JESUS R. MARTINEZ

SEMI-ANNUAL REPORT JANUARY 16, 2024

CANDIDAT CAMPAIGN		CEHOLDER E REPORT				ORM C/OH HEET PG 1
The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Co	mmission Filers)	2 Total pages fi	24
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	TOSUS	R	MI		USEONLY
NAME	NICKNAME Rami	Martine	2Z_	SUFFIX	Date Redeved SM DECARTMENT VOIENCE	MOCUNTY CFEPTTOKS(MISTIMION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		loble Pin		ZIP CODE	JAN	6 2024
Change of Address	browns	suille, TX 7	8524		الراح ا	100 a) 3:4
5 CANDIDATE/ OFFICEHOLDER PHONE	(950)	PHONE NUMBER 57 4 - 12 (extensio o	· ·	Date Hand-delivere	or Date Posimarked
6 CAMPAIGN	MS/MRS/MR	O FIRST	, , , , , , , , , , , , , , , , , , ,	MI	т кесени <i>н</i>	Ashount \$
TREASURER NAME		Ciria			Date Processed	
145 11712	NICKNAME	LAST		SUFFIX	Date Imaged	
		Martin	<u>ez</u>			ZIP CODE
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / S		4.1	STATE;	
(Residence or Business)	3714 So	in Jacinto	Rd. Brow	nsuill.	P, TX7	8521
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
FHONE	(456) O	39-8579				
9 REPORT TYPE	January 15	30th day before	election Run	off		after campaign appointment der Only)
	July 15	8th day before el	ecuon I I	eded Modified orting Limit	Final Rep	ort (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Ye	ar
COVERED	07/	16/2023	THROUGH	12		-023
11 ELECTION	ELECTION DA		□ I	ELECTION TYP	E	
	Month Day	Year Primary	Runoff [Other Description		
		General General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICES	SOUGHT (if knov	vn)	
14 NOTICE FROM POLITICAL		E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS			,	
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME			
		COMMITTEE CAMPAIGN T	REASURER ADDRESS			
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME TO	sus Ramino Martinez	16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N \$					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	, \$10,914,13					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$					
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,823,75					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	†					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	OF THE \$					
	wear, or affirm, under penalty of perjury, that the accompanying report is to uired to be reported by me under Title 15, Election Code.	mfrin					
Signature of Candidate or Officeholder							
Please complete either option below:							
(1) Affidavit							
NOTARY STAMP/SEA	-						
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 administer	ing oath Printed name of officer administering oath	Title of officer administering oath					
	OR STATE OF THE ST						
(2) Unsworn Declaration	on ·						
My name is SOS My address is 6744 Come Executed in 1466	Noble Pine Brownsville. Ton (street) (city)	TX 78526. USA (state) (zip code) (country)					
	Signature of Cand	idate/Officeholder (Declarant)					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reque	sted information is not applicable, DO NOT include this page in t	the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Jesus Ramin Martinez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
7/29/23	Crystal Martinez 6 Contributor address; City; State; Zip Code	\$40.00
	4915 George Saenzen Brownsville, TX 7850	21
i i	pation / Job title (See Instructions) 9 Employer (See Ins	
Date	Full name of contributor	Amount of contribution (\$)
7/29/23	Maldonado Contributor address; City; State; Zip Code	\$40.00
	7245 Sweetgum Brownsville 1×785	.26
	pation / Job title (See Instructions) Employer (See Inst	
Date	Full name of contributor	Amount of contribution (\$)
7/31/23	Martha S. Martine 2 Contributor address; City; State; Zip Code	\$8000
****	3500 S. Dakota Brownsville, TX785.	20
Principal occup	pation / Job title (See Instructions) Employer (See Inst	tructions) eria Crystal
Date	Full name of contributor	_) Amount of contribution (\$)
8/12/23	Contributor address; City; State; Zip Code	\$35 8 3''
Principal occup	3714 San Jach to Brownsuille, TX7852 pation / Job title (See Instructions) Employer (See Inst	<u> </u>
. •	·	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for addition	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 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	19	Jesus Ramin Martinez 20 Filer 10 (Ethics Cor	nmission Filers)
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 5. 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 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED			
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4. SCHEDULE E: LOANS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$3,609"
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 \$3 \(\) 3 \(\) 3 \(\) 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 \$	3.	SCHEDULE B: PLEDGED 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 \$3 \(\) 3 \(\) 3 \(\) 5 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 \$	4.	SCHEDULE E: LOANS	\$600.00
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 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	5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$5520.50
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 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	6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$3.25 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 \$	7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
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 \$	8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$	9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$303,25
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$	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.		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

ii the reques	sted information is not applicable, DO NOT in	iclude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1;
2 FILER NAME	Jesus Ramino Ma	irtiner	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
8/23/23		State; Zip Code	\$1000°
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	lions) Jer Services
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
10/25/23	Contributor address; City; 5420 South most Rd	State; Zip Code	\$100000
Principal occup	Brownsville, TX 7	(521	·
· · · · · · · · · · · · · · · · · · ·	Owner	Employer (See Instruct	wer Services
Date	Prime Power Services-Lui		Amount of contribution (\$)
12/19/23	5420 Southwost kd	State; Zip Code	\$592,13
Principal occup	Brownsuille, TY 755 ration / Job title (See Instructions)		
Tritopal occup	Dwner	Prime Pou	ver Semices
Date	Full name of contributor	(10#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	·		
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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it the requested information is not applicable, by Mor include this page in the report.							
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:						
2 FILER NAME	Jesus Ramino Mar	tinez	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor	:({D#:)	7 Amount of contribution (\$)				
	Jose and Carmen Cavazos	•					
10/18/23		State; Zip Code	\$50.00				
[[78 Ivy Lane Brownson	ille, TX 78521					
W	1	9 Employer (See Instruc	tions)				
	'as for	Latglesiad	el Pueblo Penticostal				
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)				
	Charles Hasse						
11/18/23	Contributor address; City;	State; Zip Code	\$100.00				
	132 Sally Ln. Brownsville,	TX-785210					
Principal occup	patign / Job title (See Instructions)	Employer (See Instruc	tions)				
	Retired						
Date	Full name of contributor 🔲 out-of-state PAC	: (ID#:)	Amount of contribution (\$)				
	Martha Martin	1eZ					
12/2/23	Contributor address; City;	State; Zip Code	\$100,00				
	3500 S. Dakota Brownsville	N 78520					
	pation / Job title (See Instructions)	Employer (See Instruc					
<u>V</u>	lorks at	1 or tille ri	a Crystal				
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
			·				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)				
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SCHEDULE A2

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The Instruction Guide explains how to complete this for	m.	1 Total pages Sched	lule A2:
2 FILER NAME Jesus Ramino Martin	182	3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Zip Code 78526	8 Amount of Contribution \$ \$ 1 4 8 ° ° Check if travel outs	9 In-kind contribution description Chicken and Bread Bread:
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	at (FOR NOW-JODICE	ACI(See instructions)
Teacher			rentary (LPCISD)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JL	JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
3714 San Jacinto Brownsville, T	Zip Code X' 78521	Amount of Contribution \$	In-kind contribution description I CE, FOI, CKICK-EN 7-ShI/+ bags Ide of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Transportation Officer	AK	Ima	
Contributor's principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	IDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (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.

PLEDGED CONTRIBUTIONS

SCHEDULE B

	If the requested information is not applicable, DO NOT include this page in the report.						
	The	Instruction Guide explains how to complete this form.	1 Total pages Sched	ule B:			
2	FILER NAME		3 Filer ID (Ethics C	ommission Filers)			
4	TOTAL OF	UNITEMIZED PLEDGES	\$				
5	Date	6 Full name of pledgor	8 Amount of Pledge \$	9 In-kind contribution description			
		7 Pledgor address; City; State; Zip Code		 			
			Check if travel outs	I . ide of Texas. Complete Schedule T.			
10	Principal occu	pation / Job title (See Instructions) 11 Employer (See	Instructions)	-			
	Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description			
		Pledgor address; City; State; Zip Code		 			
			Check if travel outs	l . ide of Texas. Complete Schedule T.			
	Principal occup	ation / Job title (See Instructions) Employer (See	Instructions)				
	Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description			
	:	Pledgor address; City; State; Zip Code		! !			
		•	Check if travel outs	ide of Texas. Complete Schedule T.			
	Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)				
	Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description			
		Pledgor address; City; State; Zip Code		[
			Check if travel outs	l ide of Texas. Complete Schedule T.			
	Principal occup	ation / Job title (See Instructions) Employer (See	1				
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	lf c	ATTACH ADDITIONAL COPIES OF THIS SCHEDU		requirements.			

SCHEDULE A2

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A2: 2 FILER NAME Tesus Ramino Martine 2 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date 6 Full name of contributor out-of-state PAC (IDIF:	n me requ	lested information is not applicable, DO NOT includ	e this page	in the report.	
Jesus Ramino Martinez 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date 6 Full name of contributor out-of-state PAC (ID#:) 8 Amount of 9 In-kind contribution description Contribution Out-of-state PAC (ID#:) 8 Amount of 9 In-kind contribution Out-of-state PAC (ID#:) 8 Amount of Out-of-state PAC (ID#:) 8 Amount of Out-kind contribution Out-of-state PAC (ID#:) 8 Amount of Out-of-state PAC (ID#:) 9 In-kind contribution Out-of-state PAC (ID#:) 8 Amount of Out-of-state PAC (ID#:) 9 In-kind contribution Out-of-state PAC (ID#:) 10 Principal occupation Out-of-state PAC (ID#:) 11 Employer (FOR NON-JUDICIAL) Out-of-state PAC (ID#:) 12 Contributor's principal occupation (FOR JUDICIAL) Out-of-state PAC (ID#:) 13 Contributor's spouse (if any) (FOR JUDICIAL) Out-of-state PAC (ID#:) 14 Contributor Out-of-state PAC (ID#:) 15 Law firm of contributor Out-of-state PAC (ID#:) 16 If contribution Out-of-state PAC (ID#:) 17 Amount of Out-of-state PAC (ID#:) 18 Out of Contribution Out-of-state PAC (ID#:) 19 In-kind contribution Out-of-state PAC (ID#:) 10 Principal occupation Out-of-state PAC (ID#:) 11 Employer (FOR NON-JUDICIAL) Out-of-state PAC (ID#:) 12 Law firm of contributor's spouse (if any) (FOR JUDICIAL) Out-of-state PAC (ID#:) 13 Contribution Out-of-state PAC (ID#:) 14 Contribution Out-of-state PAC (ID#:) 15 Law firm of contributor Out-of-state PAC (ID#:) 16 If contribution Out-of-state PAC (ID#:) 17 Amount of Out-of-state PAC (ID#:) 18 Out-of-state PAC (ID#:) 19 Out-of-state PAC (ID#:) 19 Out-of-state PAC (ID#:) 10 Out-of-state PAC (ID#:) 11 Out-of-state PAC (ID#:) 12 Out-of-state PAC (ID#:) 13 Out-of-state PAC (ID#:) 14 Out-of-state PAC (ID#:) 15 Out-of-state PAC (ID#:) 16 Out-of-stat	T	he Instruction Guide explains how to complete this for	n,	1 Total pages Sched	Jule A2:
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 5 Date 6 Full name of contributor out-of-state PAC (IDH:	2 FILER NAM	Tesus Ramino Marti	ne2	3 Filer ID (Ethics Co	ommission Filers)
Contribution \$ description Plats and Plats and Jalapeñes	4 TOTAL O			\$	
Health Care Administrator 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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 out-of-state PAC (ID#: Amount of Contribution \$ In-kind contribution description (Cuttery Packet) Nora Garza		Estrella Fraire 7 Contributor address; City; State;		Contribution \$	Plates and jalapeños
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 out-of-state PAC (ID#:		supation / Job title (FOR NON-JODICIAL) (See Instructions)	II Employe	SI (I-OK NON-JODICI	ALI(See Instructions)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution description Contribution \$ In-kind contribution description Cut-of-state PAC (ID#:) Cut-of-state PAC (ID#:					
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution \$ In-kind contribution description Cuffery Packers	14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
Nora Garza Amount of in-kind contribution description Contribution \$ cuttery packers	16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
34 Bennettor Bownsville 778521 Check if travel outside of Texas. Complete Schedule	Date 8/12/23	Nora Garza Contributor address; City; State;	Zip Code	Contribution \$	description Uttlery packets and masked potatoes
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Harlingen CISD	Principal occi	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIA	
Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions)	Contributor's		Contribu		IDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)	Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		S Pro- St Service - Ser	
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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.	описантубликания принцення по принцения по принцения по принцения по принцения по принцения по принцения по пр				UNITED APOPUG NIINEIMON MAINNA GIUN ERRAGA ANGILA

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SCHEDULE A2

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Т	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	ule A2:
2 FILER NAM	Jesus Ramino Martin	1e2	3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date 8/12/23	3500S, Daktor Brownsville, DC	Zip Code 78520	Contribution \$	9 In-kind contribution description MUShed Potatos and T'CE de of Texas. Complete Schedule T.
10 Principal occ	oupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	FOR NON-JUDICA	
	principal occupation (FOR JUDICIAL)	1	** ***********************************	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>		
Date 8/12/23	.	Zip Code	700	tn-kind contribution description
Principal occ	4915 George Saen 21 B DWN SVITE TX upation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outsider (FOR NON-JUDICIA	
,	uctional loach	Jul	pilee Acad	dentes
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL)(See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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anner, men my men en e	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LEAS NEEDED	www.checker.com/scattle/scattl

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

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SCHEDULE A2

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

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Ţ	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:
2 FILER NAM	Tesus Ramino Martin	et	3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date 8/12/23	6 Full name of contributor out-of-state PAC (ID#: ROSA E. Martiner 7 Contributor address; City; State; 5238 Sagebrushlub rowns ville TX.	Zip Code 78524	8 Amount of Contribution \$ \$\frac{1175}{}{}Check if travel outsi	9 In-kind contribution description
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)		 	rimary Home Care
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 8/12/23	Full name of contributor out-of-state PAC (IDH:	Zip Code X'7#5/_6		In-kind contribution description Charcoal description The contribution of the contr
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
	principal occupation (FOR JUDICIAL)	Contribu	1	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ľí	ATTACH ADDITIONAL COPIES OF Ti contributor is out-of-state PAC, please see instruction			requirements.

SCHEDULE A2

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

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TI	he Instruction Guide explains how to complete this for	ก.	1 Total pages Sched	lule A2:
2 FILER NAME TOSUS Ramino Martiner			3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	Pedro Abrahan Hernan	der	Contribution \$	9 In-kind contribution description
10/29/23	7 Contributor address; City; State;	Zip Code		Reel Videol
	1141 Champlain Or Brownsville 7	278524	Check if travel outsi	ide of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDIC! Nern and ez.	AL)(See Instructions) てる
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID#:	n CleL Zip Code	4250	I In-kind contribution I description I Reel Video 2 I lead of Texas Complete Schedule T
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIA	
	Iner	Abe	hernande	2.00
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)			
			•	
	A TITLE A MILL I I IN THE MILL IN IN A MILL IN THE MIL		B CAM C AND B A 100 PM C	
11	ATTACH ADDITIONAL COPIES OF TI f contributor is out-of-state PAC, please see Instruction			requirements

SCHEDULE A2

If the requested information is not applicable, DO NOT includ	e this page in the report.		
The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:		
2 FILER NAME Jesus Ramiro Martine	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIL			
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Amount of 9 In-kind contribution description Veterans Parade Veterans Parade Video Video Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	17 Employer (FOR NON-JUDICIAL)(See Instructions) Abenernandez.co		
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)			
W117173	Amount of Contribution \$ description Thanks giving Turkey Given y 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)	HDENETNANDEL. LO 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 If contributor is out-of-state PAC, please see Instruct			

NON-MONETARY (IN-KIND) POLITICAL

CONTRIBUTIONS SCHEDULE A2 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jesus Ramino Martine L 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution Project Red TX
7 Contributor address; City; State; Zip Code 10-610 Austin TX 7870 Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL)(See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 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) In-kind contribution description Pedro Abraham Hernander

Contributor address; City: State; Zip Code Ribben cutting photos 1141 Champlain Pr. Bownsvill, TX78526 Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL)(See Instructions) Dwner Abehernandez.co Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's employedlaw 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.

LOANS

SCHEDULE E

If the requester	d information is not applicable, DO NO)T include this page in the re	port.
The	Instruction Guide explains how to comp	elete this form.	1 Total pages Schedule E:
2 FILER NAME	Jesus Ramiro M	lartinez	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender		9 Loan Amount (\$)
7/21/23	Jesus Raminol	Martinez	\$ 60000
6 Is lender a financial Institution?	8 Lender address; City; 6744 Noble Pin	State; Zip Code	10 Interest rate N/A
Y N		78526	11 Maturity date N A
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	slutions.LLC
14 Description of Coll	ateral	Check if personal fun- account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor	-	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#;)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEE struction guide for additional re	3

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expen

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Expense Expense Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not ilsted above)
Credit Card Payment	The Instruction Guide explains how to	_	Other (errer a category normsted above)
1 Total pages Schedule F1:	2 FILER NAME TESUS Ramir	v Martine 2	3 Filer ID (Ethics Commission Filers)
4 Date 7/24/23	Fiesta Graph	iics	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$1267.10	205 Paredes LineRd [(a) Category (See Categories listed at the top of this schedule)	3 rownsville	TX 78521
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	political	Signs
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	4,744,40,744,40,444,40,444,40	
7/26/23	FrostBank		
Amount (\$)	Payee address;	City;	State; Zip Code
\$34.00	5480 Paredesline Rd. B	nounsville,	TX 78524
·	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Banking	CheckPri	nting Fee
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	ı, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name ਜੇ	Office sought	Office held
Date	Payee name		
7/27/23	Wal-Mart		
Amount (\$)	Payee address;	City;	State; Zip Code
\$44,21	3500 W. Alton Gloor A	3 nownsuilly	TX 78526
nunnoor.	Category (See Categories listed at the top of this schedule)	Description `	•
PURPOSE OF EXPENDITURE	Event Expense	schools	supplies
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEE	DED

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expensa Polling Expensa Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other Control of the Control

Candidate/Officeholder/Politica Credit Card Payment	al Committee Le	gal Services	Salaries/V	Wages/Confract Labor	Other (entera catego	
and the second of the second	٦	The Instruction Guid	le explains how to (complete this form.		
1 Total pages Schedule F1:	2 FILER NAM	Tesus	Ramir	o Martinez	3 Filer ID (Ethics	Commission Filers)
4 Date 8 23	5 Payee name					
6 Amount (\$)	7 Payee addre	ss;		City;	State;	Zip Code
\$1027.28	205 P	aredes Li	ne Rd 13	<u>ransuile</u>	TX 78	3521
8 PURPOSE	(a) Category (s	ice Categories listed at the	etop of this schedule)	(b) Description Signs, k	•	
OF EXPENDITURE	Adver	Hising E	xpense	Nameta		Abbrevia
No. of the last of	(c) Che	ck if travel outside of Texas.	Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-		/ Officeholder name	>	Office sought	+	Office held
Date	Payee name			The second secon	100-100-100	
8/22/23	Frost	Bani	K			
Amount (\$)	Payee addre			City;	State;	Zip Code
\$8.00	5480 F	Paredos Li	ne Rd. Bi	ownsuille,	TX 78	526
	Category (See	e Categories fisled at the t	op of this schedule)	Description '		
PURPOSE OF EXPENDITURE	Bank	ing		Account	Service	Fee
		ck if travel outside of Texas. (Complete Schedule T.		, TX, officeholder living	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		Officeholder name		Office sought	C	Office held
Date	Payee name		***************************************	And the state of t		
8/28/23		nica	Cruz			
Amount (\$)	Payee addres			City;	State;	Zip Code
\$800.00	1755 W	lestmoni	roest. (3 rownsville	. TX 7	8520
PURPOSE	Category (See	Categories listed at the to	rp of this schedule)	Description		
OF EXPENDITURE	Advert	hising		Campaig	n Supp	ort
	Check	k if travel outside of Texas. Co	emplete Schedule T.	Check if Austin,	TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate /	Officeholder name	<u> </u>	Office sought	•	Office held
	ATTACI	HADDITIONAL C	OPIES OF THIS S	SCHEDULE AS NEED	DED	

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 Coramittee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Servicas Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing 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 shove)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense	Printing Expense Salarias/Wages/Contract Labor bow to complete this form	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	nin Martinez	3 Filer ID (Ethics Commission Filers)
4 Date 8/28/23	5 Payee name	Stitching	
6 Amount (\$)	7 Payee address;	City	State; Zip Code
\$108.25	247 Frontage Rd. Su	Heb. Brownsville	TX 78520
8	(a) Category (See Categories listed at the top of this soil	hedule) (b) Description	•
PURPOSE OF EXPENDITURE	Advertising	Campaign	nshirts
	(c) Check if travel outside of Texas, Complete Sche	edule T. Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		The state of the s
8/28/23	Wal-Mart		
Amount (\$)	Payee address;	City;	State; Zip Code
\$77.67	3500 W. Alten Gloor		78526
Sink 2 2 Street Street screet street	Category (See Categories listed at the top of this scho	edule) Description	
PURPOSE OF EXPENDITURE	Event Expense	School	Supplies
	Check if travel outside of Texas. Complete Sche	edule T. 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		
8/28/23	Vista Print		
Amount (\$)	Payee address;	City;	State; Zip Code
\$464.65	Vista prin		
ntinnade.	Category (See Categories listed at the top of this sche		
PURPOSE OF EXPENDITURE	Printing Exponse	push c	aras
	Check if travel outside of Texes, Complete Sche	edule T. Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED

SCHEDULE F1

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

		EXPENDIT	URE CATEG	ORIES F	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expe Gift/Awards/Memori Legal Services The Instruction	ense als Expense	Office Over Polling Exp Printing Ex Salaries/W		se Tra Tra Tra Ott	avel In District avel Out Of Dist	uipment & Related Expense
1 Total pages Schedule F1:	2 FILER N		Ramin	Ma	rtinez	3 1	Filer ID (Eth	ics Commission Filers)
4 Date 9/20/23	5 Payee na	ame .	caen	·····			#24 A 2	-
6 Amount (\$)	7 Payee a				City;		State;	Zip Code
\$400"	1755	WestM	onnes	6. B			TX 7!	8520
PURPOSE	(a) Categor	y (See Categories lister	d at the lop of this sc	hedule)	(b) Description	ļ		
OF EXPENDITURE	Adve	rtising	,		Campa	ugn	Sup	port
	(c)	Check if travel outside of	Texas. Complete Scho	edule T.	Check if	Austin, TX,	officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder r	name		Office sough	nt		Office held
Date	Payee na	me	-					
10/10/23	1	VTA						
Amount (\$)	Payee ad	dress;			City;		State;	Zip Code
\$500"	5250	Paredes L	ineRd	Впи	nsuille,	1X 7	852G	
PURPOSE	Category	(See Categories listed :	al the top of this sche	edule)	Description	3	-	
OF.	Adver	Hising E	Y Pense	ا ع	Big S	thr	e Tuncei	nent
		Check if travel outside of T	èxas. Complete Sche	dule T.	_		officeholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder n	ame		Office sough	t		Office held
Date	Payee na	me				***************************************		
10/13/23	Dulo	erias l	Pinkis	Cer	tral			
Amount (\$)	Payee add	dress;			City;	-	State;	Zip Code
\$66.30		Central			nwasull	e	X	78520
PURPOSE	Category	(See Categories listed a	t the top of this sche	dule)	Description		7	
	Even	t Exi	pense	-	Trick- Eu	ent	- 176	at
		Check if travel outside of Te	xas. Complete Sched	lule T.	Check if A	Austin, TX, c	Miceholder living	3 expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder r	ame		Office sough	t		Office held
	ATT	ACH ADDITIONA	L COPIES OF	THIS SO	CHEDULEASN	VEEDED		

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing 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)

Candidate/Officeholder/Polifica	· · · · · · · · · · · · · · · · · · ·	g Expense Travel Out Of District SAVages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule F1:	2 FILER NAME JESUS Ramin	Martinot 3 Filer ID (Ethics Commission Filers)
4 Date 10/17/23	F Payee name Alina's Restau	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$4831	408 Sam Houston BI	vd. San Benito TX 78588
8	(a) Category (See Categories listed at the top of this schedule	(b) Description
PURPOSE OF EXPENDITURE	Food Beverag Eppense	meet and Greet
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/19/23	McCoys	
Amount (\$)	Payee address;	City; State; Zip Code
\$40451	5500 F. 14th St. B	rownsville TX 78521
PURPOSE	Category (See Categories listed at the top of this schedule)	80 T- Posts for signs.
OF EXPENDITURE	Advertising Expense	-
	Check if travel outside of Texas, Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payae name	
10/24/23	Frost Bank	
Amount (\$)	Payee address;	City; State; Zip Code
\$8.00	5480 paredes GroRd	. Brownsville 7x 78526
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Banking	Account Service Fee
	Check if travel outside of Texps, Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDED

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Polifical Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ramino Martinez 4 Date 5 Payee name 10/30/23 6 Amount (S) 7 Payee address State: Zip Code 3500 W. Alten Glos Bruins ville TX 78526 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Event Expense Trick-or-Treat OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Dulcenias Pinkis Central 2265 Central Blvd Brownshille, TX 78520 Category (See Categories listed at the top of this schedule) Description Trick-or-Treat PURPOSE Fuent Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name Dulcenas Pinkis Central State; Zip Code 2265 Central Blvd Brownsville TX 78520 Category (See Categories listed at the top of this schedule) Description Trick-or-Treat \$26a79 **PURPOSE** Fuent Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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

Evant 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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries		er a category not listed above)
Cleak Cald Faytherit	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME JESUS Ramin	oMartinez 3 Filer 1	D (Ethics Commission Filers)
4 Date	5 Payee name Humberto	. 1	
6 Amount (\$)	7 Payee address;		State; Zîp Code
\$100 "	315 Perry St. Your	Lum, TX 779	95
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF		Dulga Onlin	e ,
EXPENDITURE	Advertising Expense	Pulga Onlin Advertise	ment
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeh	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/22/23	Frost Bank		
Amount (\$)	Payee address;	City; S	State; Zip Code
\$ 8.00	5480 Paredestino Rd	Brownsille TX	78526
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Banking	Account Sensi	6 Fee
	Check if travel outside of Texas, Complete Schedule T.	Check if Auslin, TX, officeh	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	•		:
	· ·	,	
Amount (\$)	Payee address;	City; S	state; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	444-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-
PURPOSE OF EXPENDITURE			
	Charle if travel authits of Tarres Complete St.		
Complete CMIN 7 10 1	Chack if Iravel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	
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 **PERSONAL FUNDS**

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Salaries/	Expense Wages/Contract Labor	· · · · · · · · · · · · · · · · · · ·	ict gory not listed above)
			DISINS HOW to	complete this form	•	
1 Total pages Schedule G:	2 FILER NA	ME Jesus Ri	amin	Martin	3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee nan					
8/16/23	Mc	2013		-		
4303,25	7 Payee add	ress;		City;	State;	Zip Code
Reimbursement from political contributions intended	5500	East 14th.	st B	rownsu	ille tx -	18521
8 PURPOSE	(a) Category	(See Categories listed at the top of the	his schedule)	(b) Description	,	
OF EXPENDITURE	Advertising Expense T-Post for signs					hS
	(c) c	heck if travel outside of Texas. Complete	e Schedule T.	Check if A	ustin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candida	ite / Officeholder name		Office sought		Office held
Date	Payee nam	е				
				···		
Amount (\$)	Payee add	ress;		City;	State;	Zíp Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	See Categories listed at the top of the	ils schedule)	Description		
	ГТс	neck if travel outside of Texas. Complete	- L			
					ustin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name		Office sought		Office held
Date	Payee nam	9	M. M. V. Tarabalan and American			
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF	Category (See Categories listed at the top of thi	is schedule)	Description		
EXPENDITURE		·				
	Ch	eck if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidat	e / Officeholder name		Office sought		Office held
New York Control of the Control of t	ATTAC	H ADDITIONAL COPIES	OF THIS SC	HEDULE AS NE	EDED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Glft/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other fortunes extensions tiled chairs

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wages/ContractLabor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
i totai pages ocheudie r4.	2 FIRE 10 (Eules Commission Fiels)				
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$				
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
9 TYPE OF EXPENDITURE	Political Non-Political				
10	(a) Category (See Categories listed at the top of this schedule) (b) Description				
PURPOSE OF EXPENDITURE					
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
11 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				
TVDF AT					
TYPE OF EXPENDITURE	Political Non-Political				
	Category (See Calegories listed at the top of this schedule) Description				
PURPOSE OF EXPENDITURE					
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					