

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	MR	JOHN	B
NICKNAME		LAST	SUFFIX
		MARTINEZ	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	719 S. SHORELINE CORPUS CHRISTI TX, 78401		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	658-9848	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	MR	WAYNE	A
NICKNAME		LAST	SUFFIX
		LUNDQUIST	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE
	700 EVERHART F11		CORPUS CHRISTI TX 78411
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	854-4448	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
		<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year
	1	15	22
		THROUGH	Month Day Year
			7 / 1 / 22
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		11 / 8 / 22	Primary Runoff Other Description
		General Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	CITY COUNCIL AT LARGE		CITY COUNCIL AT LARGE
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	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	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received
Date Filed 7/15/22

Rebecca Huerta
Rebecca Huerta
City Secretary

Date Handled

Receipt #	Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

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.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 7,508.26
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,665.20
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

Reset Form

Reset Page

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:
2 FILER NAME JOHN MARTINEZ		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/22	5 Full name of contributor out-of-state PAC (ID#: _____) DAN LEYENDECKER	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 15222 CANE HARBOR, CC TX 78418		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/4/22	Full name of contributor out-of-state PAC (ID#: _____) ELOY SALAZAR	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2434 SACKY CC TX 78415		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/22	Full name of contributor out-of-state PAC (ID#: _____) DEVEN BHAKTA	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 40 E BAR LE DOC CC TX 78414		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/22	Full name of contributor out-of-state PAC (ID#: _____) BRYAN GULLEY	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 6421 SARATOGA CC TX 78414		
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.

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:
2 FILER NAME JOHN MARTINEZ		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/22	5 Full name of contributor out-of-state PAC (ID#: _____) MAX SALINAS 6 Contributor address; City; State; Zip Code PO BOX 271106 CC TX 78427	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/25/22	Full name of contributor out-of-state PAC (ID#: _____) WILLIAM MUSCATO Contributor address; City; State; Zip Code 7704 MONONA AVE. AUSTIN TX 78717	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor 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.

Reset Form

Reset Page

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	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)
Credit Card Payment			

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
---------------	-------------------------------------

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 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
	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	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 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 07/15/22 Report

<u>Date:</u>	<u>Name:</u>	<u>Address:</u>	<u>Category:</u>	<u>Description:</u>	<u>Amount:</u>
1/3/22	Bank of America	3802 S. Alameda, CC TX 78411	Fees	Monthly Banking Fee	\$ 29.95
1/11/22	Move It Storage	6001 McArldle, Corpus Christi TX 78412	Rental Expense	Sign/T-post storage	\$ 115.00
2/1/22	Bank of America	3802 S. Alameda, CC TX 78411	Fees	Monthly Banking Fee	\$ 29.95
2/5/22	Anedot	1340 Poydras Street Suite 1770 New Orleans LA 70112	Fees	Transaction Fees	\$ 81.20
2/11/22	Move It Storage	6002 McArldle, Corpus Christi TX 78412	Rental Expense	Sign/T-post storage	\$ 130.00
3/1/22	Bank of America	3802 S. Alameda, CC TX 78411	Fees	Monthly Banking Fee	\$ 29.95
3/3/22	Move It Storage	6002 McArldle, Corpus Christi TX 78412	Rental Expense	Sign/T-post storage	\$ 133.00
4/1/22	Bank of America	3802 S. Alameda, CC TX 78411	Fees	Monthly Banking Fee	\$ 29.95
4/4/22	Move It Storage	6002 McArldle, Corpus Christi TX 78412	Rental Expense	Sign/T-post storage	\$ 133.00
5/2/22	Bank of America	3802 S. Alameda, CC TX 78411	Fees	Monthly Banking Fee	\$ 29.95
5/5/22	Move It Storage	6002 McArldle, Corpus Christi TX 78412	Rental Expense	Sign/T-post storage	\$ 133.00
6/1/22	Bank of America	3802 S. Alameda, CC TX 78411	Fees	Monthly Banking Fee	\$ 29.95
6/2/22	Move It Storage	6002 McArldle, Corpus Christi TX 78412	Rental Expense	Sign/T-post storage	\$ 133.00
6/21/22	Campaign Services LLC	6814 E. Riverside, Unit 42 Austin, TX 78741	Consulting Expense	Sign/T-post storage	\$ 625.00
6/25/22	Anedot	1340 Poydras Street Suite 1770 New Orleans LA 70112	Fees	Transaction Fees	\$ 2.30
Total:					\$ 1,665.20

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

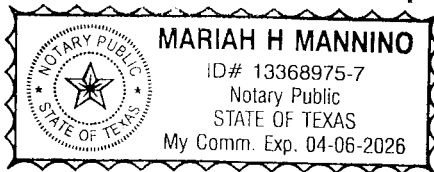
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME JOHN MARTINEZ		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)	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	1,665.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	834.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	7,508.26

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.

John Martinez
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by John Martinez this the 15 day of July, 2022, to certify which, witness my hand and seal of office.

[Signature] Mariah Mannino notary public
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 _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year).

Signature of Candidate/Officeholder (Declarant)