CARLOS MARTINEZ

		·

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR OFFICE USE ONLY Carlos **OFFICEHOLDER** NAME Date Received CAMERON COUNTY NICKNAME DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 4 CANDIDATE/ ADDRESS / PO BOX: 144 Cotherine Lanc **OFFICEHOLDER** FEB 1 3 2024 MAILING **ADDRESS** Brownsville, Dr. 78520 Change of Address 5 CANDIDATE/ **OFFICEHOLDER** (956) 5 52-0159 PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME Date Imaged Perc 2. STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN ZIP CODE Catherine leve Browns de **TREASURER** ADDRESS (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER EXTENSION **TREASURER** (956) 371-0456 PHONE 9 REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED THROUGH ELECTION DATE 11 ELECTION **ELECTION TYPE** Runoff Other Description Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Loncoon 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethlos Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$				
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0				
	4. TOTAL POLITICAL EXPENDITURES	\$ 0				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* 1,048.51				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 1,048.51 THE \$ 2,322,80				
	ewear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.					
	June 1					
	Signature of Ca	ndidate or Officeholder				
Please complete either option below:						
(1) Affidavit						
		:				
NOTARY STAMP/SEA	L					
Swom to and subscribed	before me by this the	day of				
20, to certify which, witness my hand and seal of office.						
20, 10 CG/m	Willow, Microsoft y Haite and Souler States					
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath				
Olgitatore or others dominion						
	OR					
(2) Unsworn Declarat	ion					
My name is	charine Lene Brownsville	7-18-1971				
My address is 199	Collaphe Lene Brownsville	12. 18520 U.S.				
	(street) (city)	state) (zip code) (country)				
(street) (city) (state) (zip code) (country) Executed in Country, State of Texas, on the 13th day of 15th day of 15th (month), 2029.						
	Signature of Candi	date/Officeholder (Declarant)				