#### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM JC/OH COVER SHEET PG 1

| The JC/OH Instruction                               | Guide explains how to com                                  | plete this form.      | E Filer ID<br>(Ethics Commis<br>00087602 | sion Filers)                             | 2 Total pages                             | filed:<br>40   |
|---|--|-----------------------|--|--|---|--|
| 3 CANDIDATE /<br>OFFICEHOLDER                       | MS / MRS / MR  | FIRST<br>Elizabeth R. |  | MI                                       | OFFICE                                    | USE ONLY   |
| NAME  | NICKNAME   | LAST                  |  | SUFFIX                                   | Date Received<br>ELECTRONIC<br>07/16/2023 | CALLY FILED  |
|   |  | Martinez              |  |  |   |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | ADDRESS / PO BOX; AP                                       | 「/SUITE#; CITY        | 1  | ZIP CODE                                 | Date Hand-delivered                       | or Date Postmarked                                     |
| Change of Address                                   | San Antonio, TX 78283                                      |                       |  |  | Date Processed                            |  |
|   |  |                       |  |  | Date Imaged                               |  |
| 5 CAMPAIGN<br>TREASURER<br>NAME                     | MS / MRS / MR  | FIRST<br>Alexander    |  |  | MI  |  |
|   | NICKNAME   | LAST<br>Martinez      |  |  | SUFFIX                                    |  |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS                  | STREET ADDRESS (NO PC<br>P.O. Box 830353                   | D BOX PLEASE);        | API                                      | / SUITE #; CITY;                         | SI  | ATE; ZIP CODE  |
| (Residence or Business)                             | San Antonio, TX 78283                                      |                       |  |  |   |  |
| 7 CAMPAIGN<br>TREASURER<br>PHONE                    | AREA CODE         PHO           (210) 421-8609         210 | NE NUMBER EX          | (TENSION                                 |  |   |  |
| 8 REPORT<br>TYPE                                    | January 15   | 30th day before e     |  | Runoff Exceeded modified reporting limit |   | ampaign treasurer<br>ficeholder only)<br>tach C/OH-FR) |
| 9 PERIOD<br>COVERED                                 | Month Day Year<br>01/01/2023                               | THF                   | ROUGH                                    | Month Day<br>06/30/202                   | Year<br>23                                |  |
| 10 ELECTION   | ELECTION DATE<br>Month Day Year<br>03/05/2024              |                       | mary<br>neral                            | ELECTION TYPE                            | Other                                     |  |
| 11 OFFICE   | OFFICE HELD (if any)                                       |                       |  | 12 OFFICE SOUGHT<br>District Judge P     |   | rict 73rd  |
|   |  | GO TO                 | D PAGE 2                                 |  |   |  |
| Forms provided by Te                                | exas Ethics Commission                                     | www.ethi              | ics.state.tx.us                          | 6  | Vers                                      | ion V3.5.1.a18ea2c                                     |

#### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 40

I

| 13 C / OH NAME                                 | Martinez, Elizabeth F  |   | <b>14</b> Filer ID<br>00087602  | (Ethics Comn                    | nission Filers)      |
|--|--|---|---|---------------------------------|----------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder   | These expenditures may have been                            | litical expenditures made by political<br>made without the candidate's or office<br>this information only if they receive n | ceholder's kno                  | wledge or            |
| Additional Pages                               | COMMITTEE TYPE   | COMMITTEE NAME  |   |                                 |                      |
|  | GENERAL  | COMMITTEE ADDRESS   |   |                                 |                      |
|  | SPECIFIC   |   |   |                                 |                      |
|  |  | COMMITTEE CAMPAIGN TREAS                                    | URER NAME   |                                 |                      |
|  |  | COMMITTEE CAMPAIGN TREASI                                   | URER ADDRESS  |                                 |                      |
|  |  |   |   |                                 |                      |
| 16 CONTRIBUTION<br>TOTALS                      |  | IZED POLITICAL CONTRIBUTIONS<br>ES OF LOANS, OR CONTRIBUTIO | 6(OTHER THAN PLEDGES, LOANS,<br>NS MADE ELECTRONICALLY)   | \$                              | 0.00                 |
|  |  | ICAL CONTRIBUTIONS<br>PLEDGES, LOANS, OR GUARANT            | EES OF LOANS)   | \$                              | 6,069.90             |
| EXPENDITURE<br>TOTALS                          | · · · · · · · · · · · · · · · · · · ·  | IZED POLITICAL EXPENDITURES                                 |   | \$                              | 0.00                 |
|  | 4. TOTAL POLIT   | ICAL EXPENDITURES   |   | \$                              | 5,593.18             |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD |   |   | \$                              | 10,495.40            |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCI<br>OF THE REPOR  | AL AMOUNT OF ALL OUTSTANDI<br>TING PERIOD                   | NG LOANS AS OF THE LAST DAY   | \$                              | 5,000.00             |
| 17 AFFIDAVIT                                   |  |   |   |                                 |                      |
|  |  | l swear, or affirn<br>true and correct<br>under Title 15, E | n, under penalty of perjury, that the a<br>and includes all information required<br>Election Code.                          | ccompanying r<br>to be reported | report is<br>I by me |
|  |  |   | Elizabeth R. Martinez   |                                 |                      |
|  |  |   | Signature of Candidate or Officeho  | older                           |                      |
| AFFIX NO                                       | TARY STAMP / SEAL AE   | OVE   |   |                                 |                      |
|  |  |   | , this the  |                                 | _day                 |
| of   | , 20, to c   | ertify which, witness my hand and se                        | eal of office.  |                                 |                      |
| Signature of offi                              | cer administering oath   | Printed name of officer admini                              | stering oath Title of office  | er administerin                 | ig oath              |
| Forms provided by Te                           | exas Ethics Commissio  | www.ethics.state.tx.  | US  | Version V3.                     | 5.1.a18ea2ca         |

#### JC/OH **COVER SHEET PG 3**

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3 of 40

| <b>18</b> FILE<br>Mar |   | IE<br>Elizabeth R.   | 19 Filer ID<br>00087602 | (Ethics Commission Filers) |
|-----------------------|---|--|-------------------------|----------------------------|
| 20 SCH                |   | SUBTOTAL AMOUNT  |                         |                            |
| 1.                    | X | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                    |                         | <b>\$</b> 5,780.00         |
| 2.                    | X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                    |                         | <b>\$</b> 289.90           |
| 3.                    | X | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                |                         | <b>\$</b> 700.00           |
| 4.                    | X | SCHEDULE E(J): LOANS (JUDICIAL)  |                         | <b>\$</b> 5,000.00         |
| 5.                    | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS               | 6                       | <b>\$</b> 284.60           |
| 6.                    | Х | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                       |                         | <b>\$</b> 3,500.00         |
| 7.                    |   | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION               | ONS                     | \$                         |
| 8.                    | Х | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                  |                         | <b>\$</b> 972.54           |
| 9.                    | Х | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                         |                         | <b>\$</b> 836.04           |
| 10.                   |   | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS                 | OF C/OH                 | \$                         |
| 11.                   |   | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO              | DNS                     | \$                         |
| 12.                   | Х | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F<br>TO FILER | RETURNED                | <b>\$</b> 55.83            |
|                       |   |  |                         |                            |
|                       |   |  |                         |                            |
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|                       |   |  |                         |                            |
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|                       |   |  |                         |                            |
|                       |   |  |                         |                            |

SUBTOTALS - JC/OH

| The Instru                    | ction Guide explains how to complete this                           | form.                                  | 1 Total pages Schedule A(J)1:<br>Sch: 1/9 Rpt: 4/40 |
|-------------------------------|---|--|---|
| 2 FILER NAME<br>Martinez, Eli | zabeth R.   |  | 3 Filer ID (Ethics Commission Filers)<br>00087602   |
| 4 Date<br>06/29/2023          | 5 Full name of contributor out-of-state PAC (ID#:) Alaniz, Lorraine |  | 7 Amount of Contribution (\$)<br>\$250.00           |
|                               | 6 Contributor address; City; State; Zip Code                        |  |   |
|                               | Castle Hills , TX 78213   |  |   |
| 8 Contributor's F             | Principal Occupation  | 9 Contributor's Job Title              | 1   |
| LSSP                          |   | LSSP                                   |   |
| 10 Contributor's e<br>HISD    | employer/law firm   | <b>11</b> Law firm of contributor's sp | bouse (if any)                                      |
| <b>12</b> If contributor is   | s a child, law firm of parent(s) (if any)                           |  |   |
| Date                          | Full name of contributor out-of-state PAC (ID#                      | :)                                     | Amount of Contribution (\$)                         |
| 06/15/2023                    | Anderson , Alejandro  |  | \$100.00  |
|                               | Contributor address; City; State; Zip Code                          |  |   |
|                               |   |  |   |
|                               | San Antonio , TX 78223  |  |   |
| Contributor's F               | Principal Occupation  | Contributor's Job Title                |   |
| Retired                       |   | Retired                                |   |
|                               | employer/law firm   | Law firm of contributor's sp           | bouse (if any)                                      |
| Retired                       |   |  |   |
| If contributor is             | s a child, law firm of parent(s) (if any)                           |  |   |
| Date                          | Full name of contributor out-of-state PAC (ID#                      | :)                                     | Amount of Contribution (\$)                         |
| 06/26/2023                    | Bredimus , Heather  |  | \$25.00   |
|                               | Contributor address; City; State; Zip Code                          |  |   |
|                               |   |  |   |
|                               | Midland, TX 79707   |  |   |
| Contributor's F               | Principal Occupation  | Contributor's Job Title                |   |
| Graphic Des                   |   | Graphic Designer                       |   |
| Contributor's e               | employer/law firm   | Law firm of contributor's sp           | pouse (if any)                                      |
| Self Employe                  | ed  |  |   |
| If contributor is             | s a child, law firm of parent(s) (if any)                           |  |   |
|                               |   |  |   |
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|                               | hy Tayas Ethics Commission  | ce state ty us                         | Version V3 5 1 a18ea2ca                             |

| The Instru           | ction Guide explains how to complete this f        | 1 Total pages Schedule A(J)1:<br>Sch: 2/9 Rpt: 5/40 |                                       |
|----------------------|--|---|---------------------------------------|
| 2 FILER NAME         |  |   | 3 Filer ID (Ethics Commission Filers) |
| Martinez, Eli        | zabeth R.  |   | 00087602                              |
| 4 Date               | 5 Full name of contributor out-of-state PAC (ID#:_ | )   | 7 Amount of Contribution (\$)         |
| 06/24/2023           | Channell , Eric                                    |   | \$100.00                              |
|                      | 6 Contributor address; City; State; Zip Code       |   |                                       |
|                      |  |   |                                       |
|                      |  |   |                                       |
|                      | Northfield, OH 44067                               |   |                                       |
| 8 Contributor's F    | Principal Occupation                               | 9 Contributor's Job Title                           |                                       |
| Managing At          | torney - Compliance                                | Managing Attorney - Co                              | ompliance                             |
| 10 Contributor's e   | employer/law firm                                  | <b>11</b> Law firm of contributor's sp              | bouse (if any)                        |
| Reimer Law           | Co.  |   |                                       |
| 12 If contributor is | s a child, law firm of parent(s) (if any)          |   |                                       |
|                      |  |   |                                       |
| Date                 | Full name of contributor out-of-state PAC (ID#:    | )   | Amount of Contribution (\$)           |
| 06/17/2023           | DeLuna, Patricia Ann                               |   | \$1,000.00                            |
|                      | Contributor address; City; State; Zip Code         |   |                                       |
|                      |  |   |                                       |
|                      |  |   |                                       |
|                      | San Antonio , TX 78254                             |   |                                       |
| Contributor's F      | Principal Occupation                               | Contributor's Job Title                             | •                                     |
| Network Eng          | jineer   | Network Engineer                                    |                                       |
| Contributor's e      | employer/law firm                                  | Law firm of contributor's sp                        | bouse (if any)                        |
| HEB                  |  |   |                                       |
| If contributor is    | s a child, law firm of parent(s) (if any)          |   |                                       |
|                      |  |   |                                       |
| Date                 | Full name of contributor out-of-state PAC (ID#:    | )   | Amount of Contribution (\$)           |
| 06/23/2023           | Dehoyos , Alejandro                                |   | \$500.00                              |
|                      | Contributor address; City; State; Zip Code         |   |                                       |
|                      |  |   |                                       |
|                      |  |   |                                       |
|                      | New Braunfels , TX 78132                           |   |                                       |
| Contributor's F      | Principal Occupation                               | Contributor's Job Title                             |                                       |
| Director             |  | Director  |                                       |
|                      | employer/law firm                                  | Law firm of contributor's sp                        | bouse (if any)                        |
| TengoIntern          | et   |   |                                       |
| If contributor is    | s a child, law firm of parent(s) (if any)          |   |                                       |
|                      |  |   |                                       |
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|                      |  |   |                                       |
| Formo provided       | hy Texas Ethics Commission                         | es state ty us                                      | Version V3 5 1 a18ea2ca               |

