

# 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  
NICKNAME LAST SUFFIX  
Merc Mercurio  
Merc Martinez III

OFFICE USE ONLY

Date Received

CITY SECRETARY'S OFFICE

2018 DEC - 5 PM 4: 35

RECEIVED

Date Hand-delivered or Date Postmarked

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
1619 Guerrero St.  
Laredo, TX 78040

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(956) 237-8282

6 CAMPAIGN  
TREASURER  
NAME

MS (MRS) MR FIRST MI  
NICKNAME LAST SUFFIX  
Pati Patricia G  
Guajardo

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
2120 Blaine St.  
Laredo, TX 78043

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(956) 999-5715

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded \$500 limit  Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
10 / 30 / 2018 THROUGH 12 / 3 / 2018

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
 General  Special  
12 / 13 / 18

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council  
District 3

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

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

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 17,600<sup>00</sup>

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 15405.41

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

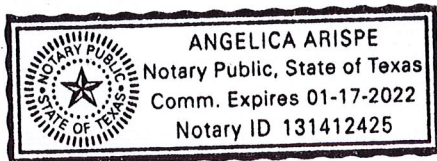
\$ 8596.02

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 5 day of December, 2018, to certify which, witness my hand and seal of office.

*Angelica Arispe*  
Signature of officer administering oath

Angelica Arispe  
Printed name of officer administering oath

Deputy City Secretary  
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		\$ 17,600 <sup>00</sup>
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		\$ 15,405 <sup>41</sup>
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: <i>1 of 5</i>
2 FILER NAME <i>Mercurio Martinez III</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-5-18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rodolfo Guajardo</i>	7 Amount of contribution (\$) <i>\$500<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>1402 Lane Laredo TX 78040</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11-5-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Omar Peña</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1707 Musser Laredo, TX 78043</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11-5-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chris Haynes</i>	Amount of contribution (\$) <i>\$250<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1217 N. Seymour Laredo TX 78040</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11-5-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adriana Lopez</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>2302 E. Price Laredo TX 78043</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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.



# 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

Mercurio Martinez III

3 Filer ID (Ethics Commission Filers)

4 Date

11-9-18

5 Full name of contributor

Big Sky Commercial Prop. Inv. LLC

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$2500<sup>00</sup>

6 Contributor address;

PO Box 499

City; State; Zip Code

Laredo, Tx 78042

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-9-18

Full name of contributor

Yolanda G Garcia

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$1,000<sup>00</sup>

Contributor address;

2801 E. Lyon

City; State; Zip Code

Laredo, Tx 78043

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-14-18

Full name of contributor

Stephen La Mantia

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$1500<sup>00</sup>

Contributor address;

410 Crossroads

City; State; Zip Code

Laredo, Tx 78045

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-14-18

Full name of contributor

Guillermo Benavides

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500<sup>00</sup>

Contributor address;

318 Bordeaux

City; State; Zip Code

Laredo, Tx 78045

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# 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

Mercurio Martinez III

3 Filer ID (Ethics Commission Filers)

4 Date

11-20-18

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

Edmundo Ramirez

7 Amount of contribution (\$)

\$ 500<sup>00</sup>

6 Contributor address; City; State; Zip Code

304 Bordeaux Laredo, Tx 78045

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-21-18

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

Plaza España LTD

Amount of contribution (\$)

\$ 1,000<sup>00</sup>

Contributor address; City; State; Zip Code

PO Box 1272 Laredo, Tx 78042

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-28-18

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

IBC PAC

Amount of contribution (\$)

\$ 1,000<sup>00</sup>

Contributor address; City; State; Zip Code

130 Travis San Antonio, Tx 78205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-28-18

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

Dennis Nixon

Amount of contribution (\$)

\$ 500<sup>00</sup>

Contributor address; City; State; Zip Code

PO Drawer 1359 Laredo, Tx 78042

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# 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

Mercurio Martinez III

3 Filer ID (Ethics Commission Filers)

4 Date

11-28-18

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

Priya Vaswani

7 Amount of contribution (\$)

\$ 1,000<sup>00</sup>

6 Contributor address; City; State; Zip Code  
101 Canterbury Laredo, TX 78041

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-28-18

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

Noe Eduardo Hinojosa

Amount of contribution (\$)

\$ 500<sup>00</sup>

Contributor address; City; State; Zip Code

1001 Bristol Rd Box 175, Laredo, TX 78045

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-29-18

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

GG Salinas Enterprises

Amount of contribution (\$)

\$ 1,000<sup>00</sup>

Contributor address; City; State; Zip Code

PO Box 1825 Laredo, Tx. 78044

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-29-18

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

Equip Modern Holdings LLC

Amount of contribution (\$)

\$ 3,000<sup>00</sup>

Contributor address; City; State; Zip Code

2120 Blaine 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:  
5 of 5

2 FILER NAME *Mercurio Martinez III* 3 Filer ID (Ethics Commission Filers)

4 Date <i>11-30-18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Person Whitworth Borchers &amp; Morales</i>	7 Amount of contribution (\$) <i>#2000<sup>00</sup></i>
	6 Contributor address; City; State; Zip Code <i>602 E. Calton Rd Laredo, Tx 78041</i>	

