

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <span style="font-size: 24pt; font-family: cursive;">37</span>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <span style="font-size: 24pt; font-family: cursive;">Ms.</span> FIRST: <span style="font-size: 24pt; font-family: cursive;">Jacqueline</span> MI: <span style="font-size: 24pt; font-family: cursive;">Anne</span> NICKNAME: _____      LAST: <span style="font-size: 24pt; font-family: cursive;">Martinez</span> SUFFIX: _____	<b>OFFICE USE ONLY</b>	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <span style="font-size: 24pt; font-family: cursive;">7005 Alamosa Way</span> APT / SUITE #: _____      CITY: <span style="font-size: 24pt; font-family: cursive;">El Paso, TX</span> STATE: _____      ZIP CODE: <span style="font-size: 24pt; font-family: cursive;">79912</span>	Date Received	
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <span style="font-size: 24pt; font-family: cursive;">(915)</span> PHONE NUMBER: <span style="font-size: 24pt; font-family: cursive;">249-9918</span> EXTENSION: _____	Date Hand-delivered or Date Postmarked	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR: <span style="font-size: 24pt; font-family: cursive;">Ms.</span> FIRST: <span style="font-size: 24pt; font-family: cursive;">Jacqueline</span> MI: <span style="font-size: 24pt; font-family: cursive;">Anne</span> NICKNAME: _____      LAST: <span style="font-size: 24pt; font-family: cursive;">Martinez</span> SUFFIX: _____	Receipt #	Amount \$
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <span style="font-size: 24pt; font-family: cursive;">7005 Alamosa Way</span> APT / SUITE #: _____      CITY: <span style="font-size: 24pt; font-family: cursive;">El Paso</span> STATE: <span style="font-size: 24pt; font-family: cursive;">TX</span> ZIP CODE: <span style="font-size: 24pt; font-family: cursive;">79912</span>	Date Processed	
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE: <span style="font-size: 24pt; font-family: cursive;">(915)</span> PHONE NUMBER: <span style="font-size: 24pt; font-family: cursive;">249-9918</span> EXTENSION: _____	Date Imaged: <span style="font-size: 24pt; font-family: cursive;">4/6/2023</span> <span style="font-size: 24pt; font-family: cursive;">gq</span>	
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)		
<b>10</b> PERIOD COVERED	Month / Day / Year      THROUGH      Month / Day / Year _____ / _____ / _____      _____      _____ / _____ / _____		
<b>11</b> ELECTION	ELECTION DATE Month / Day / Year <span style="font-size: 24pt; font-family: cursive;">5 / 6 / 23</span>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) <span style="font-size: 24pt; font-family: cursive;">N/A</span>	<b>13</b> OFFICE SOUGHT (if known) <span style="font-size: 24pt; font-family: cursive;">El Paso ISD District 6</span>	
<b>14</b> 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 TYPE	COMMITTEE NAME
			COMMITTEE ADDRESS
			COMMITTEE CAMPAIGN TREASURER NAME
			COMMITTEE CAMPAIGN TREASURER ADDRESS

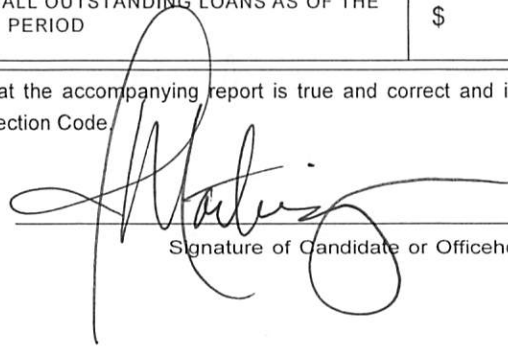
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

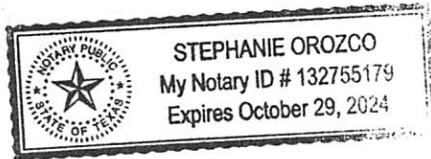
15 C/OH NAME <u>Jacqueline Martinez</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jacqueline Martinez this the 6<sup>th</sup> day of April, 2023, to certify which, witness my hand and seal of office.

Stephanie Orozco Stephanie Orozco 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 \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

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

19 FILER NAME

Jacqueline Martinez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 3,903.00

2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$ 270.00

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

\$ 250.00

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

\$

# 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 <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... 6 Contributor address;                      City;                      State;                      Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 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)
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)
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)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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

Jacqueline Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

Claudia Munoz

2/19/23

6 Contributor address:

5500 Fernwood Circle El Paso TX 79932

City:

State: Zip Code

9 Employer (See Instructions)

8 Principal occupation / Job title (See Instructions)

Amount of contribution (\$)

\$100.00

Full name of contributor

Maricela Zuniga

2/19/23

Contributor address:

1715 Roundback Trail Mesquite TX 75149

City:

State: Zip Code

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

Amount of contribution (\$)

\$20.00

Full name of contributor

Jessica Baca

2/19/23

Contributor address:

8211 Monte Seco San Antonio TX 78223

City:

State: Zip Code

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

Amount of contribution (\$)

\$25.00

Full name of contributor

Martin Rodriguez

2/19/23

Contributor address:

9813 Creekside Dr Fort Worth TX 76126

City:

State: Zip Code

Employer (See Instructions)

Principal occupation / Job title (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.

APR 6 '23 4:29 PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holi Yeager	7 Amount of contribution (\$) \$50.00
2/19/23	6 Contributor address; City; State; Zip Code 14733 Calhoun Dr. El Paso TX 79928	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alejandro Del Moral	Amount of contribution (\$) \$100.00
2/19/23	Contributor address; City; State; Zip Code 1472 Via Appia El Paso TX 79912	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tony Martinez	Amount of contribution (\$) \$300.00
2/20/23	Contributor address; City; State; Zip Code 7005 Alamosa Way El Paso TX 79912	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Luz Maria Martinez	Amount of contribution (\$) \$100.00
2/20/23	Contributor address; City; State; Zip Code 7005 Alamosa Way El Paso TX 79912	
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.

APR 6 '23 4:30PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/21/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Christine de la Garza</i> 6 Contributor address; City; State; Zip Code <i>27 International Blvd Rancho Mirage, CA 92270</i>	7 Amount of contribution (\$) <i>\$15.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/22/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Esmeralda Reyes</i> Contributor address; City; State; Zip Code <i>4689 Arbooga Rd Olivehurst CA 95961</i>	Amount of contribution (\$) <i>\$40.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/22/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Aurora Mancera</i> Contributor address; City; State; Zip Code <i>1380 Rainbow Ridge El Paso TX 79912</i>	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/22/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lauven A Jewett</i> Contributor address; City; State; Zip Code <i>664 Sadie Avenue Metairie LA 70003</i>	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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

Jacqueline Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

Sonja Rangel

2/22/23

6 Contributor address:

11655 Clear Lake Way El Paso TX 79936

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

7 Amount of contribution (\$)

\$20.00

City: State: Zip Code

out-of-state PAC (ID# \_\_\_\_\_)

Full name of contributor

Michelle Boonzaar

2/23/23

Contributor address:

1032 Kunnymede Keller TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Amount of contribution (\$)

\$5.00

City: State: Zip Code

out-of-state PAC (ID# \_\_\_\_\_)

Full name of contributor

Kristen Harris

2/23

Contributor address:

3605 Timber Ridge McKinney TX 75071

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Amount of contribution (\$)

\$20.00

City: State: Zip Code

out-of-state PAC (ID# \_\_\_\_\_)

Full name of contributor

Ruth Song

2/23/23

Contributor address:

12726 NW Naomi Portland Or 97229

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Amount of contribution (\$)

\$5.00

City: State: Zip Code

out-of-state PAC (ID# \_\_\_\_\_)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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APR 23 4:30PM

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

APR 6 '23 4:30PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/23/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Araceli Caldera</i>	7 Amount of contribution (\$) <i>\$20.00</i>
	6 Contributor address; City; State; Zip Code <i>9136 Bartley Ave Santa Fe Springs, CA 90670</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/23/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Amut Vaghela</i>	Amount of contribution (\$) <i>\$20.00</i>
	Contributor address; City; State; Zip Code <i>809 Rimes Dr. Garland TX 75044</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/23/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kim Pritchard</i>	Amount of contribution (\$) <i>\$5.00</i>
	Contributor address; City; State; Zip Code <i>4505 Kensington Road Bryan TX 77802</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/23/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Yvette Pedraza</i>	Amount of contribution (\$) <i>\$1.00</i>
	Contributor address; City; State; Zip Code <i>3140 Hawk Point El Paso TX 79938</i>	
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.

APR 23 4:30 PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/23/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Nicole Oliva</i>	7 Amount of contribution (\$) <i>\$10.00</i> <i>AM</i>
	6 Contributor address; City; State; Zip Code <i>6144 E. Coralite St. Long Beach CA 90808</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/24/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jennifer Rau</i>	Amount of contribution (\$) <i>\$5.00</i>
	Contributor address; City; State; Zip Code <i>5040 Silver Cholla Dr El Paso TX 79934</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/24/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Teresa Tellez</i>	Amount of contribution (\$) <i>\$5.00</i>
	Contributor address; City; State; Zip Code <i>2620 Bosque Rd. Anthony NM 88021</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/24/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Brandy Lockard</i>	Amount of contribution (\$) <i>\$5.00</i>
	Contributor address; City; State; Zip Code <i>5616 Magee Bend Austin TX 78749</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jacqueline Mautner

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

2/25/23

6 Contributor address:

Kevin Leidtmann

City: State: Zip Code

13463 Caves Rd Chasteland OH 44026

9 Employer (See Instructions)

\$10.00

7 Amount of contribution (\$)

8 Principal occupation / Job title (See Instructions)

2/25/23

Full name of contributor

Hzd Davis

City: State: Zip Code

6817 Waterhill Ln Fort Worth TX 76179

Employer (See Instructions)

\$10.00

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

2/25/23

Full name of contributor

Nora Garcia

City: State: Zip Code

810 E. Solar Dr. Mission TX 78574

Employer (See Instructions)

\$5.00

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Date

2/25/23

Full name of contributor

Marcelina Morales

City: State: Zip Code

403 Casa Dr. #2 San Antonio TX 78227

Employer (See Instructions)

\$10.00

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

APR 23 4:38 PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Rob Rogers</i>	7 Amount of contribution (\$)
<i>2/25/23</i>	6 Contributor address; City; State; Zip Code <i>5704 Leon Young Dr Colorado Springs, CO 80924</i>	<i>\$250.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Grace Jensen</i>	Amount of contribution (\$)
<i>2/26/23</i>	Contributor address; City; State; Zip Code <i>2212 Berkshire Dr. Flower Mound TX 75028</i>	<i>\$5.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Stephanie Silva</i>	Amount of contribution (\$)
<i>2/26/23</i>	Contributor address; City; State; Zip Code <i>5615 McQueen Place San Antonio TX 78240</i>	<i>\$2.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sylvia Veliz</i>	Amount of contribution (\$)
<i>2/28/23</i>	Contributor address; City; State; Zip Code <i>3112 Kingsborough Ave McAllen TX 78504</i>	<i>\$5.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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APR 23 4:30 PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/28/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sara Thomas</i>	7 Amount of contribution (\$) <i>\$2.00</i>
	6 Contributor address; City; State; Zip Code <i>468 San Benito Ave Los Gatos CA 95030</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/28/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kimberlu Kincaid</i>	Amount of contribution (\$) <i>\$30.00</i>
Contributor address; City; State; Zip Code <i>11024 Sam Sneed El Paso TX 79936</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/28/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Adriana Garcia</i>	Amount of contribution (\$) <i>\$5.00</i>
Contributor address; City; State; Zip Code <i>8723 Timberwick St San Antonio TX 78250</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/1/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>John C. Yenshaw</i>	Amount of contribution (\$) <i>\$5.00</i>
Contributor address; City; State; Zip Code <i>5544 Fernwood El Paso TX 79932</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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APR 23 4:30 PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/1/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Yesenia Smith</i> 6 Contributor address; City; State; Zip Code <i>6372 Mondacan St. San Antonio TX 78240</i>	7 Amount of contribution (\$)  <i>\$25.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/1/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Monica Alvililar</i> Contributor address; City; State; Zip Code <i>1301 North Kansas St El Paso TX 79902</i>	Amount of contribution (\$)  <i>\$400.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kevin Roberts</i> Contributor address; City; State; Zip Code <i>3613 Timber Ridge Trail McKinney TX 75071</i>	Amount of contribution (\$)  <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Rebecca Reiter</i> Contributor address; City; State; Zip Code <i>45419 Bentleoni El Paso TX 79904</i>	Amount of contribution (\$)  <i>\$5.00</i>
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.

APR 16 '23 4:30 PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/2/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Melissa Cordero</i>	7 Amount of contribution (\$) <i>\$2.00</i>
	6 Contributor address; City; State; Zip Code <i>2120 Carlos Leon El Paso TX 79938</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/3/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Cynthia Guerrero</i>	Amount of contribution (\$) <i>\$30.00</i>
	Contributor address; City; State; Zip Code <i>7312 Golden Sage El Paso TX 79911</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/3/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Veronica Rodriguez</i>	Amount of contribution (\$) <i>\$10.00</i>
	Contributor address; City; State; Zip Code <i>2807 Pershing Dr El Paso TX 79903</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/4/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Regina Castillo</i>	Amount of contribution (\$) <i>\$5.00</i>
	Contributor address; City; State; Zip Code <i>2843 Montrose Ave San Antonio TX 78223</i>	
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.

APR 6 '23 4:33PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/4/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ericka Hejerman</i>	7 Amount of contribution (\$) <i>\$20.00</i>
	6 Contributor address; City; State; Zip Code <i>10501 8th Ave NE #309 Seattle WA 98125</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/6/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Yvonne Ortega</i>	Amount of contribution (\$) <i>\$5.00</i>
	Contributor address; City; State; Zip Code <i>2154 Enchanted Summit Dr. El Paso TX 79911</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/6/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kevin Hopper</i>	Amount of contribution (\$) <i>\$25.00</i>
	Contributor address; City; State; Zip Code <i>7704 Van Dyke Dr Austin TX 78729</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/6/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Rick Reyes</i>	Amount of contribution (\$) <i>\$20.00</i>
	Contributor address; City; State; Zip Code <i>7865 Via Abella Carlsbad CA 92009</i>	
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 <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/6/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lorena Herrera</i>	7 Amount of contribution (\$) <i>\$5.00</i>
	6 Contributor address; City; State; Zip Code <i>12814 Sabinal River San Antonio TX 78253</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/7/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hze Bernal</i>	Amount of contribution (\$) <i>\$5.00</i>
	Contributor address; City; State; Zip Code <i>4501 CJ Levan Court El Paso TX 79924</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/7/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lillian Fitzpatrick</i>	Amount of contribution (\$) <i>\$150.00</i>
	Contributor address; City; State; Zip Code <i>6101 Goldfield Place Albuquerque NM 87111</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/7/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jorge Garcia</i>	Amount of contribution (\$) <i>\$20.00</i>
	Contributor address; City; State; Zip Code <i>4829 Loma De Paz El Paso TX 79934</i>	
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.

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# 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 <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/7/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sonia Valdez</i>	7 Amount of contribution (\$) <i>\$10</i>
	6 Contributor address; City; State; Zip Code <i>500 Chaffee Dr Arlington TX 76006</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/7/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Michael Gutierrez</i>	Amount of contribution (\$) <i>\$25</i>
	Contributor address; City; State; Zip Code <i>14452 Johnny Mata Dr El Paso TX 79938</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/8/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Karla Romero</i>	Amount of contribution (\$) <i>\$20</i>
	Contributor address; City; State; Zip Code <i>2300 S 15th Ave Riverside IL 60546</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Blanca Higuera</i>	Amount of contribution (\$) <i>\$20</i>
	Contributor address; City; State; Zip Code <i>5364 Lucas Rd El Paso TX 79938</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

APR 23 4:31 PM

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

HPR06 '23 4431PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jennifer Christmas</i>	7 Amount of contribution (\$)
<i>3/10/23</i>	6 Contributor address; City; State; Zip Code <i>2027 Convin Boulevard Austin TX 78728</i>	<i>\$300.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bradley Fuhrman</i>	Amount of contribution (\$)
<i>3/11/23</i>	Contributor address; City; State; Zip Code <i>6361 La Posta Dr El Paso TX 79912</i>	<i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mandi Jung</i>	Amount of contribution (\$)
<i>3/12/23</i>	Contributor address; City; State; Zip Code <i>155 Western Ave N#3 Saint Paul, MN 55102</i>	<i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ariana Rodriguez</i>	Amount of contribution (\$)
<i>3/13/23</i>	Contributor address; City; State; Zip Code <i>800 Avenue A Eagle Pass 78852</i>	<i>\$5.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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.

APR 6 '23 4:31 PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/14/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Laura Neill</i>	7 Amount of contribution (\$) <i>\$25.00</i>
	6 Contributor address; City; State; Zip Code <i>232 Crown P</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/14/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Rocio Sanchez</i>	Amount of contribution (\$) <i>\$20.00</i>
	Contributor address; City; State; Zip Code <i>3301 Pecan Meadow Garland TX 75040</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/15/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Yvette Pedroza</i>	Amount of contribution (\$) <i>\$1.00</i>
	Contributor address; City; State; Zip Code <i>3140 Hawk Point El Paso TX 79938</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/16/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jae Nam</i>	Amount of contribution (\$) <i>\$20.00</i>
	Contributor address; City; State; Zip Code <i>2905 Pitkin Austin TX 76006</i>	
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.

APR 6 '23 4:31 PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/19/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Rosa Cruz</i>	7 Amount of contribution (\$) <i>\$10.00</i>
	6 Contributor address; City; State; Zip Code <i>2741 Faudre #12208 Odessa TX 77765</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/21/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Elsie Vega</i>	Amount of contribution (\$) <i>\$10.00</i>
	Contributor address; City; State; Zip Code <i>906 W Emerald Apt C Pharr TX 78577</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/25/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Dora Perez</i>	Amount of contribution (\$) <i>\$100.00</i>
	Contributor address; City; State; Zip Code <i>7104 Tierra Roja El Paso TX 79912</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/27/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Caroline Stone</i>	Amount of contribution (\$) <i>\$50.00</i>
	Contributor address; City; State; Zip Code <i>3304 Bankside Austin TX 78748</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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 <i>Jacqueline Maertuis</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/30/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Toni Ramirez</i>	7 Amount of contribution (\$) <i>\$200.00</i>
6 Contributor address; City; State; Zip Code <i>7410 Sidewinder El Paso TX 79911</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/1/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Claudia Rodriguez</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>1702 Indian School Garland TX 75044</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/1/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Elias Medina</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>7701 Plaza Azul El Paso TX 79912</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/3/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Valeree Villanueva</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>677 Creekside #1128 New Braunfels TX 78130</i>		
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.

APR 6 '23 4:31 PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/29/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Leticia Perez</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>6629 Wind Ridge El Paso TX 79912</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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

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

APR 23 4:31 PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>270</i>	
5 Date <i>3/24/23</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mariza DiNapoli</i>	8 Amount of Contribution \$ <i>\$270</i>	9 In-kind contribution description <i>food and drink Meet and Greet</i>
7 Contributor address; City; State; Zip Code <i>1690 Catesby Way El Paso TX 79911</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Teacher</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>El Paso ISD</i>	
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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
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

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

APR 23 4:31 PM

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

**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

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

APR 6 '23 4:31 PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>250.00</i>
5 Date of loan <i>2/23/23</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <i>Jacqueline Martinez</i>	9 Loan Amount (\$) <i>\$250.00</i>
6 Is lender a financial Institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <i>7005 Alamosa Way El Paso TX 79912</i>	10 Interest rate <i>0</i>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>Teacher</i>		13 Employer (See Instructions) <i>Canutillo ISD</i>
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input 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	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input 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

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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Jacqueline Martinez</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>2/17/23</i>	<b>5</b> Payee name <i>Texas Democrats VAN</i>	
<b>6</b> Amount (\$) <i>\$425</i>	<b>7</b> Payee address; City; State; Zip Code <i>PO Box 15707 Austin TX 78761</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <i>Texas Voter Fill</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>3/15/23</i>	Payee name <i>Airport Printing Services</i>	
Amount (\$) <i>\$508.78</i>	Payee address; City; State; Zip Code <i>7 Leigh Fisher Blvd Ste A El Paso TX 79906</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <i>Doorhangers</i>
	<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 <i>3/26/23</i>	Payee name <i>Ideas Print Lab</i>	
Amount (\$) <i>\$319.34</i>	Payee address; City; State; Zip Code <i>El Paso, TX ideasprintlab@gmail.com El Paso TX</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <i>yard signs</i>
	<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

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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                        | 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.

<b>1</b> Total pages Schedule F2:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
<b>5</b> Date	<b>6</b> Payee name	
<b>7</b> Amount (\$)	<b>8</b> Payee address;	City; State; Zip Code
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> 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

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**PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule F3:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Name of person from whom investment is purchased	
	.....	
	<b>6</b> Address of person from whom investment is purchased;	City; State; Zip Code
	<b>7</b> Description of investment	
		<b>8</b> 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 (\$)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

APR 23 4:31 PM

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

### 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.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date	<b>6</b> Payee name	
<b>7</b> Amount (\$)	<b>8</b> Payee address;	City; State; Zip Code
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> 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

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# 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	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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>8</b> 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	
<b>9</b> Complete ONLY 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		
<b>PURPOSE OF EXPENDITURE</b>	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 ONLY 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		
<b>PURPOSE OF EXPENDITURE</b>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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	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.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address;	City; State; Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> 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
<b>PURPOSE OF EXPENDITURE</b>	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
<b>PURPOSE OF EXPENDITURE</b>	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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

The Instruction Guide explains how to complete this form.

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

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

FORM 23 4:32PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received  ..... 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  ..... 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  ..... 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  ..... 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

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 T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
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)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

APR 23 4:32 PM

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

Jacqueline Martinez

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder



# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2022, a candidate or officeholder who has accepted more than \$28,800 in political contributions or made more than \$28,800 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Filer ID #
------------	------------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

- I swear or affirm that I have not accepted more than \$28,800 in political contributions or made more than \$28,800 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$28,800 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the \_\_\_\_\_ report due on \_\_\_\_\_. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

### (1) Affidavit

NOTARY STAMP/SEAL

\_\_\_\_\_  
Signature of Filer

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 \_\_\_\_\_, 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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

APR 6 '23 4:32PM