

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: 7

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

Roxanne

MI

OFFICE USE ONLY

NICKNAME

LAST

Martinez

SUFFIX

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

PO Box 162253 Fort Worth TX 76161

RECEIVED

JUL -2 2022

Board of E

Date Hand-delivered or Date Postmarked

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 381 6599

Receipt #

Amount \$

6 CAMPAIGN
TREASURER

MS MRS / MR

FIRST

Gerald

MI

NAME

NICKNAME

Shelbon

SUFFIX

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE

ZIP CODE

PO Box 162253 Fort Worth TX 76161

(Residence or Business)

8 CAMPAIGN

AREA CODE

PHONE NUMBER

EXTENSION

Month

Month

Day

PHONE

(817) 381 6599

9 REPORT TYPE

January 15

☐

30th day before election

☐

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

**CAND DATE / OFFICEHOLDER
CAMPA GN F NANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Roxanne Martinez

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0.00

2 TOTAL POLITICAL CONTRIBUTIONS \$ 30.00

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 420.14

OF REPORTING PERIOD

TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ 0.00

18 SIGNATURE

Roxanne Martinez

EXPENDITURE TOTALS **3 TOTAL UNITEMIZED POLITICAL EXPENDITURE**

CONTRIBUTION BALANCE **5**

OUTSTANDING LOAN TOTALS **6**

Please complete either option below:

(1) Affidavit

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information

(2) Unsworn Declaration

Roxanne Martinez
PO Box 162253

6/27/1980
Fort Worth TX 76161

Tarrant

Texas

Signature of Candidate or Officeholder

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

20

Roxanne Martinez

\$ 30.00

\$

/

\$

/

\$ 425.14

SUBTOTAL
AMOUNT

21. SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

9. SCHEDULE B: PLEDGED CONTRIBUTIONS

/

4. SCHEDULE B: LOANS

\$

5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

/

6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

/

7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

/

3. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

/

SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

/

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 1

2 FILER NAME

Roxanne Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

6/29/22

5 Full name of contributor

Robin Muller

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

30.00

6 Contributor address:

State: Zip Code

8 Principal occupation / Job title (See Instructions)

Physician

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 (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

14 If filer 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)

The instruction guide explains how to complete this form.				
2 FILER NAME Roxanne Martinez				
5 Payee name Frost Bank				
6 Amount (\$) 15.00				
7 Payee address, City, State, Zip Code P.O. Box 16509 Fort Worth, Texas 76162				
8 (b) Description				
PURPOSE OF EXPENDITURE Banking				
Check if Austin, TX, officeholder living expense				
Candidate / Officeholder name Office sought				
Date Payee name Casa Azul				
Amount (\$) Payee address City, State, Zip Code 15.37				
Category (See Categories listed at the top of this schedule) Description Food/Beverage Expense				
Check if Austin, TX, officeholder living expense				
3/31/22 Candidate / Officeholder name Office sought Office held				
Date				
Amount (\$) Payee address City, State, Zip Code				
PURPOSE OF EXPENDITURE Description				
Candidate / Officeholder name Office sought Office held 4/1/22 DHH Athletic Booster Club				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not available, DO NOT include this page in the report

EXPENDITURE CATEGORIES FOR BOX 8(a)

1. Political Expense 2. Event/Finance 3. Loan Repayment/Reimbursement 4. Solicitation/Fundraising Expense

The Instruction Guide explains how to complete this form

2 FILER NAME **Roxanne Martinez**

3 Filer ID (Ethics Commission Filers)

4 Date **4/29/22** 5 Payee name **Frost Bank**

6 Amount (\$) 7 Payee address: City: State: Zip Code

15.00 **P.O. Box 16509 Fort Worth, Texas 76162**

PURPOSE
OF
EXPENDITURE

8 Description

Candidate / Officeholder name

Office sought

Office held

Date Payee name

Amount (\$) Payee address

15.00

P.O.

Description

Check box (leave outside of Texas; Complete Schedule T)

Complete ONLY if direct

Candidate / Officeholder name

Office sought

Office held

PURPOSE
OF
EXPENDITURE

Amount (\$) **6/29/22**

Payee name
Frost Bank

City

State:

Zip Code

15.00

P.O. Box 16509 Fort Worth, Texas 76162

Description