

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR _____ FIRST _____ MI _____ <i>Mercurio</i> NICKNAME _____ LAST _____ SUFFIX _____ <i>Merc</i> <i>Martinez</i> <i>III</i>	<div style="border: 2px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="margin: 5px 0;">Date Received</p> <div style="text-align: center; font-size: 2em; font-weight: bold; color: blue;"> RECEIVED 2018 OCT 29 PM 5:58 CITY SECRETARY'S OFFICE </div> <p style="margin: 5px 0;">Date Hand-delivered or Date Postmarked</p> <p style="margin: 5px 0;">Receipt # _____ Amount \$ _____</p> <p style="margin: 5px 0;">Date Processed _____</p> <p style="margin: 5px 0;">Date Imaged _____</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1619 Guerrero St. Laredo, TX 78040</i> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 237-8282</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR _____ FIRST _____ MI _____ <i>Patricia</i> <i>G</i> NICKNAME _____ LAST _____ SUFFIX _____ <i>Guajardo</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2120 Blainest Laredo, TX 78043</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 999-5715</i>		
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 type="checkbox"/> July 15 <input checked="" 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 Month Day Year <i>10 / 01 / 18</i> THROUGH <i>10 / 28 / 18</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 06 / 18</i>	ELECTION TYPE <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)	13 OFFICE SOUGHT (if known) <i>City Council District III</i>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mercurio Martinez III 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

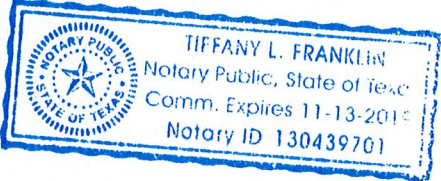
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6450 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9694.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6400.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.



Mercurio Martinez III
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mercurio Martinez III, this the 29 day of October, 2018, 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 III
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Mercurio Martinez III</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	\$ 6450 ⁰⁰
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	\$ 9694. ⁷⁷
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:

4

2 FILER NAME

Mercurio Martinez III

3 Filer ID (Ethics Commission Filers)

4 Date

10-24-18

5 Full name of contributor

Albert Martin II

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250⁰⁰

6 Contributor address; City; State; Zip Code

9114 McPherson Ste 2518
Laredo TX 78041

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-24-18

Full name of contributor

John Beckdhymer

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000⁰⁰

Contributor address; City; State; Zip Code

102 Windsor Rd
Laredo, TX 78041

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-24-18

Full name of contributor

Yolanda G Garcia

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$800⁰⁰

Contributor address; City; State; Zip Code

2801 E Lyon
Laredo, TX 78043

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-26-18

Full name of contributor

Vidal A. Cantu

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500⁰⁰

Contributor address; City; State; Zip Code

2001 Lane St
Laredo TX 78043

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:

4

2 FILER NAME

Mercurio Martinez III

3 Filer ID (Ethics Commission Filers)

4 Date

10-10-18

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

Jesse Martinez

7 Amount of contribution (\$)

\$500⁰⁰

6 Contributor address; City; State; Zip Code

PO Box 1405, Laredo, TX 78042

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-10-18

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

Leticia Uribe Martinez

Amount of contribution (\$)

\$400⁰⁰

Contributor address; City; State; Zip Code

2507 Fremont, Laredo, TX 78043

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-10-18

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

Ed Ramirez

Amount of contribution (\$)

\$300⁰⁰

Contributor address; City; State; Zip Code

304 Bordeaux Dr. Laredo, TX 78045

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-10-18

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

Jesus Romero

Amount of contribution (\$)

\$200⁰⁰

Contributor address; City; State; Zip Code

311 N. Bartlett, Laredo, TX 78043

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:

4

2 FILER NAME

Mercurio Martinez III

3 Filer ID (Ethics Commission Filers)

4 Date

10-12-18

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

Law Office of Donato Ramos PLLC

6 Contributor address; City; State; Zip Code

6721 McPherson Rd. Ste 350
Laredo TX 78041

7 Amount of contribution (\$)

\$1,000⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-12-18

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

Joey Ferguson Real Estate

Contributor address; City; State; Zip Code

8407 Crown Wood Dr.
Laredo, TX 78045

Amount of contribution (\$)

\$250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-24-18

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

Blas M Martinez Jr.

