## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Christina	мі <b>М</b>	OFFICE USE ONLY
TVANLE	NICKNAME	Martinez	SUFFIX	Date Received  Docning of 7/15/22
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 2219 Ramor	a San Antonio, Τλ	CITY; STATE; ZIP CODE ( 78201	Received 7/15/22 at 3:36 pm
Change of Address	ADEA CODE	DUONE NUMBER	EVTENDION	-
5 CANDIDATE/ OFFICEHOLDER PHONE	(210 )	7583435	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR Mr.	FIRST Colton	MI	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Bate Processes
		Powell		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	The Same of the second second	(NO PO BOX PLEASE); APT / SI BII Dr. SA TX 7822		STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE (719)	PHONE NUMBER 930-7466	EXTENSION	
9 REPORT TYPE	January 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year  1 / 1 / 22 THROUGH 6 / 30 / 22			
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	
	Month Day	Year Primary  General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	stee District 6	13 OFFICE SOUGHT (if know	n)
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUFT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLED CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDIT			
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME San Antonio Kids Firs	t	
Additional Pages  GENERAL  COMMITTEE ADDRESS  4007 McCullough Ave.  COMMITTEE CAMPAIGN TREASURER NAME		allough Ave. U	nt 481 78212-2	
	SPECIFIC	Sarah H	arte	
		4007 MCC	ullough Are. Ur	not 481 78212-2420
		<b>GO TO</b>	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Christina Martinez		16 Filer I	ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N.	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	5)	\$ 2	,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDITURES		\$ 1	,431.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY	\$ 1	,522.88
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	OF THE	\$	
Not	Signature of C STATE OF TEXAS ary ID# 13212100-5 formm. Exp. 8-07-2023		or Officeholde	er
(1) Affidavit				
NOTARY STAMP/SEA  Sworn to and subscribed  20, to certify  Signature of officer administe	before me by this the which, witness my hand and seal of office.  There sa Mendoza		day of	Tuly,
	OR			
(2) Unsworn Declaration	on			
My name is	, and my date of birth is	s		
My address is				
	the second of th	(A)	zip code)	
Executed in	County, State of , on the day of (mont	th)	_, 20 (year)	ř.
	Signature of Cand	lidate/Office	eholder (Decl	arant)

## **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Et	thics Commiss	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,500
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	1,431.90
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ıs \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	ED \$	

### 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 comple	ete this form.	1 Total pages Schedule A1:
2 FILER NAME Christina	Martinez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
06/14/2022	6 Contributor address; City;	State; Zip Code	2,500
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-s	state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	etions)
Date	Full name of contributor out-of-s	state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor out-of-	state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
类			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## 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

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Gard Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Christina Martinez		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
01/12/2022	Square Space			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
155.88	8 Clarkson St New York, NY 10014, I	USA. New York	City	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising Expense			
OF EXPENDITURE	3650 171			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	ı expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			=
01/17/2022	Express News			
Amount (\$)	Payee address;	City;	State;	Zip Code
15.96	420 Broadway, San Antonio, TX 7820	5		2.1
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	other			
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	a expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	000000000000000000000000000000000000000	Office held
expenditure to benefit C/Oh				
Date	Payee name			
02/14/0200	Express News			
Amount (\$)	Payee address;	City;	State;	Zip Code
1E 0C	420 Broadway, San Antonio, TX 7820	5		
15.96	The second section of the second second section of the second section of the second section of the second section sect			
	Category (See Calegories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
- 155 (Kobusan) (1567-7577-16)	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living	ı expense
Complete ONLY if disc-1	Candidate / Officeholder name	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/Oh		Office sought		Cilido field
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

### 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/Wards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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 co	omplete this form.	Other (enter a catego	ry nochaica above)
1 Total pages Schedule F1:	2 FILER NAME Christina Martinez		3 Filer ID (Ethics	Commission Filers)
4 Date 03/14/2022	5 Payee name Express News			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
15.96	420 Broadway, San Antonio, TX 7820	05		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	other			
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	r .	Ti .	
04/11/2022	Express News			
Amount (\$)	Payee address;	City;	State;	Zip Code
15.96	420 Broadway, San Antonio, TX 7820	05		
	Category (See Categories listed at the top of this schedule) other	Description		
PURPOSE OF	Other			
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	2
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/09/2022	ENews			
03/03/2022	Express News			
Amount (\$)	Payee address;	City;	State;	Zip Code
15.96	420 Broadway, San Antonio, TX 7820	5		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE		Į#		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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 NEI	EDED	

## 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel In District
Travel Out Of District
Other (enter a category not liste

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W  The Instruction Guide explains how to committee	ages/Contract Labor	Other (enter a category not listed above)		
		omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME Christina Martinez		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
06/06/2022	Express News				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
15.96	420 Broadway, San Antonio, TX 7820	05			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	other				
OF EXPENDITURE					
EXPENDITORE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF			Samura di provincia		
Date	Payee name				
06/16/2022	Party City				
Amount (\$)	Payee address;	City;	State; Zip Code		
	NW LOOP 410 SAN ANTONIO TX				
51.10					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	event expense				
OF	The state of the s				
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
06/46/2022					
06/16/2022	Evergreen Gardens				
Amount (\$)	Payee address;	City;	State; Zip Code		
270.62	420 Broadway, San Antonio, TX 7820	95			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	event expense				
OF	and the state of t				
EXPENDITURE	EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.		in, 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 NEI	EDED		

### 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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Christina Martinez 5 Payee name 4 Date 06/17/2022 Los Barrios Zip Code 6 Amount (\$) 7 Payee address; City; State: 4223 Blanco Rd, San Antonio, TX 78212 712.55 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 food/beverage expense event **PURPOSE EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name The County Line 06/22/2022 City; State; Zip Code Amount (\$) Payee address; 10101 W Interstate 10, San Antonio, TX 78230. 145.99 Description Category (See Categories listed at the top of this schedule) food/beverage expense **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City; State: Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED