

# 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 Files)	2 Total pages filed: <b>6</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX	APT / SUITE # CITY STATE ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer appointment (Discretionary Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 80th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH-1 R)		
10 PERIOD COVERED	Month Day Year		Month Day Year
11 ELECTION	ELECTION DATE		ELECTION TYPE
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

SCANNED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>JOHN MARTINEZ</u>		16 Filer ID (Ethics Commission Filer):
17 CONTRIBUTION TOTALS	1 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4 TOTAL POLITICAL EXPENDITURES	\$ 690. <sup>00</sup>
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ (7508. <sup>26</sup> )
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7508. <sup>26</sup>

18 SIGNATURE 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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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 administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is JOHN MARTINEZ and my date of birth is 2/17/1973

My address is 310 BAYSHORE Corpus Christi TX 78412 USA  
(street) (city) (state) (zip code) (country)

Executed in NUECES County, State of TEXAS on the 15th day of JANUARY 2022  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Required)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*JOHN MARTINEZ*

20 Filer ID (Ethics Commission Filer)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: FINANCED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 7508.26
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 690. <sup>00</sup>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# LOANS

# SCHEDULE E

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 Schedule E
2 FILER NAME <i>JOHN MARTINEZ</i>		3 File ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>6818.26</i>
5 Date of loan <i>1/2/22</i>	7 Name of lender <i>JOHN MARTINEZ</i> <input type="checkbox"/> out-of-state PAC (PAC)	9 Loan Amount (\$) <i>690.00</i>
6 Is lender a financial institution? <i>Y</i> <input checked="" type="radio"/> <i>N</i>	8 Lender address, City, State, Zip Code <i>719 S. Shoreline Corpus Christi TX 78401</i>	10 Interest rate  11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address, City, State, Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (PAC)	Loan Amount (\$)
Is lender a financial institution? <i>Y</i> <input type="radio"/> <i>N</i>	Lender address, City, State, Zip Code	Interest rate  Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address, City, State, Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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/Bookkeeping  
Consulting Expense  
Contributions/Donations/Media Buy  
Candidate/Officeholder/Political Committee  
Credit Card Payments

Event Expense  
Fuel  
Food/Beverage Expense  
Gift/Awards/Memorabilia Expense  
Legal Services

Loan Repayment/Reimbursement  
Office (Overhead/Rent) Expense  
Parking Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Stationery/Purchasing Expense  
Transportation/Equipment & Related Expenses  
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	<b>2</b> FILER NAME <u>JOHN MARTINEZ</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>7/18/21</u>	<b>5</b> Payee name <u>MOVE IT SELF STORAGE</u>	
<b>6</b> Amount (\$) <u>115.00</u>	<b>7</b> Payee address <u>6001 McARDLE</u> <u>CORPUS CHRISTI TX 78412</u> City: State: Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>RENTAL EXPENSE</u>	<b>(b)</b> Description <u>SIGN/T-POST STORAGE</u>
	<input type="checkbox"/> Check if Vote outside of Texas. Complete Schedule I	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought / Office held
<b>Date</b> <u>8/18/21</u>	<b>Payee name</b> <u>MOVE IT SELF STORAGE</u>	
<b>Amount (\$)</b> <u>115.00</u>	<b>Payee address:</b> <u>6001 McARDLE</u> <u>CORPUS CHRISTI TX 78412</u> City: State: Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>RENTAL EXPENSE</u>	<b>Description</b> <u>SIGN/T-POST STORAGE</u>
	<input type="checkbox"/> Check if Vote outside of Texas. Complete Schedule I	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought / Office held
<b>Date</b> <u>9/18/21</u>	<b>Payee name</b> <u>MOVE IT SELF STORAGE</u>	
<b>Amount (\$)</b> <u>115.00</u>	<b>Payee address:</b> <u>6001 McARDLE</u> <u>CORPUS CHRISTI TX 78412</u> City: State: Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>RENTAL EXPENSE</u>	<b>Description</b> <u>SIGN/T-POST STORAGE</u>
	<input type="checkbox"/> Check if Vote outside of Texas. Complete Schedule I	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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                        | Event Expense                | Loan Repayment/Amortization       | Subsistence/Fundraising Expense            |
| Accounting/Banking                         | Fees                         | Office Credit Card/Rental Expense | Transportation/Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense        | Political Expense                 | Travel In District                         |
| Contribution/Donations Made By             | Gift/Wards/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: JOHN MARTINEZ 3 Filer ID (Ethics Commission filers):

4 Date: 10/18/22 5 Payee name: MOVE IT SELF STORAGE  
 6 Amount (\$): 115.00 7 Payee address: 6001 McARDLE City: State: Zip Code: CORPUS CHRISTI TX 78412

8 PURPOSE OF EXPENDITURE: RENTAL EXPENSE (b) Description: SIGN/T-POST STORAGE  
 (c)  Check if travel subject to laws. Complete Schedule T.  Check if Austin TX officeholder living expense.  
 9 Complete ONLY if direct expenditure to benefit COH: Candidate / Officeholder name: Office sought: Office held:

Date: 11/18/22 Payee name: MOVE IT SELF STORAGE  
 Amount (\$): 115.00 Payee address: 6001 McARDLE City: State: Zip Code: CORPUS CHRISTI TX 78412

PURPOSE OF EXPENDITURE: RENTAL EXPENSE Description: SIGN/T-POST STORAGE  
 Check if travel subject to laws. Complete Schedule T.  Check if Austin TX officeholder living expense.  
 Complete ONLY if direct expenditure to benefit COH: Candidate / Officeholder name: Office sought: Office held:

Date: 12/18/22 Payee name: MOVE IT SELF STORAGE  
 Amount (\$): 115.00 Payee address: 6001 McARDLE City: State: Zip Code: CORPUS CHRISTI TX 78412

PURPOSE OF EXPENDITURE: RENTAL EXPENSE Description: SIGN/T-POST STORAGE  
 Check if travel subject to laws. Complete Schedule T.  Check if Austin TX officeholder living expense.  
 Complete ONLY if direct expenditure to benefit COH: Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED