 78220		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/4/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Colton Powell	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 155 Cromwell Dr San Antonio, TX 78228		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/6/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Armen Babajanian	Amount of contribution (\$) \$75.00
Contributor address; City; State; Zip Code 12031 Stoney Crossing San Antonio, TX 78247		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Suzanne Wade	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 306 Genesco SAT 78209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Christina Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marisa Perez-Diaz	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 8759 Seneca Creek Converse, TX 78109		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edwin Blanton	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 523 W Summit Ave. San Antonio, TX 78212		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Gonzalez	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 206 E Locust St San Antonio, TX 78212		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sukhdeep Kaur	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 814 w craig pl San Antonio, TX 78212		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Date	3/9/23
Principal occupation	
Date	3/9/23
Principal occupation	
If contributor is c	

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
---	----------------------------

2 FILER NAME Christina Martinez	3 Filer ID (Ethics Commission Filers)
------------------------------------	---------------------------------------

4 Date 3/9/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LCCX LLC	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code PO Box 830405 SATX 78283		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inga Cotton	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 537 Abiso Dr SATX 78209		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Obriotti Green	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 128 Grant Ave Alamo Heights TX 78209		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gil Coronado	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2 Victory GRN SATX 78257		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Christina Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alicia Thomas	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 227 Bronson Ave San Antonio, TX 78209		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Torres-Stahl	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 21715 Chaucer Hill San Antonio, TX 78256		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton Simpson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1001 Westgate San Antonio, TX 78209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise Barkhurst	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 2231 Opal Creek Dr San Antonio 78232		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME Christina Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark Larson	7 Amount of contribution (\$) \$50.00
6 Contributor address; City, State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kedrick Wright	Amount of contribution (\$) \$300.00
Contributor address; City, State; Zip Code 918 W Craig Pl San Antonio, TX 78201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ann Marie Camosy	Amount of contribution (\$) \$100.00
Contributor address; City, State; Zip Code 9415 Gardenia Bend Garden Ridge, TX 78266		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henry Gonzalez	Amount of contribution (\$) \$250.00
Contributor address; City, State; Zip Code 419 Thelma Drive San Antonio, TX 78212		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME Christina Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanne Russell	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 639 Mission St San Antonio, TX 78210		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taddy McAllister	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 203 Terrell Rd SATX 78209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert amos Ramirez	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1832 Edison Dr San Antonio, TX 78201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lukin T Gilliland Jr	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 901 NE Interstate 410 Loop Suite 909 San Antonio, TX 78209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Christina Martinez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/22/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James B. Smith Jr.</b>	7 Amount of contribution (\$)  <b>\$300.00</b>
6 Contributor address; City; State; Zip Code <b>112 E Pecan St Ste 1800 San Antonio, TX 78205-1521</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1	<b>2</b> FILER NAME Christina Martinez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/25/23	<b>5</b> Payee name BEDOY'S BAKERY-TOGO	
<b>6</b> Amount (\$) \$667.24	<b>7</b> Payee address; City; State; Zip Code 803 W Hildebrand Ave #2127, San Antonio, TX 78212	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/7/23	Payee name TEXAS DEMOCRATIC PARTY	
Amount (\$) \$242.25	Payee address; City; State; Zip Code PO Box 15707, Austin, TX 78761	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description VAN Access
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/13/23	Payee name BP SAEXPNEWS-CIRC	
Amount (\$) \$900.00	Payee address; City; State; Zip Code 420 Broadway San Antonio, TX 78205	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fee	Description Newspaper Delivery
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

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

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1	<b>2</b> FILER NAME Christina Martinez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/1/23	<b>5</b> Payee name METERS SAN ANTONIO	
<b>6</b> Amount (\$) \$1.50	<b>7</b> Payee address, City, State, Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/1/23	Payee name Jennifer Longoria	
Amount (\$) \$1,250	Payee address, City, State, Zip Code 403 Basswood Dr San Antonio, TX	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description Data/ Field
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/5/23	Payee name LOWE'S	
Amount (\$) \$92.55	Payee address, City, State, Zip Code 7901 Callaghan Rd. San Antonio, TX 78229	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1	<b>2</b> FILER NAME Christina Martinez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/8/23	<b>5</b> Payee name Aiessa Ammeter	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City, State, Zip Code 102 W Huisache Ave San Antonio, TX 78212	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Wages	<b>(b)</b> Description Photographer
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/5/23	Payee name ORIGINAL DOUGHNUT SHOP	
Amount (\$) 47.97	Payee address; City, State, Zip Code 3307 Fredericksburg Rd. San Antonio, TX 78201	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food and Beverage Expense	Description Volunteer Blockwalk
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/5/23	Payee name LOWE'S	
Amount (\$) \$92.55	Payee address; City, State, Zip Code 7901 Callaghan Rd. San Antonio, TX 78229	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1	<b>2</b> FILER NAME Christina Martinez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/5/23	<b>5</b> Payee name Prestige Printing	
<b>6</b> Amount (\$) \$1,380.19	<b>7</b> Payee address; City, State, Zip Code 8 Burwood Ln. San Antonio, TX 78216	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/10/23	Payee name Prestige Printing	
Amount (\$) 412.43	Payee address; City, State, Zip Code 8 Burwood Ln. San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/11/23	Payee name Melinda Cirilo	
Amount (\$) \$600	Payee address; City, State, Zip Code 8722 Cinnamon Creek San Antonio, TX 78240	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Wages	Description Canvassers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

13

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1	<b>2</b> FILER NAME Christina Martinez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/13/23	<b>5</b> Payee name San Antonio Express News	
<b>6</b> Amount (\$) \$23.96	<b>7</b> Payee address; City; State; Zip Code 420 Broadway San Antonio, TX 78205	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Newspaper Delivery
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/17/23	Payee name LOWE'S	
Amount (\$) \$73.44	Payee address; City; State; Zip Code 7901 Callaghan Rd. San Antonio, TX 78229	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/16/23	Payee name Melinda Cirilo	
Amount (\$) \$1800	Payee address; City; State; Zip Code 8722 Cinnamon Creek San Antonio, TX 78240	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Wages	Description Canvassers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1	<b>2</b> FILER NAME Christina Martinez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/13/23	<b>5</b> Payee name USPS	
<b>6</b> Amount (\$) \$24.05	<b>7</b> Payee address; City, State, Zip Code 1064 Vance Jackson Rd. San Antonio, TX 78201	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description postage
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3/17/23	Payee name PANADERIA JIMENEZ COFFEE	
Amount (\$) \$26.27	Payee address; City, State, Zip Code 1846 Fredericksburg Rd, San Antonio, TX 78201	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food and Beverage Expense	Description Volunteer Blockwalk
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3/23/23	Payee name Melinda Cirilo	
Amount (\$) \$2000	Payee address; City, State, Zip Code 8722 Cinnamon Creek San Antonio, TX 78240	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Wages	Description Canvassers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**