CAND DATE / OFF CEHOLDER CAMPA GN F NANCE 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: 8

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Roxanne | MI

NICKNAME | LAST: Martinez | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: PO Box 162253
APT / SUITE #:
CITY: Fort Worth
STATE: TX
ZIP CODE: 76161

☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (817) PHONE NUMBER: 296-6586 EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: Gerald | MI

NICKNAME | LAST: Shelbon | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): 1315 NE 37th St, Fort Worth TX 76106
APT / SUITE #:
CITY:
STATE
ZIP CODE

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE ( ) PHONE NUMBER EXTENSION

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 Modified Reporting Limit
Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year

11 ELECTION

ELECTION DATE: Month Day Year

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): Fort Worth ISD Trustee District 9

13 OFFICE SOUGHT (if known)

[redacted]

OFFICE USE ONLY

Date Received: RECEIVED JUL 15 2021

E-mail

Date Hand-delivered or ~~Date Postmarked~~: 7-15-2021

Receipt # Amount $

Date Processed

Date Imaged

CAND DATE / OFF CEHOLDER CAMPAIGN F NANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Roxanne Martinez

[redacted]

17 CONTRIBUTION TOTALS $

2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2,611.66
	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$
4.	**TOTAL POLITICAL EXPENDITURES**	$ 6,593.97

EXPENDITURE TOTALS

CONTRIBUTION BALANCE $ 758.49

[redacted]

LOAN TOTALS

[redacted]

Please complete either option below:

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY

[redacted]

(1) Affidavit

[redacted]

NOTARY STAMP / SEAL

Sworn to and subscribed before me by this the _____ day of

[redacted]

LAST DAY OF THE REPORTING PERIOD

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME
Roxanne Martinez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

			SUBTOTAL AMOUNT
	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 2,611.66
2	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4		SCHEDULE E: LOANS	$
5	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 6,593.97
6	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.		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

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

☐ out-of-state PAC (ID#

7 Amount of contribution ($)

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date Full name of contributor

Amount of contribution ($)

☐ out-of-state PAC (I

Contributor address; State; Zip Code

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

The Instruction Guide explains how to complete this form.

Date Full name of contributor

Amount of contribution ($)

☐ out-of-state PAC

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

Filer Name: Roxanne Martinez

Monetary Political Contributions

it Name	Address	City	State		Occupation	Employer	Amount
zola	P. O. Box 430	Hurst	TX		053 VP of Finace and Operations	Philanthropy Southwest	$100.00
		Fort Worth	TX				$100.00
ıx Voter Outreach							
ırtinez	4513 Ohio Garden Rd	Fort Worth	TX		114 Counselor	TCU	$100.00
ıller	980 Jefferson Avenue apt 9	Charles Town	WV		414 Resident physician	Wvu	$5.00
vano	3041 Pueblo Grande	Santa Fe	NM		507 Not Employed	Not Employed	$8.33
nos-Soto	5745 WIMBLETON WAY	FORT WORTH	TX		133 Higher Education	Texas Christian University	$100.00
na	1013 E Davis AVE	Fort Worth	TX		132 Research Assistant	2M Research	$1,000.00
reda	1425 Alston Avenue	Fort Worth	TX		104 Not Employed	Not Employed	$50.00
aig	3033 6th Ave	Fort Worth	TX		110 Professor	Texas Christian University	$25.00
arthoe	2701 Willing Ave	Fort Worth	TX		110		$100.00
ylor	5104 Sunshine Dr	Fort Worth	TX		105 Code Officer	City of Fort Worth	$10.00
ıller	980 Jefferson Avenue apt 9	Charles Town	WV		414 Resident physician	Wvu	$5.00
vano	3041 Pueblo Grande	Santa Fe	NM		507 Not Employed	Not Employed	$8.33
gan Blair & Samps	PO Box 17428	Austin	TX		760		$1,000.00
							$2,611.66

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not appli **DO NOT include this page in the rt.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees
Food/Beverage Expense
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

[redacted]

1 Total pages Schedule F1 2 FILER NAME

Roxanne Martinez

3 Filer ID (Ethics Commission Filers)

4 Date
5/28/21

5 Payee name
Amazing Mail

6 Amount ($)
$2666.90

7 Payee address; City; State Zip Code

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

PURPOSE OF EXPENDITURE
Printing Expense

(b) Description
Print Mailers & Postage

(c) ☐ Check if travel outside of Texas Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Candidate / Officeholder name
Office sought
Office held

Date
5/28/21

Payee name
4over

(a) Category (See Categories listed at the top of this schedule)
Payee address;
State Zip Code

Amount ($)
$268.59

Description

9 Complete ONLY if direct expenditure to benefit C/OH

PURPOSE OF EXPENDITURE
Printing Expense

Signs

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

Candidate / Officeholder name
Office sought
Office held

City;

Date
6/1/21

Payee name

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

Amount ($)

Payee address;
State; Zip Code

[redacted]

Description

Complete ONLY if direct expenditure to benefit C/OH

PURPOSE OF EXPENDITURE
Advertising Expense

Hardware

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

[redacted]

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 8/17/2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the re...ested information is not ...icable, DO NOT include this page in the

1 Total pages Schedule F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

$540.00

(b) Description

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

Candidate / Officeholder name Office sought Office held

Date Payee name

ActBlue Roxanne Martinez

4 Date Amount ($) Payee address; City; State; Zip Code

6/1/24 $132.51

Description

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

Candidate / Officeholder name Office sought Office held

OF EXPENDITURE Payee name

(c)

6/3/24

PURPOSE OF EXPENDITURE $620.00 Fees

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Event Expense
Fees
Food/Beverage Expense
Polling Expense
urse
Exp
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Legal Services
Salaries/Wages/Contract Labor

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 Payee

City State Zip Code

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

Credit Card Payment

$450.00 Roxanne Martinez

5 Payee name

6/4/21 Diamond Johnson (b) Description

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

8 Office sought Office held

PURPOSE OF EXPENDITURE

(c)

Payee name

6/5/21 Paco's Mexican Cuisine

Check if Austin, TX, officeholder living expense

Amount ($) Payee address; Description State; Zip Code

PURPOSE OF EXPENDITURE

$1,442.71 Food Expense Food for event