

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: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Dr. FIRST: Marte MI: A	OFFICE USE ONLY	
	NICKNAME: Martinez LAST: Martinez SUFFIX: Jr.		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 11307 Granados APT / SUITE #: Laredo, TX CITY: Laredo, TX STATE: TX ZIP CODE: 78045	JUL 15 '19 PM 4:08 REC'D CITY SEC OFF	
	AREA CODE: (956) PHONE NUMBER: 795-8393 EXTENSION:	Date Hand-delivered or Data Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs. FIRST: Adrianna MI:	Receipt #	Amount \$
	NICKNAME: Martinez LAST: Martinez SUFFIX:	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 11307 Granados APT / SUITE #: Laredo, TX CITY: Laredo, TX STATE: TX ZIP CODE: 78045	Date Imaged	
	AREA CODE: (214) PHONE NUMBER: 280-0636 EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year: January 01 / 2019 THROUGH Month Day Year: June 30 / 2019		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year: 11 / 06 / 2018	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any): City Council District 6	13 OFFICE SOUGHT (if known):	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Dr. Marie A. Martinez 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,950
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,802.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,859.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 22,550

18 AFFIDAVIT

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.

Marie A. Martinez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marie A. Martinez, this the 15 day of July, 20 19, to certify which, witness my hand and seal of office.

Tiffany L. Franklin
Signature of officer administering oath

Tiffany L. Franklin
Printed name of officer administering oath

Deputy City Secretary IV
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Dr. Marie A. Martinez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21,950
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 17,802.82
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1
1 of 5

2 FILER NAME
Dr. Marie A. Martinez

3 Filer ID (Ethics Commission Filers)

4 Date
02/04/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Palafox Hospitality
6 Contributor address; City; State; Zip Code
1000 Zaragoza Laredo, TX
St. 78040

7 Amount of contribution (\$)
\$1,000

8 Principal occupation / Job title (See Instructions)
Operations

9 Employer (See Instructions)
La Posada

Date
02/06/19

Full name of contributor out-of-state PAC (ID#: _____)
Kazen, Meurer & Perez, L.L.P.
Contributor address; City; State; Zip Code
P.O. Box 8237 Laredo, TX
78042

Amount of contribution (\$)
\$500

Principal occupation / Job title (See Instructions)
Lawyer

Employer (See Instructions)
Self

Date
02/06/19

Full name of contributor out-of-state PAC (ID#: _____)
Mr. or Mrs. David L. Reutfringer
Contributor address; City; State; Zip Code
516 Olimpia Bay Laredo, TX
78041

Amount of contribution (\$)
\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/06/19

Full name of contributor out-of-state PAC (ID#: _____)
Steve A. Whitworth
Contributor address; City; State; Zip Code
119 Canterbury Laredo, TX
St. 78045

Amount of contribution (\$)
\$500

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 5

2 FILER NAME

Dr. Marie A. Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

02/05/19

5 Full name of contributor out-of-state PAC (ID# _____)

Jeffrey R. Puig
6 Contributor address: 208 Sparks Ct.
City: Laredo, TX
State: TX
Zip Code: 78045

7 Amount of contribution (\$)

\$500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/05/19

Full name of contributor out-of-state PAC (ID# _____)

Fuilltermo J. CANAZOS JR.
Contributor address: 914 McPherson Apt. 904
City: Laredo, TX
State: TX
Zip Code: 78045

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/05/19

Full name of contributor out-of-state PAC (ID# _____)

Laredo Police Officers Association
Contributor address: 6426 Polaris Dr.
City: Laredo, TX
State: TX
Zip Code: 78041

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/05/19

Full name of contributor out-of-state PAC (ID# _____)

J. C. Martin, III
Contributor address: 106 Del Court
City: Laredo, TX
State: TX
Zip Code: 78041

Amount of contribution (\$)

\$250

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 3 of 5
2 FILER NAME Dr. Monte A. Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 01/31/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard M. Hachor	7 Amount of contribution (\$) \$2,500
6 Contributor address: City: State: Zip Code P.O. Box Laredo, TX 450396 78045		
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Self
Date 02/05/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheidan Gallegos	Amount of contribution (\$) \$1,500
Contributor address: City: State: Zip Code 1303 Calle Laredo, TX del Norte 78041		
Principal occupation / Job title (See Instructions) manager		Employer (See Instructions) Gallegos paving
Date 01/29/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laredo Fire - PAC	Amount of contribution (\$) \$1,000
Contributor address: City: State: Zip Code 5219 Tesoro Laredo, TX Piz. 78041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/05/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurt Kraus	Amount of contribution (\$) \$5,000
Contributor address: City: State: Zip Code 10410 Medical Laredo, TX Co. Unit A. 78045		
Principal occupation / Job title (See Instructions) manager		Employer (See Instructions) FM 1472 Investments

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1
4 of 5

2 FILER NAME
Dr. Marie A. Martinez

3 Filer ID (Ethics Commission Filers)

4 Date: 02/07/19
5 Full name of contributor: Juan Jose Cruz
6 Contributor address: 1500 NEISON COURT
City: LAREDO, TX
State: TX
Zip Code: 78045

7 Amount of contribution (\$)
\$1,000

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
SELF

Date: 02/07/19
Full name of contributor: BE CIVIL CONSTRUCTION
Contributor address: 10410 MEDICAL CP. SUH. 1A
City: LAREDO, TX
State: TX
Zip Code: 78045

Amount of contribution (\$)
\$2,500

Principal occupation / Job title (See Instructions)
Construction

Employer (See Instructions)
BE CIVIL CONSTRUCTION

Date: 02/05/19
Full name of contributor: Douglas B. Howard
Contributor address: P.O BOX 1759
City: LAREDO, TX
State: TX
Zip Code: 78044

Amount of contribution (\$)
\$1,000

Principal occupation / Job title (See Instructions)
C=

Employer (See Instructions)
SELF

Date: 02/05/19
Full name of contributor: Judson Gilpin
Contributor address: 101 W. Hillside #9
City: LAREDO, TX
State: TX
Zip Code: 78041

Amount of contribution (\$)
\$2,500

Principal occupation / Job title (See Instructions)
CEO

Employer (See Instructions)
SELF

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1
5005

2 FILER NAME
Dr. MARIE A. MARTINEZ

3 Filer ID# (Ethics Commission Filers)

4 Date
01/31/19

5 Full name of contributor out-of-state PAC (ID#:
Blackstone Dilworth
operating expense

6 Contributor address: City: State: Zip Code
400 FM 534 Sandia, TX
78383

7 Amount of contribution (\$)

\$ 11,000

8 Principal occupation / Job title (See Instructions)
CEO

9 Employer (See Instructions)
Self

Date Full name of contributor out-of-state PAC (ID#:
Contributor address: City: State: Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#:
Contributor address: City: State: Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#:
Contributor address: City: State: Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **1 of 3** 2 FILER NAME: **Dr. Marte A. Martinez** 3 Filer ID (Ethics Commission Filers)

4 Date: **02/06/2019** 5 Payee name: **HEB**

6 Amount (\$): **\$5.04** 7 Payee address; City: State: Zip Code: **210 W Del Mar Laredo, TX 78041**

8 PURPOSE OF EXPENDITURE: **Beverage**

(a) Category (See Categories listed at the top of this schedule)

(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 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: **02/05/2019** Payee name: **Border Foundry**

Amount (\$): **\$3,451** Payee address; City: State: Zip Code: **7718 Mohrperson Rd. Laredo, TX 78045**

PURPOSE OF EXPENDITURE: **Event Expense**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date: **02/05/2019** Payee name: **Carlos Morales**

Amount (\$): **\$600** Payee address; City: State: Zip Code: **800 East Mann Rd SUT 105 Laredo, TX 78041**

PURPOSE OF EXPENDITURE: **Event Expense**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete 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

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **2 of 3** 2 FILER NAME: **DR. MARIE A. MARTINEZ** 3 Filer ID (Ethics Commission Files):

4 Date: **02/05/2019** 5 Payee name: **LWS Media**

6 Amount (\$): **\$2,015.76** 7 Payee address; City; State; Zip Code: **107 Calle del Norte Ste 115 Laredo, TX 78041**

8 PURPOSE OF EXPENDITURE: **Advertising Expense**

(a) Category (See Categories listed at the top of this schedule): **Advertising Expense**

(b) Description: Check if travel outside of Texas. Complete Schedule T. 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: **02/07/2019** Payee name: **Aldo Ortega**

Amount (\$): **\$825** Payee address; City; State; Zip Code: **2501 E Elm St. Laredo, TX 78043**

PURPOSE OF EXPENDITURE: **Event Expense**

Category (See Categories listed at the top of this schedule): **Event Expense**

Description: Check if travel outside of Texas. Complete Schedule 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: **02/19/2019** Payee name: **Marie Martinez**

Amount (\$): **\$10,000** Payee address; City; State; Zip Code: **11307 Giranados Laredo, TX 78045**

PURPOSE OF EXPENDITURE: **Loan Repayment**

Category (See Categories listed at the top of this schedule): **Loan Repayment**

Description: Check if travel outside of Texas. Complete Schedule T. 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

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **3063** 2 FILER NAME: **Dr. Marte A. Martinez** 3 Filer ID (Ethics Commission Filers)

4 Date: **02/06/2019** 5 Payee name: **HEB**

6 Amount (\$): **\$24.60** 7 Payee address: City: State: Zip Code: **210 W Del Mar Laredo, TX 78041**

8 PURPOSE OF EXPENDITURE: **Food/Beverages**

(a) Category (See Categories listed at the top of this schedule)

(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 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: **02/06/2019** Payee name: **SPECS**

Amount (\$): **\$482.02** Payee address: City: State: Zip Code: **5506 San Bernardo Ave. Laredo, TX 78041**

PURPOSE OF EXPENDITURE: **Beverages**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date: **02/06/2019** Payee name: **SPECS**

Amount (\$): **\$399.40** Payee address: City: State: Zip Code: **5506 San Bernardo Ave. Laredo, TX 78041**

PURPOSE OF EXPENDITURE: **Beverages**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED