#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 10 3 CANDIDATE/ MS / MRS / MR FIRST MI **OFFICEHOLDER** OFFICE USE ONLY Christina NAME Date Received NICKNAME LAST SUFFIX Martinez 4 CANDIDATE / ADDRESS / PO BOX. Jan. 18, 2022 At 5: 25pm APT / SUITE #. CITY STATE ZIP CODE **OFFICEHOLDER** PO Box 12237 MAILING San Antonio, TX 78212 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** OFFICEHOLDER Date Hand-delivered or Date Postmarked (210 758-3435 PHONE Receipt # 6 CAMPAIGN Amount \$ MS / MRS / MR FIRST **TREASURER** Mr. Colton NAME Date Processed NICKNAME LAST SUFFIX Date Imaged Powell STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #. 7 CAMPAIGN STATE ZIP CODE TREASURER 526 W. Agarita **ADDRESS** San Antonio, TX 78216 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officenoider Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Month COVERED 07 01 21 12 31 21 THROUGH 11 ELECTION **ELECTION DATE** ELECTION TYPE Primary Month Runoff Day Other Description General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) SAISD Trustee, District 6 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT HE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages

GO TO PAGE 2

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

SPECIFIC

## SUBTOTALS - C/OH

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

	FILER NAME  Oristina Martinez  20 Filer ID (Ethics	Commission	n Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		UBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	575.51
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE HE PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OF	4 \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	10.1
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	
			,

# 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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Fees
Food/Beverage Expense
Gift/Awards/Memonals 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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		,
1 Total pages Schedule F1: 2/7	2 FILER NAME Christina Martinez	42 At 1	3 Filer ID (Ethics	s Commission Filers)
4 Date 7/31/2021	5 Payee name Firstmark Credit Union	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nggo6	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
3.00	122 Donaldson Ave			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		***
PURPOSE OF EXPENDITURE	Fees aladed the obs	Bank Statemer	nt Fee	
	(c) Check if travel outside of Texas Complete Schedule T	Check if Austir	n. TX. officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
8/3/2021	Google Domains			
Amount (\$)	Payee address;	City;	State;	Zip Code
12.79	1600 Ampitheatre Parkway			
	Mountain View, CA 94043			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Google Websit	te	
OF EXPENDITURE				
40	Check if travel outside of Texas Complete Schedule T.	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			
8/31/2021	Firstmark Credit Union			
Amount (\$)	Payee address;	City;	State;	Zip Code
0.00	122 Donaldson Ave			
	San Antonio, TX 78201	Enter California		
	Category (See Categories listed at the top of this schedule)	Description	50 a. 6. p	
PURPOSE OF EXPENDITURE	Fees	Bank Statemen	t Fee	
	Check if travel outside of Texas Complete Schedule T	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 NEE	DED	

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**Reset Form** 

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)

Credit Gard Paymeni	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1 4/7	2 FILER NAME Christina Martinez	3 Filer ID (Et	hics Commission Filers)
4 Date 10/31/2021	5 Payee name Firstmark Credit Union	market y prichts in de	11 (11 %) political in
6 Amount (\$) 3.00	7 Payee address; 122 Donaldson Ave San Antonio, TX 78201	City; State,	Zip Code
PURPOSE OF EXPENDITURE			a sile osil Gorgin essaga
	(c) Check if travel outside of Texas Complete Schedule T	Texas Complete Schedule T. Check if Austin, TX, officeholder	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 10/7/2021	Payee name San Antonio Express-News	Se i Adrona Chesta	190825341
10/1/2021	Can Antonio Express-News		
Amount (\$) .99	Payee address; PO Box 80088 Prescott, AZ 86304	City; State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) News Subscription	Newspaper Subscription	1 1245-41 1 0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder li	ving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
11/3/2021	Google Domains		
Amount (\$) 12.79	Payee address: 1600 Ampitheatre Parkway Mountain View, CA 94043	City: State,	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Google Website	y gilleda The South Night in
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder li	ving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
i i	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	
orms provided by Texas Et	hics Com Poset Form cs.st	D	Revised 8/17/202

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## 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

ordan odiar ajmen	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1: 6/7	2 FILER NAME Christina Martinez		3 Filer ID (Ethic	s Commission Filers)	
4 Date 12/3/2021	5 Payee name Google Domains	nains			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
12.79	1600 Ampitheatre Parkway Mountain View, CA 94043			68 81	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Google Websi	te with	THE TOUGHT	
	(c) Check if travel outside of Texas Complete Schedule T.	Check if Aust	in, TX, officeholder living	j expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name	10	0 10% 100		
12/13/2021	HEB				
Amount (\$) 28.19	Payee address; 2818 Fredericksburg Rd San Antonio, TX 78201	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	Description SAISD Staff A	ppreciation E	vent	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX. officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date 12/13/2021	Payee name Bedoy's Bakery	pr. 18	in sampΩ()		
Amount (\$) 54.68	Payee address: 803 W Hildebrand #2127 San Antonio, TX 78212	City:	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description SAISD Staff Ap	opreciation E	vent	
	Check if travel outside of Texas. Complete Schedule T	Check if Aust	in, TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	note the special state of the	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		