# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

|   |                                     |   | 4 File ID (5): 0                                |   |
|---|-------------------------------------|---|---|---|
| The C/OH Instruction  | Guide explains how                  | to complete this form.                                  | 1 Filer ID (Ethics Commission Filers)           | 2 Total pages filed:  |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                         | MS / MRS / MR FIRST MI<br>Christina |   | OFFICE USE ONLY                                 |   |
| NAME  | NICKNAME                            | LAST<br><b>Martinez</b>                                 | SUFFIX  | Received Via.   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address | ADDRESS / PO BOX                    | : APT / SUITE #; C<br>Ramona San Antonio,               | CITY; STATE; ZIP CODE TX 78201                  | Keceived via<br>email on 4/28/23<br>at 4:57pm   |
| 6 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | AREA CODE<br>( 210) 75              | PHONE NUMBER<br>8-3435                                  | EXTENSION                                       | Date Hand-delivered or Date Postmarked  |
| 6 CAMPAIGN<br>TREASURER                                       | MS / MRS / MR                       | FIRST   | МІ  | Receipt #   Amount \$   |
| NAME  | NICKNAME                            | Powell  | SUFFIX  | Date Imaged   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) | 2003 177600                         | (NO PO BOX PLEASE); APT / SU<br>vell Dr. San Antonio, T |   | STATE: ZIP CODE   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE ( 719 ) 93                | PHONE NUMBER 0-7466                                     | EXTENSION                                       |   |
| 9 REPORT TYPE   | January 15 July 15                  | X 8th day before ele                                    |   | 15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)                              |
| 10 PERIOD<br>COVERED  | Month<br>3                          | Day Year / 27 / 23                                      | Month THROUGH 4                                 | Day Year / 23   |
| 11 ELECTION   | Month Day                           | Year Primary  23 X General                              | Runoff Other Description                        |   |
| 12 OFFICE   | OFFICE HELD (if any) SAISD Boar     | rd Trustee 6  | 13 OFFICE SOUGHT (if known                      | 1)  |
| 14 NOTICE FROM<br>POLITICAL                                   | THE CANDIDATE / OFFIC               | CEHOLDER. THESE EXPENDITURES                            | S MAY HAVE BEEN MADE WITHOUT THE CAN            | IADE BY POLITICAL COMMITTEES TO SUPPORT<br>DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR<br>THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| COMMITTEE(S)  | COMMITTEE TYPE                      | COMMITTEE NAME KIDS F                                   | irst PAC  |   |
| Additional Pages  | GENERAL                             |   | ullough Avenue, San Antonio                     | , TX 78202  |
|   | SPECIFIC                            | Sarah Har   |   |   |
|   |                                     | COMMITTEE CAMPAIGN TRE<br>4007 McCu                     | easurer address<br>illough Avenue, San Antonio, | TX 78202  |
|   |                                     | GO TO   | PAGE 2  |   |

#### SUBTOTALS - C/OH

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

| 19  | FILER NAME   | nmission Filers) |                    |  |  |  |
|-----|--|------------------|--------------------|--|--|--|
| 21  | SCHEDULE SUBTOTALS NAME OF SCHEDULE  |                  | SUBTOTAL<br>AMOUNT |  |  |  |
| 1.  | X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                    |                  |                    |  |  |  |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        |                  | \$                 |  |  |  |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  |                  | \$                 |  |  |  |
| 4.  | SCHEDULE E: LOANS  |                  | \$                 |  |  |  |
| 5.  | X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO                       | NTRIBUTIONS      | \$8,806.04         |  |  |  |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |                  |                    |  |  |  |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL                           | \$               |                    |  |  |  |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      |                  |                    |  |  |  |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU                           | \$               |                    |  |  |  |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        |                  |                    |  |  |  |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO                      | ONTRIBUTIONS     | \$                 |  |  |  |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |                  |                    |  |  |  |

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| 16 C/OH NAME                    |   | 16   | Filer ID (Ethics Commission Filers)      |
|---------------------------------|---|--|--|
| 17 CONTRIBUTION<br>TOTALS       | TOTAL UNITEMIZED POLITICA     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELEC            | \$   |  |
|                                 | 2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LOAN  | BUTIONS<br>NS. OR GUARANTEES OF LOANS)   | \$ 28,322.00                             |
| EXPENDITURE<br>TOTALS           | 3. TOTAL UNITEMIZED POLITICA  | L EXPENDITURE.   | \$                                       |
|                                 | 4. TOTAL POLITICAL EXPENDI  | TURES  | \$ 8,806.04                              |
| CONTRIBUTION<br>BALANCE         | TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD   | IONS MAINTAINED AS OF THE LAST I   | \$19,515.96                              |
| OUTSTANDING<br>LOAN TOTALS      | TOTAL PRINCIPAL AMOUNT OF<br>LAST DAY OF THE REPORTING  | FALL OUTSTANDING LOANS AS OF T<br>3 PERIOD   | HE \$                                    |
|                                 | wear, or affirm, under penalty of perjury, the quired to be reported by me under Title 15, E. |  | and correct and includes all information |
|                                 |   | Christina M  | lartines                                 |
|                                 |   |  | idate or Officeholder                    |
|                                 |   | 5.9.10.00  |  |
|                                 |   |  |  |
|                                 | Diago comp  | lata aithar antian halaw   |  |
|                                 | riease comp   | lete either option below:  |  |
|                                 |   |  |  |
|                                 |   |  |  |
| (1) Affidavit                   |   |  |  |
|                                 |   |  |  |
| NOTARY STAMP/SEA                | L   |  | N .                                      |
| Sworn to and subscribed         | before me by  | this the   | day of,                                  |
|                                 | which, witness my hand and seal of office.  |  |  |
|                                 |   |  |  |
| Signature of officer administer | ering oath Printed name of office   | cer administering oath   | Title of officer administering oath      |
|                                 | THE PERSON NAMED IN COLUMN  | OR   |  |
| (2) Unsworn Declarati           | on  |  |  |
| My name is Chris                | tina M. Martinez  | , and my date of birth is  | 11/04/1070                               |
| 37/                             | 219 Ramona  | San Antonio . T  |  |
| , address is                    | (street)  |  | te) (zip code) (country)                 |
| Executed in Bexar               | County, State ofTexas   |  | . 20 23                                  |
|                                 |   | (month)  | Martinez                                 |
|                                 |   | THE STATE OF THE S | e/Officeholder (Declarant)               |
|                                 |   | - Commercial and Comm |  |

#### SCHEDULE A1

| 9            | The Instruction Guide explains how             | to complete this   | form.   |                             | 1 Total pages Schedule A1:            |  |
|--------------|--|--|---------|-----------------------------|---------------------------------------|--|
| FILER NA     | ME<br>Christina Martinez                       |  | -       |                             | 3 Filer ID (Ethics Commission Filers) |  |
| 3/27/23      | 5 Full name of contributor<br>Susan Jones      | out-of-state PAC   |         |                             | 7 Amount of contribution (\$)         |  |
| 5/2/125      | 6 Contributor address;<br>1013 Ripley Ave      | San Antonio TX 78212   |         |                             | \$20.00                               |  |
| Principal o  | eccupation / Job title (See Instructions)      |  | 9 Empl  | oyer (See Instructi         | ons)                                  |  |
| Date         | Full name of contributor  Leticia Ozuna        | A TOTAL CONTRACTOR OF THE PARTY |         | Amount of contribution (\$) |                                       |  |
| 3/31/23      | 1504 Malijalav Ava                             |  | State;  | Zip Code<br>78210           | \$100.00                              |  |
| Principal oc | ccupation / Job title (See Instructions)       |  | Empl    | oyer (See Instruction       | ons)                                  |  |
| Date         | Full name of contributor  Michael MacNaughton  | Out-of-state PAC (ID#:)  |         |                             | Amount of contribution (\$)           |  |
| 1/1/23       | Contributor address;<br>20031 Encino Ridge St. | City;<br>San Antonio   | State;  | Zip Code<br>78259           | \$200.00                              |  |
| Principal oc | ccupation / Job title (See Instructions)       |  | Empl    | oyer (See Instruction       | ons)                                  |  |
| Date         | Full name of contributor Rachel Stone          | Out-of-state PAC   | No mule |                             | Amount of contribution (\$)           |  |
| 14123        | Contributor address; 318 Leroy St.             | City;<br>Ferndale  | State;  | Zip Code<br>48220           | \$500.00                              |  |
| Principal oc | ccupation / Job title (See Instructions)       |  | Empl    | oyer (See Instructi         | ons)                                  |  |
|              |  | -  |         |                             |                                       |  |
|              |  |  |         |                             |                                       |  |

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

## SCHEDULE A1

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

| FU == 1111    | -  |                     |              |                             |   |
|---------------|--|---------------------|--------------|-----------------------------|---|
| FILER NAM     | Christina Martinez   |                     |              |                             | 3 Filer ID (Ethics Commission Filers)     |
| Date 114/23   | Jack Hebdon  | out-of-state PAC    | 0            |                             | 7 Amount of contribution (\$)<br>\$250.00 |
|               | 6 Contributor address:<br>8102 Nufy Ridge S                            | city;<br>an Antonio | State;<br>TX | Zip Code<br>78209           |   |
| Principal oc  | ccupation / Job title (See Instructions)                               |                     | 9 Empl       | oyer (See Instruct          | ions)                                     |
| Date          | Full name of contributor  Doug King                                    | out-of-state PAC    | (ID#:        |                             | Amount of contribution (\$)               |
| 1/14/23       | Contributor address;   | City;               | State;       | Zip Code                    | \$250.00                                  |
|               | 3500 Fairmount St., #122   | Dallas              | TX           | 75219                       |   |
| Principal occ | cupation / Job title (See Instructions)                                |                     | Emple        | oyer (See Instruction       | ions)                                     |
| Date          | Pate Full name of contributor out-of-state PAC (ID#:)  Antoinette Hill |                     | )            | Amount of contribution (\$) |   |
| 4/17/23       | Contributor address; 623 Evans Ave. San                                | City:<br>n Antonio  | State;<br>TX | Zip Code<br>78209           | \$50.00                                   |
| Principal occ | cupation / Job title (See Instructions)                                |                     | Empl         | oyer (See Instruct          | ions)                                     |
| Date          | Full name of contributor   | out-of-state PAC    | AC (ID#:)    |                             | Amount of contribution (\$)               |
| 4/20/23       | Contributor address;   | City;               | State:       | Zip Code                    | \$50.00                                   |
| 4/20/20       |  | San Antonio         | TX           | 78264                       |   |
| Principal occ | cupation / Job title (See Instructions)                                |                     | Empl         | oyer (See Instruct          | ions)                                     |
|               |  |                     |              |                             |   |
|               |  |                     |              |                             |   |
|               |  |                     |              |                             |   |
|               |  |                     |              |                             |   |

#### SCHEDULE A1

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

|                | e Instruction Guide explains how  | to complete th          | nis form.                | 1 Total pages Schedule A1:            |
|----------------|---|-------------------------|--------------------------|---------------------------------------|
| FILER NAME     | Christina Martinez  |                         |                          | 3 Filer ID (Ethics Commission Filers) |
| Date           | 5 Full name of contributor<br>Andrew Casillas                             | out-of-state f          |                          | 7 Amount of contribution (\$)         |
| 4/21/23        | 6 Contributor address;<br>229 W Rosewood                                  | City;                   | State; Zip Code          | \$50                                  |
| Principal occ  | upation / Job title (See Instructions)                                    |                         | 9 Employer (See Instruct | tions)                                |
| Date           | Full name of contributor Jennifer Maestras                                | out-of-state PAC (ID#:) |                          | Amount of contribution (\$)           |
| 4/23/23        | Contributor address;<br>207 Furr Dr.                                      | City;                   | State; Zip Code          | \$200                                 |
| Principal occu | upation / Job title (See Instructions)                                    |                         | Employer (See Instruct   | ions)                                 |
| Date           | Date Full name of contributor out-of-state PAC (ID#:) Christopher Carmona |                         | PAC (ID#:)               | Amount of contribution (\$)           |
| 4/24/23        | Contributor address; 13815 Bent Ridge Dr.                                 | City;                   | State; Zip Code          | \$100                                 |
| Principal occu | upation / Job title (See Instructions)                                    |                         | Employer (See Instruct   | tions)                                |
| Date           | Full name of contributor<br>Deb and Rex Amini                             | ut-of-state F           | PAC (ID#:)               | Amount of contribution (\$)           |
| 4/11/23        | Contributor address;  | City:                   | State; Zip Code          | \$2,500                               |
|                | upation / Job title (See Instructions)                                    |                         | Employer (See Instruc    | tions)                                |

#### SCHEDULE A1

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

|                | acested information is not applic              |  |                               |                                       |
|----------------|--|--|-------------------------------|---------------------------------------|
| Т              | he Instruction Guide explains ho               | w to complete th   | nis form.                     | 1 Total pages Schedule A1:            |
| 2 FILER NAM    | ME<br>Christina Martinez                       |  |                               | 3 Filer ID (Ethics Commission Filers) |
| 4 Date         | 5 Full name of contributor                     |  | 7 Amount of contribution (\$) |                                       |
| 4/11/23        | 6 Contributor address:<br>422 College Blvd San | City;  | State; Zip Code               | \$1,000                               |
| 8 Principal oc | ccupation / Job title (See Instructions        |  | 9 Employer (See Instruc       | ctions)                               |
|                |  |  |                               |                                       |
| Date           | Full name of contributor<br>SA Kids First PAC  | - 1 (1997年 - 1997年 - 1 |                               | Amount of contribution (\$)           |
| 4/21/23        | Contributor address;                           | City;  | State; Zip Code               | \$22,552.38                           |
| Principal occ  | cupation / Job title (See Instructions         | )  | Employer (See Instruc         | tions)                                |
| Date 4/21/23   | Ernest Bromley                                 |  | PAC (ID#:)                    | Amount of contribution (\$)           |
| 1121720        | Contributor address;                           | City:  | State; Zip Code               | \$500                                 |
| Principal occ  | cupation / Job title (See Instructions         | )  | Employer (See Instruc         | tions)                                |
| Date           | Full name of contributor                       | out-of-state P   | PAC (ID#:)                    | Amount of contribution (\$)           |
|                | Contributor address;                           | City;  | State; Zip Code               |                                       |
| Principal occ  | <br>cupation / Job title (See Instructions     | )  | Employer (See Instruc         | ctions)                               |
|                |  |  |                               |                                       |
|                |  |  |                               |                                       |
|                |  |  |                               |                                       |
|                | ATTACH ADD                                     |  | S OF THIS SCHEDULE AS N       |                                       |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

#### 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

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| Contributions/Donations Made B<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   | Vages/Contract Labor | Other (enter a categorial  |                      |  |
|--|---|----------------------|--|----------------------|--|
| Total pages Schedule F1:   | Christina Martinez  |                      |  | s Commission Filers) |  |
| Date<br>4/1/23   | 5 Payee name<br>Panaderia Jimenez Coffee  |                      |  |                      |  |
| Amount (\$)  | 7 Payee address;  | City;                | State;   | Zip Code             |  |
| \$26.27  | 1846 Fredericksburg Rd  | San Antonio          | TX   | 78201                |  |
| PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)  Event Expense                         | (b) Description      |  |                      |  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.  | Check if Austin,     | TX, officeholder living  | axpense              |  |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office sought        |   | Office held          |  |                      |  |
| Date   | Payee name  |                      | THE PROPERTY OF THE PARTY OF TH |                      |  |
| 4/3/23   | Jennifer Longoria   |                      |  |                      |  |
| Amount (\$)  | Payee address;  | City;                | State;   | Zip Code             |  |
| \$1,250  | 403 Basswood Dr.  | San Antonio          | TX   |                      |  |
|  | Category (See Categories listed at the top of this schedule)  | Description          |  |                      |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Consulting  | Data/Field           |  |                      |  |
|  | 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          |  |
| Date   | Payee name  |                      |  |                      |  |
| 4/4/23   | CSG Inc   |                      |  |                      |  |
| Amount (\$)  | Payee address;  | City:                | State;   | Zip Code             |  |
| \$2,676.20   | 212 W. Laurel St.   | San Antonio          | TX   | 78212                |  |
|  | Category (See Categories listed at the top of this schedule)  | Description          |  |                      |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Consulting  |                      |  |                      |  |
|  | 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          |  |

