



# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b>	<b>NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28,322.00
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	\$8,806.04
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	\$

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>16 C/OH NAME</b>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 28,322.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,806.04
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$19,515.96
<b>OUTSTANDING LOAN TOTALS</b>	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 M. Martinez, and my date of birth is 11/04/1979

My address is 2219 Ramona, San Antonio, TX, 78201, USA  
(street) (city) (state) (zip code) (country)

Executed in Bexar County, State of Texas, on the 28 day of April, 20 23  
(month) (year)

*Christina Martinez*

Signature of Candidate/Officeholder (Declarant)

# 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  3/27/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Jones <hr/> 6 Contributor address; City; State; Zip Code 1013 Ripley Ave San Antonio TX 78212	7 Amount of contribution (\$)  \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  3/31/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leticia Ozuna <hr/> Contributor address; City; State; Zip Code 1534 McKinley Ave San Antonio TX 78210	Amount of contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  4/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael MacNaughton <hr/> Contributor address; City; State; Zip Code 20031 Encino Ridge St. San Antonio TX 78259	Amount of contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  4/4/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Stone <hr/> Contributor address; City; State; Zip Code 318 Leroy St. Ferndale MI 48220	Amount of contribution (\$)  \$500.00
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 4/14/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Hebdon	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 8102 Nufy Ridge San Antonio TX 78209		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug King	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3500 Fairmount St., #122 Dallas TX 75219		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antoinette Hill	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 623 Evans Ave. San Antonio TX 78209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aurelina Prado	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 25660 Campbellton San Antonio TX 78264		
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  4/21/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew Casillas <hr/> 6 Contributor address; City; State; Zip Code 229 W Rosewood	7 Amount of contribution (\$)  \$50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  4/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Maestras <hr/> Contributor address; City; State; Zip Code 207 Furr Dr.	Amount of contribution (\$)  \$200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  4/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Carmona <hr/> Contributor address; City; State; Zip Code 13815 Bent Ridge Dr.	Amount of contribution (\$)  \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  4/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deb and Rex Amini <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$2,500
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  4/11/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Norman  6 Contributor address; City; State; Zip Code  422 College Blvd San Antonio, TX 78309	7 Amount of contribution (\$)  \$1,000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  4/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SA Kids First PAC  Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$22,552.38
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  4/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest Bromley  Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$500
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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment:	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

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 4/1/23	<b>5</b> Payee name Panaderia Jimenez Coffee	
<b>6</b> Amount (\$) \$26.27	<b>7</b> Payee address; 1846 Fredericksburg Rd	City: San Antonio State: TX Zip Code: 78201
<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 4/3/23	Payee name Jennifer Longoria	
Amount (\$) \$1,250	Payee address; 403 Basswood Dr.	City: San Antonio State: TX Zip Code:
<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 4/4/23	Payee name CSG Inc	
Amount (\$) \$2,676.20	Payee address; 212 W. Laurel St.	City: San Antonio State: TX Zip Code: 78212
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description
	<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 4/10/23	<b>5</b> Payee name San Antonio Express News	
<b>6</b> Amount (\$) \$23.96	<b>7</b> Payee address; 420 Broadway	City; State; Zip Code San Antonio TX 78205
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Monthly News
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <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 4/19/23	Payee name JVC Media LLC	
Amount (\$) \$359.49	Payee address; 7113 San Pedro Ave Suite 391	City; State; Zip Code San Antonio TX 78216
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing expense	Description Tshirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <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 4/22/23	Payee name HEB #385	
Amount (\$) \$94.17	Payee address; 300 W Olmos Rd San Antonio, TX 78212	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Blockwalking
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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 4/22/23	<b>5</b> Payee name Chavelita's Restaurant	
<b>6</b> Amount (\$) \$139.15	<b>7</b> Payee address; 814 West Ave San Antonio, TX 78201	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 Blockwalking
	<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 4/24/23	Payee name CSG Inc	
Amount (\$) \$4,000	Payee address; 212 W. Laurel San Antonio, TX 78212	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description
	<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 4/24/23	Payee name The Rose Bush	
Amount (\$) \$236.80	Payee address; 2301 San Pedro Ave San Antonio, TX 78212	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Rental
	<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