

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:							
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Christina	MI	OFFICE USE ONLY Date Received 5/17/24 4pm <hr/> Date Hand-delivered or Date Postmarked <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Receipt #</td> <td style="width: 50%; border: none;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
	Receipt #	Amount \$								
Date Processed										
Date Imaged										
NICKNAME	LAST Martinez	SUFFIX								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2219 Ramona San Antonio, TX 78201									
	AREA CODE PHONE NUMBER EXTENSION (210) 758-3435									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Colton	MI							
	NICKNAME	LAST Powell	SUFFIX							
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 115 Cromwell SATX 78228									
	AREA CODE PHONE NUMBER EXTENSION (719) 930-7466									
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>									
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 7 / 1 / 23 </div> <div>THROUGH</div> <div> Month Day Year 12 / 31 / 23 </div> </div>									
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special							
12 OFFICE	OFFICE HELD (if any) SAISD School Board District 6		13 OFFICE SOUGHT (if known)							
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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.									
	COMMITTEE TYPE	COMMITTEE NAME								
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS								
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRESS								

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
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15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 667.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,765.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Christina Martinez

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Christina Martinez, and my date of birth is 11/04/1979.
My address is 2219 Ramona, San Antonio, TX, 78201, USA.

(street)

(city)

(state)

(zip code)

(country)

Executed in Bexar County County, State of Texas, on the 16 day of May, 2024.

(month)

(year)

Christina Martinez

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$

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

\$

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 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 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
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:	2 FILER NAME <i>Christina Martinez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>July-Dec. 23</i>	5 Payee name <i>Express News</i>	
6 Amount (\$) <i>143.76</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Office</i>	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. 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 <i>7/14/2023</i>	Payee name <i>Latrelles</i>	
Amount (\$) <i>39.65</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / beverage</i>	Description <i>travel out of district</i>
	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 <i>7/15/2023</i>	Payee name <i>Lyft</i>	
Amount (\$) <i>\$62.10</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>food / beverage</i>	Description <i>travel out of district</i>
	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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:		2 FILER NAME <i>Christina Martinez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>5-17-2023</i>		5 Payee name <i>San Antonio Airport</i>			
6 Amount (\$) <i>40.00</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>travel out of district</i>		(b) Description <i>Conference</i>		
	(c) Check if travel outside of Texas. Complete Schedule T.		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 <i>5-17-2023</i>		Payee name <i>St. Louis Brewmstr.</i>			
Amount (\$) <i>\$49.53</i>		Payee address; City; State; Zip Code <i>St. Louis</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / beverage</i>		Description <i>Conference</i> <i>travel out of district</i>		
	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 <i>July 18-2023</i>		Payee name <i>Lyft</i>			
Amount (\$) <i>\$80.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>travel out of district</i>		Description <i>Conference</i>		
	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	

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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
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:		2 FILER NAME <i>Christina Martinez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>7-17-2023</i>		5 Payee name <i>HEB</i>			
6 Amount (\$) <i>368.92</i>		7 Payee address; City; State; Zip Code <i>Olmos</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/beverage</i>		(b) Description <i>district event, principal appreciation</i>		
	(c) Check if travel outside of Texas. Complete Schedule T.		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 <i>7-20-23</i>		Payee name <i>Rose Bush</i>			
Amount (\$) <i>\$129.00</i>		Payee address; City; State; Zip Code <i>San Pedro</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense</i>		Description <i>principal appreciation</i>		
	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 <i>7-20-23</i>		Payee name <i>Malik's / Krab Kings / Panaderia Jimenez</i>			
Amount (\$) <i>\$375.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/beverage</i>		Description <i>principal appreciation</i>		
	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	

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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
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:		2 FILER NAME <i>Christina Martinez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8-15-2023</i>		5 Payee name <i>Square Space</i>			
6 Amount (\$) <i>\$179.09</i>		7 Payee address;		City; <i>NY</i>	State; <i>NY</i> Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense</i>		(b) Description <i>candidate website</i>		
	(c) Check if travel outside of Texas. Complete Schedule T.		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 <i>11-15-2023</i>		Payee name <i>Panaderia Jimenez</i>			
Amount (\$)		Payee address;		City; <i>Fredericksburg</i>	State; <i>TX</i> Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/beverage</i>		Description <i>campus delivery cookies</i>		
	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 <i>11-18-2023</i>		Payee name <i>Blayne's</i>			
Amount (\$) <i>\$330.14</i>		Payee address;		City; <i>Commerce</i>	State; <i>TX</i> Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/beverage</i>		Description <i>Staff/district appreciation event</i>		
	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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					