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <i>12-3-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Leyendecker</i>	Amount of contribution (\$) <i>#250<sup>00</sup></i>
	Contributor address; City; State; Zip Code <i>110 Delaware Laredo TX 78041</i>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1 of 6</i>		2 FILER NAME <i>Mercurio Martinez III</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10-29-18</i>		5 Payee name <i>Casa Juarez</i>			
6 Amount (\$) <i>\$50.28</i>		7 Payee address; City; State; Zip Code <i>701 Market St. Laredo, TX 78040</i>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Event 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

Date <i>10-29-18</i>		Payee name <i>PM DG</i>			
Amount (\$) <i>\$5710.26</i>		Payee address; City; State; Zip Code <i>901 Victoria Laredo, TX 78040</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		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

Date <i>11-05-18</i>		Payee name <i>K &amp; M Sports</i>			
Amount (\$) <i>\$270.63</i>		Payee address; City; State; Zip Code <i>2916 Santa Ursula Laredo, TX 78040</i>			
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		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>2 of 6</i>	<b>2</b> FILER NAME <i>Mercurio Martinez IV</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>11-5-18</i>	<b>5</b> Payee name <i>VSA Savate</i>	
<b>6</b> Amount (\$) <i>\$ 100.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>220 Hillside Rd. Laredo TX 78041</i>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Gift/Awards/Memorials Expense</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>11-6-18</i>	Payee name <i>Narvaez Beef</i>	
Amount (\$) <i>\$ 100.74</i>	Payee address; City; State; Zip Code <i>219 S. Zapata Hwy Laredo TX 78043</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Food 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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>11-13-18</i>	Payee name <i>PMDG</i>	
Amount (\$) <i>\$ 162.82</i>	Payee address; City; State; Zip Code <i>901 Victoria Laredo TX 78040</i>	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> 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.

<b>1</b> Total pages Schedule F1: 3 of 6	<b>2</b> FILER NAME Mercurio Martinez II	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11-20-18	<b>5</b> Payee name PMDG	
<b>6</b> Amount (\$) \$1200.00	<b>7</b> Payee address; City; State; Zip Code 901 Victoria Laredo, Tx 78040	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 11-21-18	Payee name Laredo Embroidery Solutions, LLC
Amount (\$) \$324.75	Payee address; City; State; Zip Code 401 Shiloh Ste 6 Laredo, Tx 78045
<b>PURPOSE OF EXPENDITURE</b>	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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 11-23-18	Payee name Quarter Mile
Amount (\$) \$1955.97	Payee address; City; State; Zip Code 6420 Polaris Dr. Laredo, Tx 78045
<b>PURPOSE OF EXPENDITURE</b>	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
<b>9</b> 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.

<b>1</b> Total pages Schedule F1: 4 of 6	<b>2</b> FILER NAME Mercurio Martinez III	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11-14-18	<b>5</b> Payee name PMDG	
<b>6</b> Amount (\$) \$2000.00	<b>7</b> Payee address; City; State; Zip Code 901 Victoria Laredo, Tx 78040	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11-19-18	Payee name City of Laredo	
Amount (\$) \$531.99	Payee address; City; State; Zip Code 1102 Bob Bullock Loop Laredo Tx 78043	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11-20-18	Payee name PMDG	
Amount (\$) \$249.00	Payee address; City; State; Zip Code 901 Victoria Laredo, Tx 78040	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5 of 6</b>		2 FILER NAME <b>Mercurio Martinez III</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11-29-18</b>		5 Payee name <b>Latin Western Enterprises</b>			
6 Amount (\$) <b>\$1000<sup>00</sup></b>		7 Payee address; City; State; Zip Code <b>7511 McPherson Suite B Laredo TX 78045</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		(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 <b>11-21-18</b>		Payee name <b>AT&amp;T</b>			
Amount (\$) <b>\$851<sup>00</sup></b>		Payee address; City; State; Zip Code <b>PO Box 6463 Carol Stream, IL 60197</b>			

<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought		Office held	
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Date <b>11-30-18</b>		Payee name <b>IBC</b>			
Amount (\$) <b>\$23,50</b>		Payee address; City; State; Zip Code <b>1300 San Bernardo Ave Laredo TX 78040</b>			

<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Banking Fee</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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Complete <u>ONLY</u> 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>6 of 6</i>	2 FILER NAME <i>Mercurio Martinez III</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11-29-18</i>	5 Payee name <i>Juan Rodriguez</i>	
6 Amount (\$) <i>\$</i>	7 Payee address; City; State; Zip Code <i>JR/Noticias.net Laredo, Tx.</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</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>11-29-18</i>	Payee name <i>BB Toys</i>
Amount (\$) <i>\$ 454.<sup>65</sup></i>	Payee address; City; State; Zip Code <i>1119 Farragut Laredo, Tx 78040</i>

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Gifts/Awards/Memorials</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 <i>11-01-18</i>	Payee name <i>Montgomery Moore</i>
Amount (\$) <i>\$ 1.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>1902 Chihuahua Laredo, Tx 78043</i>

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Rental 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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