

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: 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|---|---------------------------------|--|----------------------------------|--|--|--|---------------------------------|--|--|----|-----------------|----------------------------------|----------------------------------|--|---|--|-----------------|--|---|--|--|--|-----------|-----------|----------------|--|-------------|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:30%; font-size: 0.8em;">FIRST</td> <td style="width:30%; font-size: 0.8em;">MI</td> </tr> <tr> <td style="text-align: center;">Mr.</td> <td style="text-align: center;">John</td> <td style="text-align: center;">B</td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Martinez</td> <td></td> </tr> </table> | MS / MRS / MR | FIRST | MI | Mr. | John | B | NICKNAME | LAST | SUFFIX | | Martinez | | <table style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Received</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Filed 1/15/2021</td> </tr> <tr> <td colspan="2" style="padding: 5px; color: blue; font-size: 1.5em;"><i>R Huerta</i></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Rebecca Huerta City Secretary</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td style="width:50%; padding: 5px;">Receipt #</td> <td style="width:50%; padding: 5px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Imaged</td> </tr> </table> | | OFFICE USE ONLY | | Date Received | | Date Filed 1/15/2021 | | <i>R Huerta</i> | | Rebecca Huerta City Secretary | | Date Hand-delivered or Date Postmarked | | Receipt # | Amount \$ | Date Processed | | Date Imaged | |
| MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mr. | John | B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Martinez | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Received | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Filed 1/15/2021 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>R Huerta</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rebecca Huerta City Secretary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Hand-delivered or Date Postmarked | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Receipt # | Amount \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Processed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Imaged | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 0.8em;">ADDRESS / PO BOX;</td> <td style="width:25%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width:25%; font-size: 0.8em;">CITY;</td> <td style="width:10%; font-size: 0.8em;">STATE;</td> <td style="width:15%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td style="text-align: center;">719 S. Shoreline</td> <td style="text-align: center;">Corpus Christi</td> <td style="text-align: center;">TX</td> <td></td> <td style="text-align: center;">78401</td> </tr> </table> <input type="checkbox"/> Change of Address | | | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | 719 S. Shoreline | Corpus Christi | TX | | 78401 | | | | | | | | | | | | | | | | | | | | |
| ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 719 S. Shoreline | Corpus Christi | TX | | 78401 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 0.8em;">AREA CODE</td> <td style="width:40%; font-size: 0.8em;">PHONE NUMBER</td> <td style="width:35%; font-size: 0.8em;">EXTENSION</td> </tr> <tr> <td style="text-align: center;">(361)</td> <td style="text-align: center;">658-9848</td> <td></td> </tr> </table> | | | AREA CODE | PHONE NUMBER | EXTENSION | (361) | 658-9848 | | | | | | | | | | | | | | | | | | | | | | | | | |
| AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (361) | 658-9848 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:30%; font-size: 0.8em;">FIRST</td> <td style="width:30%; font-size: 0.8em;">MI</td> </tr> <tr> <td style="text-align: center;">Mr.</td> <td style="text-align: center;">Wayne</td> <td style="text-align: center;">A</td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Lundquist</td> <td></td> </tr> </table> | MS / MRS / MR | FIRST | MI | Mr. | Wayne | A | NICKNAME | LAST | SUFFIX | | Lundquist | | | | | | | | | | | | | | | | | | | | | |
| MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mr. | Wayne | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Lundquist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; font-size: 0.8em;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width:20%; font-size: 0.8em;">CITY;</td> <td style="width:10%; font-size: 0.8em;">STATE;</td> <td style="width:10%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td style="text-align: center;">700 Everhart F-11</td> <td></td> <td style="text-align: center;">Corpus Christi</td> <td style="text-align: center;">TX</td> <td style="text-align: center;">78411</td> </tr> </table> | | | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | 700 Everhart F-11 | | Corpus Christi | TX | 78411 | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 700 Everhart F-11 | | Corpus Christi | TX | 78411 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 0.8em;">AREA CODE</td> <td style="width:40%; font-size: 0.8em;">PHONE NUMBER</td> <td style="width:35%; font-size: 0.8em;">EXTENSION</td> </tr> <tr> <td style="text-align: center;">(361)</td> <td style="text-align: center;">854-4448</td> <td></td> </tr> </table> | | | AREA CODE | PHONE NUMBER | EXTENSION | (361) | 854-4448 | | | | | | | | | | | | | | | | | | | | | | | | | |
| AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (361) | 854-4448 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 REPORT TYPE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input checked="" type="checkbox"/> January 15</td> <td style="width:25%;"><input type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> | | | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 PERIOD COVERED | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 0.8em;">Month</td> <td style="width:10%; font-size: 0.8em;">Day</td> <td style="width:15%; font-size: 0.8em;">Year</td> <td style="width:10%; font-size: 0.8em;">THROUGH</td> <td style="width:10%; font-size: 0.8em;">Month</td> <td style="width:10%; font-size: 0.8em;">Day</td> <td style="width:15%; font-size: 0.8em;">Year</td> </tr> <tr> <td style="text-align: center;">10</td> <td style="text-align: center;">/ 25</td> <td style="text-align: center;">/ 2020</td> <td></td> <td style="text-align: center;">01</td> <td style="text-align: center;">/ 15</td> <td style="text-align: center;">/ 2021</td> </tr> </table> | | | Month | Day | Year | THROUGH | Month | Day | Year | 10 | / 25 | / 2020 | | 01 | / 15 | / 2021 | | | | | | | | | | | | | | | | |
| Month | Day | Year | THROUGH | Month | Day | Year | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | / 25 | / 2020 | | 01 | / 15 | / 2021 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 ELECTION | <table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 0.8em;">ELECTION DATE</td> <td colspan="3" style="font-size: 0.8em;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 0.8em;">Month</td> <td style="font-size: 0.8em;">Day</td> <td style="font-size: 0.8em;">Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td></td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table> | ELECTION DATE | | | ELECTION TYPE | | | Month | Day | Year | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | / | / | | <input type="checkbox"/> General | <input type="checkbox"/> Special | | | | | | | | | | | | | | | |
| ELECTION DATE | | | ELECTION TYPE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Day | Year | <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) Corpus Christi City Council At Large | 13 OFFICE SOUGHT (if known) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

GO TO PAGE 2

SCANNED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

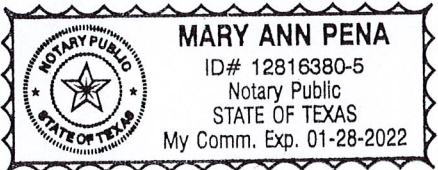
FORM C/OH
COVER SHEET PG 2

| | |
|--------------------------------------|---|
| 14 C/OH NAME John Martinez | 15 Filer ID (Ethics Commission Filers) |
|--------------------------------------|---|

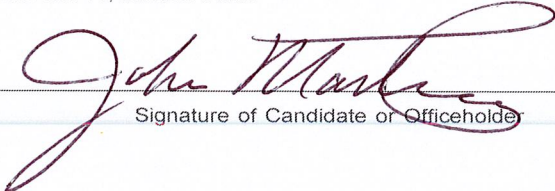
| | | |
|---|---|--------------------------------------|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE 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. | |
| | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|--------------------------------|---|---------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1,250.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 5,039.42 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ (6,818.26) |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 6,818.26 |

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.


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Martinez, this the 15th day of January, 2021, to certify which, witness my hand and seal of office.

Mary Ann Peña
Signature of officer administering oath

Mary Ann Peña
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 John Martinez | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,250.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ 6,818.26 |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 5,039.42 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0 |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0 |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME John Martinez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/27/2020 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael and Dana Ostos 6 Contributor address; City; State; Zip Code 345 Cape Hatteras Corpus Christi TX 78412 | 7 Amount of contribution (\$) 500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/29/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al Jones Contributor address; City; State; Zip Code 3420 Ocean Dr. Corpus Christi TX 78411 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/2/2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crosswind Communications LLC Contributor address; City; State; Zip Code PO Box 264 Austin TX 78767 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|--|---|------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 1 | |
| 2 FILER NAME John Martinez | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code | 8 Amount of Contribution \$ | 9 In-kind contribution description |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

| | | | |
|---|---|---|------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule B: 1 | |
| 2 FILER NAME John Martinez | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED PLEDGES | | \$ 0 | |
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) N/A | 8 Amount of Pledge \$ | 9 In-kind contribution description |
| | 7 Pledgor address; City; State; Zip Code | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (See Instructions) | | 11 Employer (See Instructions) | |

| | | | |
|---|---|---|----------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Pledge \$ | In-kind contribution description |
| | Pledgor address; City; State; Zip Code | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|---|---|----------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Pledge \$ | In-kind contribution description |
| | Pledgor address; City; State; Zip Code | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|---|---|---|----------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Pledge \$ | In-kind contribution description |
| | Pledgor address; City; State; Zip Code | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 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.

LOANS

SCHEDULE E

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: 1 |
| 2 FILER NAME John Martinez | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 0 |
| 5 Date of loan 10/6/20 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) John Martinez | 9 Loan Amount (\$) 5,000.00 |
| 6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/> | 8 Lender address: City; State; Zip Code 310 Bayshore Dr. Corpus Christi TX 78412 | 10 Interest rate 0% |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) Attorney | | 13 Employer (See Instructions) Hilliard Martinez Gonzales LLP |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address: City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |

| | | |
|--|--|---|
| Date of loan 11/2/20 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) John Martinez | Loan Amount (\$) 1,818.26 |
| Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/> | Lender address; City; State; Zip Code 310 Bayshore Dr. Corpus Christi TX 78412 | Interest rate 0% |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Hilliard Martinez Gonzales LLP |
| Description of Collateral <input checked="" type="checkbox"/> none | | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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: | 2 FILER NAME John Martinez | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name See Attached Itemized List | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) <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 | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought 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 <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

Campaign Expenditures 01/15/21 Report

| <u>Date:</u> | <u>Name:</u> | <u>Address:</u> | <u>Category:</u> | <u>Description:</u> | <u>Amount:</u> |
|--------------|--------------------------|--|-----------------------|---|--------------------|
| 10/30/20 | Bluelink Messaging | 4301 50th Street NW, Suite 300, PMB 1011, Washington, DC 20016 | Advertising Expense | Email and text messaging expense | \$ 1,050.00 |
| 11/2/20 | NGP Texas VAN | 1106 Lavaca, Ste. 100, Austin, TX 78701 | Consulting Expense | Access to Texas VAN voter system | \$ 506.30 |
| 11/3/20 | RPG Consultants LLC | PO Box 352, CC TX 78403 | Consulting Expense | Salaries/Wages/Contract Labor | \$ 2,000.00 |
| 11/3/20 | HEB | 4320 S. Alameda, CC TX 78412 | Food/Beverage Expense | Food and drinks for Election Day volunteers | \$ 104.16 |
| 11/3/20 | Lowes | 1530 Airline, Corpus Christi, TX 78412 | Advertising Expense | t-posts and zip ties for signs | \$ 48.67 |
| 11/5/20 | Bluelink Messaging | 4301 50th Street NW, Suite 300, PMB 1011, Washington, DC 20016 | Advertising Expense | Email and text messaging expense | \$ 25.00 |
| 11/12/20 | Campaign Services LLC | 6814 E. Riverside, Unit 42 Austin, TX 78741 | Consulting Expense | Salaries/Wages/Contract Labor | \$ 1,055.29 |
| 11/17/20 | YMCA of the Coastal Bend | 417 S Upper Broadway, Corpus Christi, TX 78401 | Donation | YMCA Fundraiser | \$ 250.00 |
| | | | | | \$ 5,039.42 |

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

| | | |
|-----------------------------------|---|--|
| 1 Total pages Schedule F2: | 2 FILER NAME John Martinez | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|---|--|

| | |
|--|-------------|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ 0 |
|--|-------------|

| | |
|---------------|---------------------|
| 5 Date | 6 Payee name |
|---------------|---------------------|

| | | | | |
|----------------------|-------------------------|-------|--------|----------|
| 7 Amount (\$) | 8 Payee address; | City; | State; | Zip Code |
|----------------------|-------------------------|-------|--------|----------|

| | | |
|------------------------------|------------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|------------------------------|------------------------------------|--|

| | | |
|----------------------------------|---|------------------------|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

| | | |
|---------------------|------------------------------------|--|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|---------------------|------------------------------------|--|

| | | |
|------------------------|--|-------------|
| 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 <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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3: 1

2 FILER NAME

John Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

N/A

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|-----------------------------------|---|--|
| 1 Total pages Schedule F4: | 2 FILER NAME John Martinez | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|---|--|

| | |
|--|-------------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ 0 |
|--|-------------|

| | |
|---------------|---------------------|
| 5 Date | 6 Payee name |
|---------------|---------------------|

| | |
|----------------------|---|
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code |
|----------------------|---|

| | |
|------------------------------|---|
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|---|

| | | |
|----------------------------------|---|-----------------|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | |
|---------------------|---|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|---|

| | | |
|------------------------|---|-------------|
| 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 <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 PERSONAL FUNDS

SCHEDULE G

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 G: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
| 6 Amount (\$) | 7 Payee address; | City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) <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 | |
| Amount (\$) | Payee address; | City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended | | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; | City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended | | |
| 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 <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

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: | 2 FILER NAME John Martinez | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Business name N/A | |
| 6 Amount (\$) | 7 Business address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) <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 | Business name | |
| Amount (\$) | Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Business name | |
| Amount (\$) | Business 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 <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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule I: | 2 FILER NAME John Martinez | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name N/A | |
| 6 Amount (\$) | 7 Payee address; | City State Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount (\$) | Payee address; | City State Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount (\$) | Payee address; | City State Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount (\$) | Payee address; | City State Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K:

2 FILER NAME **John Martinez** 3 Filer ID (Ethics Commission Filers)

| | | |
|---|---|---------------|
| 4 Date | 5 Name of person from whom amount is received <p style="text-align: center;">N/A</p> <hr style="border-top: 1px dashed black;"/> 6 Address of person from whom amount is received; City; State; Zip Code | 8 Amount (\$) |
| 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | | |

| | | |
|---|--|-------------|
| Date | Name of person from whom amount is received <hr style="border-top: 1px dashed black;"/> Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | | |

| | | |
|---|--|-------------|
| Date | Name of person from whom amount is received <hr style="border-top: 1px dashed black;"/> Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | | |

| | | |
|---|--|-------------|
| Date | Name of person from whom amount is received <hr style="border-top: 1px dashed black;"/> Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

| | | |
|---|--|---------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule T: |
| 2 FILER NAME John Martinez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee N/A | | |
| 5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS | | |
| 6 Dates of travel | 7 Name of person(s) traveling | |
| | 8 Departure city or name of departure location | |
| | 9 Destination city or name of destination location | |
| 10 Means of transportation | 11 Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED