

CARLOS MARTINEZ

**SEMI-ANNUAL
REPORT
JANUARY 16, 2024**

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: 13 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST CARLOS | MI |
| | NICKNAME | LAST MARTINEZ | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; | APT / SUITE #; | CITY; STATE; ZIP CODE |
| | 144 CATHERINE LANE BROWNSVILLE, TX 78520 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| (956) 559-0682 | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST ROXANNE | MI |
| | NICKNAME | LAST PEREZ | SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | |
| 154 CATHERINE LANE BROWNSVILLE, TX 78520 | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| (956) 371-0456 | | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month | Day | Year |
| 7 / 1 / 23 THROUGH 12 / 31 / 23 | | | |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month | Day | Year |
| 03 / 09 / 24 | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description | <input type="checkbox"/> General <input type="checkbox"/> Special |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | |
| | | CONSTABLE PCT 2 | |
| 14 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. | | |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

OFFICE USE ONLY

Date Received

CAMERON COUNTY
DEPARTMENT OF ELECTIONS
VOTER REGISTRATION

JAN 16 2024 1:00pm

Date Hand-delivered or Date Postmarked

Receipt # **RECEIVED**

By: *[Signature]*

Amount \$

Date Processed

Date Imaged

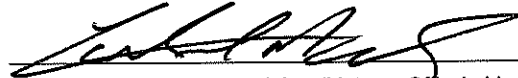
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

| | | |
|--------------------------------|---|---|
| 15 C/OH NAME | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 5600.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 5600.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 3851.49 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3851.49 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 1748.51 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 2322.80 |

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 _____ 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

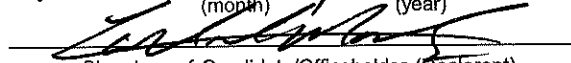
OR

(2) Unsworn Declaration

My name is Carlos Martinez, and my date of birth is 7-18-1971

My address is 144 Catherine Lane Brownsville, TX 78520 U.S.
(street) (city) (state) (zip code) (country)

Executed in Cameron County, State of Texas, on the 16th day of January, 2024.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

| | | |
|---|---|---|
| 19 FILER NAME <i>CARLOS MARTINEZ</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 5600 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 746.93 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 3851.49 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> 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: 4 |
| 2 FILER NAME CARLOS Martinez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/6/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs Mrs Ruben S. Garcia Jr. | 7 Amount of contribution (\$) 250.00 |
| 6 Contributor address; City; State; Zip Code 434 Paredes Line Rd Suite D Brownsville, TX 78521 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 10/15/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaime Cavazos | Amount of contribution (\$) 250.00 |
| Contributor address; City; State; Zip Code 4417 N. McCall Rd McAllen, TX 78504 | | |
| Principal occupation / Job title (See Instructions) Att. at law | | Employer (See Instructions) self |
| Date 9/19/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marisa E. Solis | Amount of contribution (\$) 250.00 |
| Contributor address; City; State; Zip Code 1835 Don Quijote Brownsville, TX 78521 | | |
| Principal occupation / Job title (See Instructions) Office Manager | | Employer (See Instructions) Dr. Romo |
| Date 9/21/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs Toel Tabares | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 1145 Parkwood Place Brownsville, TX 78520 | | |
| Principal occupation / Job title (See Instructions) Insurance Agent | | Employer (See Instructions) Houston Ins. |

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: 4 |
| 2 FILER NAME CARLOS MARTINEZ | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7/31/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos T. Villarreal | 7 Amount of contribution (\$) 150.00 |
| 6 Contributor address; City; State; Zip Code 915 E. 11th St. BROWNSVILLE, TX 77821 | | |
| 8 Principal occupation / Job title (See Instructions) Notary | | 9 Employer (See Instructions) Self |
| Date 9/9/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfredo de la Fuente | Amount of contribution (\$) 1000.00 |
| Contributor address; City; State; Zip Code 7805 FM 1921 BROWNSVILLE, TX 77820 | | |
| Principal occupation / Job title (See Instructions) A.P. Welder | | Employer (See Instructions) Self |
| Date 10/9/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Escobedo | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 4030 E. 14th St Unit B BROWNSVILLE, TX 77821 | | |
| Principal occupation / Job title (See Instructions) Pharmacist | | Employer (See Instructions) OWNER |
| Date 11/8/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fabian Guevara | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 32969 FM510 BROWNSVILLE LOS FRESNOS, TX 78566 | | |
| Principal occupation / Job title (See Instructions) Plumber | | Employer (See Instructions) Self |

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: 4 |
| 2 FILER NAME CARLOS Martinez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9/29/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Red Barn TIRE\$ | 7 Amount of contribution (\$) 500.00 |
| 6 Contributor address; City; State; Zip Code 6424 Padre Island Hwy BROWNSVILLE, TX 78521 | | |
| 8 Principal occupation / Job title (See Instructions) Tire shop | | 9 Employer (See Instructions) OWNER |
| Date 9/29/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maximus Faith Juan Rodriguez | Amount of contribution (\$) 400.00 |
| Contributor address; City; State; Zip Code 6925 LAGUNA DEL Rey Dr BROWNSVILLE, TX 78520 | | |
| Principal occupation / Job title (See Instructions) Electric | | Employer (See Instructions) OWNER |
| Date 10/13/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIA Garcia + Juan Mendez | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 6212 COLIBRI CIR. BROWNSVILLE, TX 78521 | | |
| Principal occupation / Job title (See Instructions) Dona Corra Business Restaurant | | Employer (See Instructions) OWNER |
| Date 9/26/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JS BUS Rental | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 22 Venessa Lane Staten Island, New York 10312 | | |
| Principal occupation / Job title (See Instructions) Bus Rental | | Employer (See Instructions) Owner |

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: 4 |
| 2 FILER NAME CARLOS Martinez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9/26/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cesar Amador | 7 Amount of contribution (\$) 300.00 |
| 6 Contributor address; City; State; Zip Code Hammer Blvd. BROOKVILLE, TX 78526 | | |
| 8 Principal occupation / Job title (See Instructions) A+H | | 9 Employer (See Instructions) OWNER - SELF |
| 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) |

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.

| | | | |
|--|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: <u>2</u> | |
| 2 FILER NAME <u>CARLOS MARTINEZ</u> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ <u>746.93</u> | |
| 5 Date <u>11/17/23</u> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sabrina Wilson</u> | 8 Amount of Contribution \$ <u>\$97.43</u> | 9 In-kind contribution description <u>T-shirts</u> |
| 7 Contributor address; City; State; Zip Code <u>6505 Josephine rd, Arlington TX 76017</u> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | | | |
|--|--|---|---|
| Date <u>11/17/23</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Juan D. Guajardo</u> | Amount of Contribution \$ <u>324.75</u> | In-kind contribution description <u>T-shirts</u> |
| Contributor address; City; State; Zip Code <u>814 Jenny Cir, Brownsville, TX 78521</u> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Social Worker</u> | | Employer (FOR NON-JUDICIAL)(See Instructions) <u>Compass</u> | |
| 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
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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.

| | | | |
|--|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: <u>2</u> | |
| 2 FILER NAME <u>CARLOS MARTINEZ</u> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ <u>746.93</u> | |
| 5 Date <u>11/17/23</u> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ritchie Villarreal</u> | 8 Amount of Contribution \$ <u>324.75</u> | 9 In-kind contribution description <u>T-shirts</u> |
| 7 Contributor address; City; State; Zip Code <u>P.O. Box 5047, Brownsville, TX 78520</u> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>A.C. Service</u> | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Self-employed</u> | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

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: 4 | 2 FILER NAME CARLOS Martinez | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------|---------------------------------|---------------------------------------|

| | |
|-------------------|--------------------------------|
| 4 Date 9/12/23 | 5 Payee name TRACTOR SUPPLY |
|-------------------|--------------------------------|

| | | | | |
|-------------------------|--|-------|--------|----------|
| 6 Amount (\$) 162.63 | 7 Payee address; 901 FM 509 SAN BENITO, TX 78586 | City; | State; | Zip Code |
|-------------------------|--|-------|--------|----------|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Ad Expense | (b) Description T-Poles |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------|------------------------------|
| Date 11/19/23 | Payee name TRACTOR Supply |
|------------------|------------------------------|

| | | | | |
|-----------------------|--|-------|--------|----------|
| Amount (\$) 169.39 | Payee address; 1989 Military Hwy BROWNSVILLE, TX 78520 | City; | State; | Zip Code |
|-----------------------|--|-------|--------|----------|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Ad Expense | Description T-Poles |
| | <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 10/16/23 | Payee name Hartor Freight |
|------------------|------------------------------|

| | | | | |
|----------------------|--|-------|--------|----------|
| Amount (\$) 18.13 | Payee address; 1601 E. Price Rd Suite 1 BROWNSVILLE TX 78521 | City; | State; | Zip Code |
|----------------------|--|-------|--------|----------|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Ad Expense | Description zip ties |
| | <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 |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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: 4 | 2 FILER NAME CARLOS Martinez | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/2/23 | 5 Payee name O'Reilly's Auto | |
| 6 Amount (\$) 30.29 | 7 Payee address; City; State; Zip Code 2005 Central Blvd Brownsville, TX, 78520 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Ad Expense | (b) Description tape |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 9/30/23 | Payee name V.I.C.C. | |
| Amount (\$) 800.25 | Payee address; City; State; Zip Code 301 McFadden Brownsville TX 78520 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Court Fees |
| | <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 11/9/23 | Payee name H.F.B. | |
| Amount (\$) 108.56 | Payee address; City; State; Zip Code 1628 Central Blvd. Brownsville, TX, 78520 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Gifts | Description food |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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: <i>4</i> | 2 FILER NAME <i>CARLOS Martinez</i> | 3 Filer ID (Ethics Commission Filers) |
|---|--|---------------------------------------|

| | |
|---------------------------|--------------------------------------|
| 4 Date <i>11/23/23</i> | 5 Payee name <i>Mexican Bites</i> |
|---------------------------|--------------------------------------|

| | | | | |
|--------------------------------|---|-----------------------|--------|----------|
| 6 Amount (\$) <i>400.00</i> | 7 Payee address; <i>2255 Central Blvd. BROWNSVILLE, TX</i> | City; <i>78520</i> | State; | Zip Code |
|--------------------------------|---|-----------------------|--------|----------|

| | | |
|------------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Food, Beverages</i> | (b) Description <i>plates</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|---|
| Date <i>9/30/23</i> | Payee name <i>Tortillera Mary LV</i> |
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|------------------------------|--|-------|--------|----------|
| Amount (\$) <i>165.37</i> | Payee address; <i>24096 US. 281 BROWNSVILLE, TX 78520</i> | City; | State; | Zip Code |
|------------------------------|--|-------|--------|----------|

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|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Food</i> | Description <i>Plates</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

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

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|------------------------|-----------------------------------|
| Date <i>9/30/23</i> | Payee name <i>Taquiza Arie</i> |
|------------------------|-----------------------------------|

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|------------------------------|--|-------|--------|--------------------------|
| Amount (\$) <i>400.00</i> | Payee address; <i>1700 Southmost Road BROWNSVILLE, TX</i> | City; | State; | Zip Code <i>78521</i> |
|------------------------------|--|-------|--------|--------------------------|

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| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Food</i> | Description <i>tacos</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 |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---------------------------------------|
| 1 Total pages Schedule F1: <i>4</i> | 2 FILER NAME <i>Carlos Martinez</i> | 3 Filer ID (Ethics Commission Filers) |
|--|--|---------------------------------------|

| | |
|---------------------------|--|
| 4 Date <i>July-Nov</i> | 5 Payee name <i>Fiesta Graphics</i> |
|---------------------------|--|

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|---------------------------------|---|-------|--------|----------|
| 6 Amount (\$) <i>1485.60</i> | 7 Payee address; <i>205 Paredes line Rd. BROWNSVILLE, TX 78520</i> | City; | State; | Zip Code |
|---------------------------------|---|-------|--------|----------|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Signs, Posters Ad. Expense</i> | (b) Description <i>Signs, Posters</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|---------------------------------|
| Date <i>9-11-23</i> | Payee name <i>Home Depot</i> |
|------------------------|---------------------------------|

| | | | | |
|------------------------------|---|-------|--------|----------|
| Amount (\$) <i>128.82</i> | Payee address; <i>605 W. Morrison Rd Brownsville, TX 78526</i> | City; | State; | Zip Code |
|------------------------------|---|-------|--------|----------|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Ad Expense Signs Accessory</i> | Description <i>tool for 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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|------------------------|-----------------------------|
| Date <i>11/5/23</i> | Payee name <i>LOWE'S</i> |
|------------------------|-----------------------------|

| | | | | |
|-----------------------------|---|-------|--------|----------|
| Amount (\$) <i>32.45</i> | Payee address; <i>525 E. Raven Torres Blvd Brownsville, TX 78520</i> | City; | State; | Zip Code |
|-----------------------------|---|-------|--------|----------|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Ads. Expense</i> | Description <i>Signs accessory</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 |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED