

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: <div style="text-align: right; font-size: 1.2em;">20</div>																
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">MS / MRS / MR</td> <td style="width:20%; border: none;">FIRST</td> <td style="width:20%; border: none;">MI</td> <td style="width:40%; border: none;"></td> </tr> <tr> <td style="border: none;">Mrs.</td> <td style="border: none;">Christina</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">NICKNAME</td> <td style="border: none;">LAST</td> <td style="border: none;">SUFFIX</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Martinez</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>		MS / MRS / MR	FIRST	MI		Mrs.	Christina			NICKNAME	LAST	SUFFIX			Martinez			<div style="text-align: center; border: 1px solid black; padding: 2px; font-weight: bold;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px;"> Date Received <div style="font-size: 1.2em; color: blue;">04-29-19 04:27 RCVD</div> </div>
	MS / MRS / MR	FIRST	MI																
Mrs.	Christina																		
NICKNAME	LAST	SUFFIX																	
	Martinez																		
<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">ADDRESS / PO BOX;</td> <td style="width:20%; border: none;">APT / SUITE #;</td> <td style="width:20%; border: none;">CITY;</td> <td style="width:20%; border: none;">STATE;</td> <td style="width:20%; border: none;">ZIP CODE</td> </tr> <tr> <td style="border: none;">PO Box 12237</td> <td style="border: none;">San Antonio, TX</td> <td style="border: none;">78212</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <input type="checkbox"/> Change of Address </div>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	PO Box 12237	San Antonio, TX	78212										
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">AREA CODE</td> <td style="width:40%; border: none;">PHONE NUMBER</td> <td style="width:40%; border: none;">EXTENSION</td> </tr> <tr> <td style="border: none;">(210)</td> <td style="border: none;">758-3435</td> <td style="border: none;"></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	(210)	758-3435		<div style="border: 1px solid black; padding: 2px;"> Date Hand-delivered or Date Postmarked <div style="font-size: 1.2em; color: blue;">4/29/19</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Receipt # Amount \$ </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Date Processed <div style="font-size: 1.2em; color: blue;">4/29/19</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Date Imaged </div>										
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Mr.	Colton																		
NICKNAME	LAST	SUFFIX																	
	Powell																		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:20%; border: none;">APT / SUITE #;</td> <td style="width:20%; border: none;">CITY;</td> <td style="width:20%; border: none;">STATE;</td> <td style="width:20%; border: none;">ZIP CODE</td> </tr> <tr> <td style="border: none;">526 W. Agarita</td> <td style="border: none;">San Antonio, TX</td> <td style="border: none;">78216</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	526 W. Agarita	San Antonio, TX	78216								
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10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="width:20%;">Month</td> <td style="width:20%;">Day</td> <td style="width:20%;">Year</td> <td style="width:20%;"></td> <td style="width:20%;">Month</td> <td style="width:20%;">Day</td> <td style="width:20%;">Year</td> </tr> <tr> <td></td> <td>3 / 26</td> <td>2019</td> <td style="text-align: center;">THROUGH</td> <td></td> <td>4 / 24</td> <td>2019</td> </tr> </table>			Month	Day	Year		Month	Day	Year		3 / 26	2019	THROUGH		4 / 24	2019		
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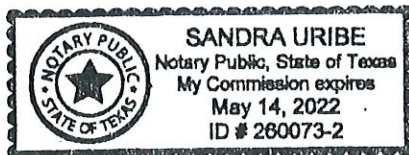
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME Christina Martinez	15 Filer ID (Ethics Commission Filers)																
16 NOTICE FROM POLITICAL COMMITTEE(S) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> Additional Pages </div>	<p style="font-size: small;">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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input checked="" type="checkbox"/> GENERAL</td> <td>San Antonio Kids First</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>2034 W. Kings Hwy., San Antonio, TX 78201</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>Michael Soto</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td></td> <td>2034 W. Kings Hwy., San Antonio, TX 78201</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input checked="" type="checkbox"/> GENERAL	San Antonio Kids First	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		2034 W. Kings Hwy., San Antonio, TX 78201		COMMITTEE CAMPAIGN TREASURER NAME		Michael Soto		COMMITTEE CAMPAIGN TREASURER ADDRESS		2034 W. Kings Hwy., San Antonio, TX 78201
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17 CONTRIBUTION TOTALS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</td> <td style="width:30%; text-align: right;">\$</td> </tr> <tr> <td>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td> <td style="text-align: right;">\$ 11,976.00</td> </tr> </table>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,976.00												
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CONTRIBUTION BALANCE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</td> <td style="width:30%; text-align: right;">\$ 5,492.83</td> </tr> </table>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,492.83														
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OUTSTANDING LOAN TOTALS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td> <td style="width:30%; text-align: right;">\$</td> </tr> </table>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$														
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18 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.

Christina Martinez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christina Martinez, this the 29th day of April, 20 19, to certify which, witness my hand and seal of office.

Sandra A. Uribe
Signature of officer administering oath

Sandra A. Uribe
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Christina Martinez	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,976.00
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	\$ 10,989.46
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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6****2** FILER NAME

Christina Martinez

3 Filer ID (Ethics Commission Filers)**4** Date

4/2/2019

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

David Force

6 Contributor address; City; State; Zip Code

2610 Century Rnch, San Antonio, TX 78251

7 Amount of contribution (\$)

\$100.00

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

Date

4/4/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Denise Barkhurst

Contributor address; City; State; Zip Code

2231 Opal Creek Dr, San Antonio, TX 78232

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rachel Mercer-Smith

Contributor address; City; State; Zip Code

1130 Broadway St., San Antonio, TX 78215

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/8/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gregory Houston

Contributor address; City; State; Zip Code

16711 Canyon Ledge St., San Antonio, TX 78232

Amount of contribution (\$)

\$100.00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME

Christina Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

4/8/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ryan Lugalía-Hollon

6 Contributor address; City; State; Zip Code

433 Rittiman Rd, San Antonio, TX 78209

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/9/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Edwin Blanton

Contributor address; City; State; Zip Code

523 W. Summit, San Antonio, TX 78212

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Walter Embrey

Contributor address; City; State; Zip Code

1020 NE Loop 410 Suite 700, San Antonio, TX 78209

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Howard Crusey

Contributor address; City; State; Zip Code

PO Box 2656, Silver Bay, NY 12874

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 6

2 FILER NAME

Christina Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

4/10/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Harriet Helmle

6 Contributor address; City; State; Zip Code

401 Horizon Crest, Boerne, TX 78006

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/10/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Hayes

Contributor address; City; State; Zip Code

138 E. Hollywood Ave, San Antonio, TX 78212

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rex Amini

Contributor address; City; State; Zip Code

370 Terrell Rd, San Antonio, TX 78209

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Brozovich

Contributor address; City; State; Zip Code

333 Paseo Encinal St, San Antonio, TX 78212

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME

Christina Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

4/12/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Walter Embrey

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

1020 NE Loop 410 Suite 700, San Antonio, TX 78209

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/14/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Villarreal

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

639 Mission Street, San Antonio, TX 78210

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Edward Cross, II

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

2 Laurel Place, San Antonio, TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert Scott

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

7 Queens Gate, San Antonio, TX 78208

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME

Christina Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

4/15/2019

5 Full name of contributor

Steven Lee

☐ out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

970 Isom, San Antonio, TX 78216

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/19/2019

Full name of contributor

Christopher Ruszkowski

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

810 E. Palace Ave., Apt D, Santa Fe, NM 87501

Amount of contribution (\$)

\$26.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/2019

Full name of contributor

Steve Lewis

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

P. O. Box 5190, San Antonio, TX 78201

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/2019

Full name of contributor

San Antonio Kids First PAC

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

2034 W. Kings Hwy., San Antonio, TX 78201

Amount of contribution (\$)

\$5000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME

Christina Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

4/23/2019

5 Full name of contributor

Victoria Rico

☐ out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

127 E Lynwood, San Antonio, TX 78212

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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

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: 11	2 FILER NAME Christina Martinez	3 Filer ID (Ethics Commission Filers)
4 Date 3/27/2019	5 Payee name Esther Bravo	
6 Amount (\$) 273.60	7 Payee address; City; State; Zip Code 324 McKinley, San Antonio, TX 78210	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 3/27/2019	Payee name Rebecca Campa	
Amount (\$) 241.50	Payee address; City; State; Zip Code 357 Chickering, San Antonio, TX 78210	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	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 3/27/2019	Payee name Ryan Garcia	
Amount (\$) 500.00	Payee address; City; State; Zip Code 106 Applebee, San Antonio, TX 78211	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	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

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: 11	2 FILER NAME Christina Martinez	3 Filer ID (Ethics Commission Filers)
4 Date 3/27/2019	5 Payee name Daniel Guendulay	
6 Amount (\$) 185.50	7 Payee address; City; State; Zip Code 119 Los Arboles, San Antonio, TX 78214	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 3/31/2019	Payee name Home Depot	
Amount (\$) 44.49	Payee address; City; State; Zip Code 435 Sunset Rd West, San Antonio, TX 78209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other (Sign Installation Supplies)	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 3/31/2019	Payee name Firstmark Credit Union	
Amount (\$) 1.50	Payee address; City; State; Zip Code 122 Donaldson Ave, San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	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

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: 11	2 FILER NAME Christina Martinez	3 Filer ID (Ethics Commission Filers)
4 Date 4/4/2019	5 Payee name Ester Bravo	
6 Amount (\$) 175.40	7 Payee address; City; State; Zip Code 324 McKinley, San Antonio, TX 78210	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 4/4/2019	Payee name Rebecca Campa	
Amount (\$) 154.00	Payee address; City; State; Zip Code 357 Chickering, San Antonio, TX 78210	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 4/5/2019	Payee name Bert Santibañez	
Amount (\$) 500.00	Payee address; City; State; Zip Code 8050 Oakdell Way #3502, San Antonio, TX 78240	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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: 11	2 FILER NAME Christina Martinez	3 Filer ID (Ethics Commission Filers)
4 Date 4/8/2019	5 Payee name Lisa Rodriguez	
6 Amount (\$) 48.00	7 Payee address; City; State; Zip Code 126 Aztec, San Antonio, TX 78207	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 4/8/2019	Payee name Daniel Guendulay	
Amount (\$) 56.00	Payee address; City; State; Zip Code 119 Los Arboles, San Antonio, TX 78214	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	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 4/11/2019	Payee name Lisa Rodriguez	
Amount (\$) 98.00	Payee address; City; State; Zip Code 126 Aztec, San Antonio, TX 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	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		

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POLITICAL EXPENDITURES MADE 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: 11		2 FILER NAME Christina Martinez		3 Filer ID (Ethics Commission Filers)	
4 Date 4/11/2019		5 Payee name Rebecca Campa			
6 Amount (\$) 133.00		7 Payee address; City; State; Zip Code 357 Chickering, San Antonio, TX 78210			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/11/2019		Payee name Esther Bravo			
Amount (\$) 154.40		Payee address; City; State; Zip Code 324 McKinley, San Antonio, TX 78210			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		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 4/12/2019		Payee name Diana Perez			
Amount (\$) 104.00		Payee address; City; State; Zip Code PO Box 830983, San Antonio, TX 78283			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
11	Christina Martinez	
4 Date	5 Payee name	
4/15/2019	Edison Alumni	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
50.00	701 Santa Monica, San Antonio, TX 78212	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other (Donation to Fundraiser)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
4/16/2019	CSG, inc	
Amount (\$)	Payee address; City; State; Zip Code	
972.50	715 S St Mary's St, San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	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	Payee name	
4/17/2019	Ester Bravo	
Amount (\$)	Payee address; City; State; Zip Code	
242.10	324 McKinley, San Antonio, TX 78210	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	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

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: 11		2 FILER NAME Christina Martinez		3 Filer ID (Ethics Commission Filers)	
4 Date 4/17/2017		5 Payee name Rogelio Campa			
6 Amount (\$) 210.00		7 Payee address; City; State; Zip Code 357 Chickering, San Antonio, TX 78210			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4/17/2019		Payee name Diana Perez			
Amount (\$) 140.00		Payee address; City; State; Zip Code PO Box 830983, San Antonio, TX 78283			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		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	
Date 4/19/2019		Payee name Daniel Hernandez			
Amount (\$) 60.00		Payee address; City; State; Zip Code 1715 Bronte, San Antonio, TX 78207			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		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	

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POLITICAL EXPENDITURES MADE 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: 11		2 FILER NAME Christina Martinez		3 Filer ID (Ethics Commission Filers)	
4 Date 4/19/2019		5 Payee name Inez Garcia			
6 Amount (\$) 78.00		7 Payee address; City; State; Zip Code 1666 SW 19TH ST. SAN ANTONIO TX 78207			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4/19/2019		Payee name Isaac Ybarra			
Amount (\$) 88.70		Payee address; City; State; Zip Code 1666 SW 19TH SAN ANTONIO TX 78207			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		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	
Date 4/19/2019		Payee name 3D Screen Printing			
Amount (\$) 755.04		Payee address; City; State; Zip Code 8015 W. 2nd Street, Somerset, TX 78069			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		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	

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POLITICAL EXPENDITURES MADE 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: 11		2 FILER NAME Christina Martinez		3 Filer ID (Ethics Commission Filers)	
4 Date 4/23/2019		5 Payee name Home Depot			
6 Amount (\$) 36.57		7 Payee address; City; State; Zip Code 435 Sunset Rd West, San Antonio, TX 78209			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Other (Sign Installation Supplies)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4/4/2019		Payee name FedEx			
Amount (\$) 356.91		Payee address; City; State; Zip Code 4418 Broadway St, San Antonio, TX 78209			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		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	
Date 4/4/2019		Payee name USPS			
Amount (\$) 42.00		Payee address; City; State; Zip Code 10250 John Saunders Rd, San Antonio, TX 78246			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other (Postage)		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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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: 11	2 FILER NAME Christina Martinez	3 Filer ID (Ethics Commission Filers)
4 Date 4/23/2019	5 Payee name Frances Dewhurst	
6 Amount (\$) 94.70	7 Payee address; City; State; Zip Code PO Box 830983, San Antonio, TX 78283	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 4/23/2019	Payee name Lisa Rodriguez	
Amount (\$) 84.00	Payee address; City; State; Zip Code 126 Aztec, San Antonio, TX 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	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 4/23/2019	Payee name CSG, inc	
Amount (\$) 4,911.40	Payee address; City; State; Zip Code 715 S St Mary's St, San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	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

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: 11	2 FILER NAME Christina Martinez	3 Filer ID (Ethics Commission Filers)
4 Date 4/24/2019	5 Payee name PayPal	
6 Amount (\$) 198.15	7 Payee address; City; State; Zip Code 2211 North First Street, San Jose, CA, 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Office held	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <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		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Office held	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <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		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Office held	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		