Contributor address; City; State; Zip Code

4519 San Bernardo Ave Ste 202
Laredo, TX 78041

Amount of contribution (\$)

\$500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-24-18

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

JCMartin III

Contributor address; City; State; Zip Code

106 Del Court
Laredo, TX 78041

Amount of contribution (\$)

\$250⁰⁰

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:

4

2 FILER NAME

Mercurio Martinez III

3 Filer ID (Ethics Commission Filers)

4 Date

10-26-18

5 Full name of contributor

out-of-state PAC (ID#: _____)

IBC State Political Action Committee

6 Contributor address:

City; State; Zip Code

130 E Travis
San Antonio, TX 78205

7 Amount of contribution (\$)

\$500⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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	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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date 10-1-18	5 Payee name Laredo Association of Realtors				
6 Amount (\$) \$175. ⁰⁰	7 Payee address; City; State; Zip Code 616 Leal St. Laredo, Tx. 78041				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10-5-18	Payee name PMDG				
Amount (\$) \$3,000. ⁰⁰	Payee address; City; State; Zip Code 901 Victoria St. Ste H, Laredo, TX 78040				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10-10-18	Payee name Diana Sanchez				
Amount (\$) \$375. ⁰⁰	Payee address; City; State; Zip Code 604 Sunridge Loop Laredo Tx 78041				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 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

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: 3	2 FILER NAME Mercurio Martinez III	3 Filer ID (Ethics Commission Filers)
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4 Date 10-11-18	5 Payee name City of Laredo Utilities
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6 Amount (\$) \$484.45	7 Payee address; City; State; Zip Code 1102 Bob Bullock Loop, Laredo, Tx 78043
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description <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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-17-18	Payee name Mike Bernardini
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Amount (\$) \$	Payee address; City; State; Zip Code 1214 N. Oakmont Loop, Laredo, Tx 78045
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description <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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-18-18	Payee name Pro Value Media
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Amount (\$) \$1535.44	Payee address; City; State; Zip Code 1202 E. Del Mar Blvd. Ste 104, Laredo, Tx. 78041
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	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: 3	2 FILER NAME Mercurio Martinez III	3 Filer ID (Ethics Commission Filers)
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4 Date 10-11-18	5 Payee name, Pro Value Media
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6 Amount (\$) \$ 249⁰⁰	7 Payee address; City; State; Zip Code 1202 E. Del Mar Blvd ste 104, Laredo, TX 78041
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-11-18	Payee name City of Laredo Utilities
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Amount (\$) \$ 110⁰⁰	Payee address; City; State; Zip Code 1102 Bob Bullock Loop, Laredo, TX 78043
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description <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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-11-18	Payee name Fit 2 Print, LLC
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Amount (\$) \$ 400⁰⁰	Payee address; City; State; Zip Code 3660 E. Del Mar Blvd. Ste 8, Laredo, TX 78041
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	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>3</i>	2 FILER NAME <i>Mercurio Martinez III</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10-19-18</i>	5 Payee name <i>Pro Value Media</i>	
6 Amount (\$) <i>\$3070.⁸⁸</i>	7 Payee address; City; State; Zip Code <i>1202 E. Del Mar Blvd, ste 104, Laredo, TX 78041</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <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
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Date <i>10-18-18</i>	Payee name <i>ATM Pro Media</i>
Amount (\$) <i>\$50⁰⁰</i>	Payee address; City; State; Zip Code <i>1702 Lane, Laredo, TX 78043</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <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	Payee name
Amount (\$) <i>*</i>	Payee address; City; State; Zip Code

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