## 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 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

| Total pages Schedule F1:                            | 2 FILER NAME<br>Christina Martinez   | 3 Filer ID (Ethics                   | Commission Filers)            |                   |
|---|--|--------------------------------------|-------------------------------|-------------------|
| Date 4/10/23  | 5 Payee name<br>San Antonio Express News   |                                      |                               |                   |
| Amount (\$)<br>\$23.96                              | 7 Payee address: 420 Broadway  | City;<br>San Antonio                 | State;<br>TX                  | Zip Code<br>78205 |
| PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)  Fees  (c) Check if travel outside of Texas. Complete Schedule I.     | (b) Description  Monthly News        | S  1, TX, officeholder living |                   |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought                        | i, ix, uncertainer namy       | Office held       |
| Date<br>4/19/23                                     | Payee name  JVC Media LLC  |                                      |                               |                   |
| Amount (\$)<br>\$359.49                             | Payee address; 7113 San Pedro Ave Suite 391  | City;<br>San Antonio                 | State;                        | Zip Code<br>78216 |
| PURPOSE<br>OF<br>EXPENDITURE                        | Category (See Categories listed at the top of this schedule)  Printing expense  Check if travel outside of Texas. Complete Schedule T. | Description Tshirts  Check if Austin | n, TX, afficeholder living    | expense           |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name  | Office sought                        |                               | Office held       |
| Date 4/22/23  | Payee name<br>HEB #385   |                                      |                               |                   |
| Amount (\$)<br>\$94.17                              | Payee address; 300 W Olmos Rd San Antonio, TX 78212  | City:                                | State;                        | Zip Code          |
| PURPOSE<br>OF<br>EXPENDITURE                        | Category (See Categories listed at the top of this schedule)  Event Expense  | Description<br>Blockwa               | lking                         |                   |
|   | Check if travel outside of Texas. Complete Schedule T.   | Check if Austin                      | n, TX, officeholder living    | expense           |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name  | Office sought                        |                               | Office held       |

## 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 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
Others (expense and listed above)

| Total pages Schedule F1:                                   | 2 FILER NAME<br>Christina Martinez  | 3 Filer ID (Ethics Commission Filers) |                                      |  |
|--|---|---------------------------------------|--------------------------------------|--|
| Date<br>4/22/23  | 5 Payee name<br>Chavelita's Restaurant  |                                       |                                      |  |
| Amount (\$)<br>\$139.15                                    | <ul><li>7 Payee address;</li><li>814 West Ave San Antonio, TX 78201</li></ul>   | City;                                 | State; Zip Code                      |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)  Event Expense | (b) Description  Blockw               | /alking                              |  |
|  | (c) Check if travel outside of Texas. Complete Schedule 1.                      | Check if Austi                        | in, TX, afficeholder living expense  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought                         | Office held                          |  |
| Date<br>4/24/23  | Payee name<br>CSG Inc   |                                       |                                      |  |
| Amount (\$)<br>\$4,000                                     | Payee address; 212 W. Laurel San Antonio, TX 78212                              | Gity;                                 | State; Zip Code                      |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)  Consulting        | Description                           |                                      |  |
|  | Check if travel outside of Texas. Complete Schedule T.                          | Check if Aust                         | in, TX, officeholder living expense  |  |
| Complete ONLY if direct expenditure to benefit C/Oh        | Candidate / Officeholder name   | Office sought                         | Office held                          |  |
| Date<br>4/24/23  | Payee name The Rose Bush  |                                       |                                      |  |
| Amount (\$)<br>\$236.80                                    | Payee address; 2301 San Pedro Ave San Antonio, TX 7                             | City;<br>8212                         | State; Zip Code                      |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)  Event Expense     | Description<br>Rental                 |                                      |  |
|  | Check if travel outside of Texas. Complete Schedule T.                          | Check if Aust                         | lin, TX, officeholder living expense |  |
| Complete ONLY if direct expenditure to benefit C/O         | Candidate / Officeholder name   | Office sought                         | Office held                          |  |