CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Sometimental angular contractor (1965) White and Contractor (1965)	CASE OF CONTROL OF CON			
The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 16				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. John	мі В	OFFICE USE ONLY	
NAME	nickname Last Martinez	SUFFIX	Date Filed 7-14-21	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 719 S. Shoreline Corpus Chris	state; zip code sti TX 78401	Rebecca Huerta	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 658-9848	EXTENSION	City Secretary Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	Ms / MRS / MR FIRST Mr. Wayne	MI A	Receipt # Amount \$ Date Processed	
	Lundquist	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	street address (no po box please); APT / SUITE #: 700 Everhart F-11 C	сіту; orpus Christi	STATE; ZIP CODE TX 78411	
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(361) 854-4448	EXTENSION		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 1 15 21	ROUGH 7		
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary General	Runoff Other Description Special		
	/ /			
12 OFFICE	OFFICE HELD (if any) Corpus Christi City Council At Large	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAV CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REI	E BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
COMMITTEE (C)	COMMITTEE TYPE COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER	NAME		
	COMMITTEE CAMPAIGN TREASURER	ADDRESS		
GO TO PAGE 2				

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Date Filed_

Rebecca Huerta City Secretary

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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FORM C/OH COVER SHEET PG 2

971111171101					
15 C/OH NAME John Martinez		16 Filer	ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	(1985년 - 1985년 1987년 - 1985년 1987년 - 1985년 1987년 - 1985년 - 1985년				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0		
	4. TOTAL POLITICAL EXPENDITURES		\$ 0		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ (6,818.26)		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$ 6,818.26		
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and cor	rect and includes all information		
	Signature of Ca	-	or Officeholder		
	Please complete either option below	<i>/</i> :			
(1) Affidavit	KELLY MCQUARY Notary Public, State of Texas Comm. Expires 08-05-2023 Notary ID 12439334-3				
NOTARY STAMP/SEAL		1.1			
Sworn to and subscribed	BOPUSE PORTO	14	day of JULY,		
De 1	which, witness my hand and seal of office. KELLY MCQUAR		NOTARY		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath OR					
(2) Unsworn Declaration					
My name is	, and my date of birth is				
			·		
Executed in	(street) (city) (s County, State of , on the day of (month	200200000000000000000000000000000000000	zip code) (country) _, 20 (year)		
	Signature of Candid	late/Office	eholder (Declarant)		

KELLY MCQUARY
Notary Public, State of Texas
Comm. Expires 08-05-2023
Notary ID 12439334-3

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME hn Martinez	20 Filer ID (Ethics Co	mmissi	on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.	SCHEDULE E: LOANS	\$	0	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	0	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	0	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	\$	0	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	0	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TONS RETURNED	\$	0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1
² FILER NAME John Martin	ez		3 Filer ID (Ethics Commission Filers)
4 Date		(ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O		

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 1		
² FILER NAME John Martin			3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor	Zip Code	8 Amount of 9 In-kind contribution description		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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		Amount of In-kind contribution description		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor'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)				
Ī	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi				

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PLEDGED CONTRIBUTIONS

SCHEDULE B

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule	B: 1
² FILER NAME John Martine	ez		3 Filer ID (Ethics Com	mission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount 9	9 In-kind contribution description
	7 Pledgor address; City; Si	ate; Zip Code		Constitution of the state of
		·	Check if travel outside	of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S		 	
			Check if travel outside	of Texas. Complete Schedule T.
Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S	tate; Zip Code		
			Check if travel outside	of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:_)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State	e; Zip Code	i ! !	
			Check if travel outside	of Texas. Complete Schedule T.
Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
If o	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see Ins			equirements.

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LOANS SCHEDULE E

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

The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E: 1
2 FILER NAME John Martinez	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
\square Y \square N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable		processor	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral		ds were deposited into political
none		account (See Instruct	ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
in 1000 april 1	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
		ES OF THIS SCHEDULE AS NEE	
If le	nder is out-of-state PAC, please see Ins	truction guide for additional re	porting requirements.

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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

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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

Revised 8/17/2020

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Food/Beverage Expense
Gift/Awards/Memorials F

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Travel In District

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica		/Wages/Contract Labor	Other (enter a category	not listed above)	
1 Total pages Schedule F2:		complete this form.	3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIO	NS	\$		
5 Date	6 Payee name		1		
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code	
9 TYPE OF EXPENDITURE	Political Non-F	Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living ex	pense	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	d	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
TYPE OF EXPENDITURE	Political Non-	Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	9		
*	Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living e	expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
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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 Martin	E Nez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; C	
	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; C	ity; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
*************************************	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Contributions/Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Printing Exp Salaries/Wa		Travel C	out Of District nter a categor	y not listed above)
		The Instruction Guide explain	s how to co	mplete this form.			
1 Total pages Schedule F4:1	2 FILER				3 Filer I	D (Ethics C	ommission Filers)
4 TOTAL OF UNITEM	4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$						
5 Date	6 Payee	name					
7 Amount (\$)	8 Payee	address;	ne ne e e e e e e e e e e e e e e e e e	City;	19	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Pol	itical			
10	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE							
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Au	stin, TX, offic	ceholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder name	Of	fice sought		Office he	eld
Date	Payee	name					
Amount (\$)	Payee	address;		City;		State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Pol	litical			
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Au	stin, TX, offic	ceholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder name	Of	fice sought		Office he	eld

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

Salaries/Wages/Contract Labor

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

Candidate/Officeholder/Politi Credit Card Payment	tical Committee Legal Services Salaries The Instruction Guide explains how to	s/Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME John Martinez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED!	<u> </u>
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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

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Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		nting Expense aries/Wages/Contract Labor w to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule H:	² FILER NAME John Martinez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	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	e) Description	
	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/O	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 schedul	e) Description	
EX. ENDITORE	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/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEF	:DED

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule I:	: 2 FILER NAME John Martinez		3 Filer ID (Ethics Co	mmission Filers)
4 Date	5 Payee name		1	
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 required.)	e instructions regarding type of	information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of	information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of	information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of	information
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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: 1		
2 FILER NAME John Martinez 3 Filer ID (Ethics Commission Filers)				
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
	6 Address of person from whom amount is received; City; Sta	te; Zip Code		
	7 Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	te; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
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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: 1		
2 FILER NAME John Martinez		3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
5 Contribution / Expend Schedule A2 Schedule F2	iture reported on: Schedule B Schedule B(J) Schedule C2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC 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 / Expend Schedule A2 Schedule F2	Schedule B Schedule B(J) Schedule C2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC 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 transportat	ion Purpose of travel (including name of conference, se	eminar, or other event)		
Name of Contributor	Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expend Schedule A2 Schedule F2	Iliture reported on: Schedule B Schedule B(J) Schedule C2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC 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 transportat	ion Purpose of travel (including name of conference, se	eminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
Forms provided by Texas F	thics Com Reset Form cs s Reset F	Revised 8/17/2020		