| The Instruction Guide explains how to complete this form. |  |  | 1 Total pages Schedule A(J)1:<br>Sch: 3/9 Rpt: 6/40      |
|---|--|--|--|
| 2 FILER NAME<br>Martinez, Elizabeth R.                    |  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087602 |
| 06/15/2023 Douce  | 5       Full name of contributor       out-of-state PAC (ID#:)         2023       Doucette, Katherine         6       Contributor address; City; State; Zip Code |  | 7 Amount of Contribution (\$)<br>\$100.00                |
| San A   | ntonio , TX 78210  |  |  |
| 8 Contributor's Principal Oc                              | cupation   | 9 Contributor's Job Title              |  |
| Staff Attorney  | -  | Staff Attorney                         |  |
| 10 Contributor's employer/law<br>Probate Court 1, Bexai   |  | <b>11</b> Law firm of contributor's sp | oouse (if any)   |
| 12 If contributor is a child, law                         |  |  |  |
|   | w mm or parent(s) (n any)  |  |  |
| Date Full na  | me of contributor  | )                                      | Amount of Contribution (\$)                              |
|   | nilla, Krystal   | )                                      | \$25.00  |
|   | utor address; City; State; Zip Code  |  |  |
|   |  |  |  |
|   |  |  |  |
| San A   | ntonio , TX 78207  |  |  |
| Contributor's Principal Oc                                | cupation   | Contributor's Job Title                |  |
| Sales   |  | Sales                                  |  |
| Contributor's employer/lav                                | <i>N</i> firm  | Law firm of contributor's sp           | oouse (if any)   |
| Fed Ex  |  |  |  |
| If contributor is a child, lay                            | v firm of parent(s) (if any)   |  |  |
|   |  |  |  |
| Date Full nai   | ne of contributor 🔲 out-of-state PAC (ID#:_  | )                                      | Amount of Contribution (\$)                              |
| 06/05/2023 Garza  | , P. Mae   |  | \$1,000.00   |
| Contrib   | utor address; City; State; Zip Code  |  |  |
|   |  |  |  |
|   |  |  |  |
|   | ntonio , TX 78212  | O sectorito de la la Tida              |  |
| Contributor's Principal Oc<br>Attorney                    | cupation   | Contributor's Job Title<br>Attorney    |  |
| Contributor's employer/lav                                | w firm   | Law firm of contributor's sp           | nouse (if any)   |
| Garza & Associates, P                                     |  |  |  |
| If contributor is a child, law                            |  |  |  |
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| Forms provided by Texas I                                 |  | s state tx us                          | Version V3.5.1.a18ea2ca                                  |

|  |                                 |                          |  | 1 Total pages Schedule A(J)1: |
|--|---------------------------------|--------------------------|--|-------------------------------|
| The Instruction Guide explains how to complete this form.          |                                 |                          | Sch: 4/9 Rpt: 7/40                           |                               |
| 2 FILER NAME   |                                 |                          | <b>3</b> Filer ID (Ethics Commission Filers) |                               |
| Martinez, Elizabeth R.   |                                 |                          | 00087602                                     |                               |
| 4 Date 5 Ful   | I name of contributor           | out-of-state PAC (ID#:   | )  | 7 Amount of Contribution (\$) |
| 06/16/2023 Jim   | nenez , Debra                   |                          |  | \$100.00                      |
| 6 Cor  | ntributor address; City; Sta    |                          |  |                               |
|  |                                 |                          |  |                               |
|  |                                 |                          |  |                               |
| San Antonio , TX 78212-2256  |                                 |                          |  |                               |
| 8 Contributor's Principal  | I Occupation                    |                          | 9 Contributor's Job Title                    |                               |
| Court Reporter   | vr/low firm                     |                          | Court Reporter                               |                               |
| 10 Contributor's employe<br>Bexar County                           |                                 |                          | <b>11</b> Law firm of contributor's sp       | Jouse (II any)                |
|  | l, law firm of parent(s) (if an | V)                       |  |                               |
|  |                                 | <i></i>                  |  |                               |
| Date Ful   | I name of contributor           | out-of-state PAC (ID#:   | )  | Amount of Contribution (\$)   |
|  | sub, Dmitri                     |                          | )  | \$5.00                        |
|  | ntributor address; City; Sta    | te <sup>.</sup> Zip Code |  |                               |
|  |                                 | ,                        |  |                               |
|  |                                 |                          |  |                               |
| Sa   | n Antonio , TX 78248            |                          |  |                               |
| Contributor's Principa   | l Occupation                    |                          | Contributor's Job Title                      | ł                             |
| Consultant   |                                 |                          | Consultant                                   |                               |
| Contributor's employe  | er/law firm                     |                          | Law firm of contributor's sp                 | bouse (if any)                |
| Kosub Consulting   |                                 |                          |  |                               |
| If contributor is a child  | l, law firm of parent(s) (if an | у)                       |  |                               |
|  |                                 |                          |  |                               |
|  | I name of contributor           | out-of-state PAC (ID#:   | )  | Amount of Contribution (\$)   |
| 06/05/2023 Lev   | wis , William                   |                          |  | \$100.00                      |
| Cor  | ntributor address; City; Sta    | te; Zip Code             |  |                               |
|  |                                 |                          |  |                               |
|  | n Antonio TV 70001              |                          |  |                               |
|  | n Antonio , TX 78231            |                          | Constributorio Job Title                     |                               |
| Contributor's Principa<br>Attorney                                 | I Occupation                    |                          | Contributor's Job Title<br>Attorney          |                               |
|  |                                 |                          |  |                               |
| Contributor's employer/law firm Law firm of contributor's s<br>CPS |                                 |                          |  |                               |
|  | l, law firm of parent(s) (if an | y)                       |  |                               |
|  |                                 |                          |  |                               |
|  |                                 |                          |  |                               |
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|  |                                 |                          |  |                               |

| The Instruction Guide explains how to comple                        | te this form.                                      | 1 Total pages Schedule A(J)1:<br>Sch: 5/9 Rpt: 8/40 |
|---|--|---|
| 2 FILER NAME  |  | <b>3</b> Filer ID (Ethics Commission Filers)        |
| Martinez, Elizabeth R.  |  | 00087602  |
| 4 Date 5 Full name of contributor out-of-state                      | 5 Full name of contributor out-of-state PAC (ID#:) |   |
| 06/30/2023 Martinez , Alexander                                     |  |   |
| 6 Contributor address; City; State; Zip Code                        |  |   |
|   |  |   |
|   |  |   |
| San Antonio , TX 78214-1107   |  |   |
| 8 Contributor's Principal Occupation                                | 9 Contributor's Job Title                          |   |
| Firefighter   | Paramedic  |   |
| 10 Contributor's employer/law firm                                  | <b>11</b> Law firm of contributor's                | spouse (if any)                                     |
| San Antonio Fire Department   |  |   |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |   |
|   |  |   |
| Date Full name of contributor out-of-state                          | PAC (ID#:)   | Amount of Contribution (\$)                         |
|   |  | \$100.00  |
| Contributor address; City; State; Zip Code                          |  |   |
|   |  |   |
| San Antonio , TX 78212-2039   |  |   |
| Contributor's Principal Occupation                                  | Contributor's Job Title                            |   |
| Government Affairs  | Government Affairs                                 |   |
| Contributor's employer/law firm                                     | Law firm of contributor's                          | spouse (if any)                                     |
| Zachary Holdings  |  |   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |
|   |  |   |
| Date Full name of contributor out-of-state                          | PAC (ID#: )  | Amount of Contribution (\$)                         |
| 06/30/2023 Motok-Salinas , Crystal                                  |  | \$50.00   |
| Contributor address; City; State; Zip Code                          |  |   |
|   |  |   |
|   |  |   |
| San Antonio , TX 78245  |  |   |
| Contributor's Principal Occupation                                  | Contributor's Job Title                            |   |
| Case Manager  | Case Manager                                       |   |
| Contributor's employer/law firm                                     | Law firm of contributor's                          | spouse (if any)                                     |
| Methodist Children's Home   |  |   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |
|   |  |   |
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|   |  |   |
| Forms provided by Texas Ethics Commission                           | MMV ethics state ty us                             | Version V3.5.1 a18ea2ca                             |

| 2 FILER NAME<br>Martinez, Elizat<br>4 Date 5<br>06/15/2023                     | on Guide explains how<br>beth R.<br>Full name of contributor [<br>Osorio , Guillermo<br>Contributor address; City; Sta | out-of-state PAC (ID#: |                                 | 1 Total pages Schedule A(J)1:<br>Sch: 6/9 Rpt: 9/40 |
|--|--|------------------------|---------------------------------|---|
| Martinez, Elizat<br>4 Date 5<br>06/15/2023<br>6                                | Full name of contributor [<br>Osorio , Guillermo   | _                      | )                               |   |
| 4 Date 5<br>06/15/2023<br>6  | Full name of contributor [<br>Osorio , Guillermo   | _                      | \<br>\                          | <b>3</b> Filer ID (Ethics Commission Filers)        |
| 06/15/2023<br>6  | Osorio , Guillermo   | _                      | )                               | 00087602  |
| 6  |  |                        |                                 | 7 Amount of Contribution (\$)                       |
|  | Contributor address; City; Sta   |                        | Osorio , Guillermo              |   |
| 8 Contributor's Prin   |  |                        |                                 |   |
| 8 Contributor's Prin   |  |                        |                                 |   |
| 8 Contributor's Prin   |  |                        |                                 |   |
| 8 Contributor's Prin   | Fort Bragg , NC 28310  |                        |                                 |   |
|  | cipal Occupation   |                        | 9 Contributor's Job Title       | 1   |
| Retired Military   |  |                        | Retired Military                |   |
| 10 Contributor's emp   | loyer/law firm   |                        | 11 Law firm of contributor's sp | oouse (if any)                                      |
| Bexar  |  |                        |                                 |   |
| 12 If contributor is a   | child, law firm of parent(s) (if an  | ıy)                    |                                 |   |
|  |  |                        |                                 |   |
| Date   | Full name of contributor   | out-of-state PAC (ID#: | )                               | Amount of Contribution (\$)                         |
| 06/18/2023   | Oviedo , Edward  |                        |                                 | \$300.  |
|  | Contributor address; City; Sta   | ate; Zip Code          |                                 |   |
|  |  |                        |                                 |   |
|  |  |                        |                                 |   |
|  | San Antonio , TX 78218   |                        |                                 |   |
| Contributor's Prin   | cipal Occupation   |                        | Contributor's Job Title         |   |
| Investments and  | d Insurance  |                        | Investments and Insura          | ince  |
| Contributor's emp  | loyer/law firm   |                        | Law firm of contributor's sp    | oouse (if any)                                      |
| Primerica Finan  | cial Services  |                        |                                 |   |
| If contributor is a  | child, law firm of parent(s) (if an  | ту)                    |                                 |   |
|  |  |                        |                                 |   |
| Date   | Full name of contributor   | out-of-state PAC (ID#: | )                               | Amount of Contribution (\$)                         |
| 06/10/2023   | Oviedo , Jaime   |                        |                                 | \$50.   |
|  | Contributor address; City; Sta   | ate; Zip Code          |                                 |   |
|  |  |                        |                                 |   |
|  |  |                        |                                 |   |
|  |  |                        |                                 |   |
|  | San Antonio , TX 78218   |                        | Contributor's Job Title         | •   |
| Contributor's Prin   |  |                        | Contributor 5 000 Thie          |   |
| Contributor's Prin<br>Retired  |  |                        | Retired                         |   |
|  | cipal Occupation   |                        |                                 | pouse (if any)                                      |
| Retired  | cipal Occupation   |                        | Retired                         | bouse (if any)                                      |
| Retired<br>Contributor's emp<br>USMC Retired                                   | cipal Occupation   |                        | Retired                         | pouse (if any)                                      |
| Retired<br>Contributor's emp<br>USMC Retired                                   | cipal Occupation<br>loyer/law firm   | ער)                    | Retired                         | bouse (if any)                                      |
| Retired<br>Contributor's emp<br>USMC Retired                                   | cipal Occupation<br>loyer/law firm   | ny)                    | Retired                         | pouse (if any)                                      |
| Retired<br>Contributor's emp<br>USMC Retired                                   | cipal Occupation<br>loyer/law firm   | ער)                    | Retired                         | bouse (if any)                                      |
| Retired<br>Contributor's emp<br>USMC Retired                                   | cipal Occupation<br>loyer/law firm   | אַר)                   | Retired                         | bouse (if any)                                      |
| Retired<br>Contributor's emp<br>USMC Retired                                   | cipal Occupation<br>loyer/law firm   | ער)                    | Retired                         | bouse (if any)                                      |
| Investments and<br>Contributor's emp<br>Primerica Finan<br>If contributor is a | d Insurance<br>loyer/law firm<br>icial Services<br>child, law firm of parent(s) (if an                                 |                        |                                 | pouse (if any)                                      |

| The Instructi                   | ion Guide explains how to complete this t        | form.                                  | 1 Total pages Schedule A(J)1:<br>Sch: 7/9 Rpt: 10/40 |
|---------------------------------|--|--|--|
| 2 FILER NAME<br>Martinez, Eliza | beth R.  |  | 3 Filer ID (Ethics Commission Filers)<br>00087602    |
| 4 Date 5<br>06/15/2023          |  |  | 7 Amount of Contribution (\$)<br>\$250.00            |
| 6                               | Contributor address; City; State; Zip Code       |  |  |
|                                 | San Antonio , TX 78223                           |  |  |
| 8 Contributor's Prir            | ncipal Occupation                                | 9 Contributor's Job Title              |  |
| Retired                         |  | Retired                                |  |
| 10 Contributor's em<br>Retired  | ployer/law firm                                  | <b>11</b> Law firm of contributor's sp | oouse (if any)                                       |
|                                 | child, law firm of parent(s) (if any)            |  |  |
|                                 |  |  |  |
| Date                            | Full name of contributor out-of-state PAC (ID#:_ | )                                      | Amount of Contribution (\$)                          |
| 06/30/2023                      | Perez, Tina                                      |  | \$100.00   |
| ""                              | Contributor address; City; State; Zip Code       |  |  |
|                                 |  |  |  |
|                                 | Con Antonio TV 70264                             |  |  |
| Contributor's Drir              | San Antonio , TX 78264                           | Contributor's Job Title                |  |
| Retired                         | ncipal Occupation                                | Retired                                |  |
| Contributor's em                | ployer/law firm                                  | Law firm of contributor's sp           | pouse (if any)                                       |
| Retired                         |  |  |  |
| If contributor is a             | child, law firm of parent(s) (if any)            |  |  |
|                                 |  |  |  |
| Date                            | Full name of contributor out-of-state PAC (ID#:  | )                                      | Amount of Contribution (\$)                          |
| 06/29/2023                      | Ramirez , Emma Jean                              |  | \$300.00   |
|                                 | Contributor address; City; State; Zip Code       |  |  |
|                                 |  |  |  |
|                                 | San Antonio , TX 78223-4550                      |  |  |
| Contributor's Prir              | ncipal Occupation                                | Contributor's Job Title                |  |
| Account Receiv                  |  | Account Receivable Lea                 | ad   |
| Contributor's em                | ployer/law firm                                  | Law firm of contributor's sp           | oouse (if any)                                       |
| Rackspace                       |  |  |  |
| If contributor is a             | child, law firm of parent(s) (if any)            | •                                      |  |
|                                 |  |  |  |
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|                                 |  |  |  |
|                                 | v Texas Ethics Commission                        |  | Version V3 5 1 a18ea2ca                              |

| The Instru           | ction Guide explains how to complete this f        | 1 Total pages Schedule A(J)1:<br>Sch: 8/9 Rpt: 11/40 |  |
|----------------------|--|--|--|
| 2 FILER NAME         |  |  | <b>3</b> Filer ID (Ethics Commission Filers) |
| Martinez, Eli        | zabeth R.  |  | 00087602                                     |
| 4 Date               | 5 Full name of contributor out-of-state PAC (ID#:_ | )  | 7 Amount of Contribution (\$)                |
| 06/15/2023           | Ramirez , Sona                                     |  | \$500.00                                     |
|                      | 6 Contributor address; City; State; Zip Code       |  |  |
|                      |  |  |  |
|                      |  |  |  |
|                      | San Antonio , TX 78212-1201                        |  |  |
| 8 Contributor's F    | Principal Occupation                               | 9 Contributor's Job Title                            |  |
| Attorney             |  | Attorney   |  |
| 10 Contributor's e   | employer/law firm                                  | 11 Law firm of contributor's sp                      | oouse (if any)                               |
| Clark Hill           |  |  |  |
| 12 If contributor is | s a child, law firm of parent(s) (if any)          |  |  |
|                      |  |  |  |
| Date                 | Full name of contributor out-of-state PAC (ID#:    | )  | Amount of Contribution (\$)                  |
| 06/24/2023           | Rangel , Annie                                     |  | \$50.00                                      |
| 00/24/2020           | -  |  |  |
|                      | Contributor address; City; State; Zip Code         |  |  |
|                      |  |  |  |
|                      |  |  |  |
|                      | San Antonio , TX 78223                             | 1  |  |
|                      | Principal Occupation                               | Contributor's Job Title                              |  |
| Nurse                |  | Nurse  |  |
|                      | employer/law firm                                  | Law firm of contributor's sp                         | bouse (if any)                               |
| Wilford Hall         |  |  |  |
| If contributor is    | s a child, law firm of parent(s) (if any)          |  |  |
|                      |  |  |  |
| Date                 | Full name of contributor out-of-state PAC (ID#:_   | )  | Amount of Contribution (\$)                  |
| 06/26/2023           | Rodriguez , Rosemary Rosie                         |  | \$25.00                                      |
|                      | Contributor address; City; State; Zip Code         |  |  |
|                      |  |  |  |
|                      |  |  |  |
|                      | San Antonio , TX 78201-4826                        |  |  |
| Contributor's F      | I<br>Principal Occupation                          | Contributor's Job Title                              | 1  |
| Retired              |  | Retired  |  |
| Contributor's e      | employer/law firm                                  | Law firm of contributor's sp                         | pouse (if any)                               |
| Retired              |  |  |  |
| If contributor is    | s a child, law firm of parent(s) (if any)          |  |  |
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| L                    | by Taylog Ethics Commission                        |  |  |

| The Instruc          | ction Guide explains how to complete this t       | form.                                  | 1 Total pages Schedule A(J)1:<br>Sch: 9/9 Rpt: 12/40 |
|----------------------|---|--|--|
| 2 FILER NAME         |   |  | <b>3</b> Filer ID (Ethics Commission Filers)         |
| Martinez, Eliz       | zabeth R.   | 00087602                               |  |
| 4 Date               | 5 Full name of contributor out-of-state PAC (ID#: | )                                      | 7 Amount of Contribution (\$)                        |
| 06/30/2023           | Rodriguez , Sonia                                 |  | \$250.00   |
|                      | 6 Contributor address; City; State; Zip Code      |  |  |
|                      |   |  |  |
|                      |   |  |  |
|                      | San Antonio , TX 78229                            |  |  |
| 8 Contributor's F    | Principal Occupation                              | 9 Contributor's Job Title              | •  |
| Lawyer               |   | Lawyer                                 |  |
| 10 Contributor's e   | mployer/law firm                                  | <b>11</b> Law firm of contributor's sp | bouse (if any)                                       |
| Cowen Law            | Group   |  |  |
| 12 If contributor is | s a child, law firm of parent(s) (if any)         |  |  |
|                      |   |  |  |
| Date                 | Full name of contributor out-of-state PAC (ID#:   | )                                      | Amount of Contribution (\$)                          |
| 06/05/2023           | Saucedo , Clarissa                                |  | \$200.00   |
|                      | Contributor address; City; State; Zip Code        |  |  |
|                      |   |  |  |
|                      |   |  |  |
|                      | San Antonio , TX 78255                            |  |  |
| Contributor's F      | Principal Occupation                              | Contributor's Job Title                |  |
| Supply Chair         | n Analyst   | Supply Chain Analyst                   |  |
| Contributor's e      | mployer/law firm                                  | Law firm of contributor's sp           | bouse (if any)                                       |
| HEB                  |   |  |  |
| If contributor is    | s a child, law firm of parent(s) (if any)         |  |  |
|                      |   |  |  |
| Date                 | Full name of contributor out-of-state PAC (ID#:   | )                                      | Amount of Contribution (\$)                          |
| 06/29/2023           | Villafan , Lucrecia                               |  | \$100.00   |
|                      | Contributor address; City; State; Zip Code        |  | 1  |
|                      |   |  |  |
|                      |   |  |  |
|                      | Whittier , CA 90603                               |  |  |
| Contributor's F      | Principal Occupation                              | Contributor's Job Title                |  |
| Attorney             |   |  |  |
| Contributor's e      | employer/law firm                                 | bouse (if any)                         |  |
| Children's La        | w Center of CA                                    |  |  |
| If contributor is    | s a child, law firm of parent(s) (if any)         |  |  |
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|                      |   |  |  |
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|                      | hu Tayaa Ethiaa Camariasian                       | a atata huwa                           |  |
| Forms provided       | by Texas Ethics Commission www.ethic              | s.state.tx.us                          | Version V3.5.1.a18ea2ca                              |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

|    | The Instru                  | ction Guide explains how to complete this f   | 1 Total pages Schedule A2:<br>Sch: 1/1 Rpt: 13/40  |  |                                |  |  |
|----|-----------------------------|---|--|--|--------------------------------|--|--|
| 2  | FILER NAME                  |   | 3 Filer ID (Ethics Commission Filers)  |  |                                |  |  |
|    | Martinez, E                 | izabeth R.  |  |  | 00087602                       |  |  |
| 4  | TOTAL OF                    | UNITEMIZED IN-KIND POLITICAL CONTRIB  | UTIONS   | \$   |                                |  |  |
| 5  | Date<br>06/15/2023          | <ul> <li>Full name of contributor out-of-state PAC (ID#: Rosen , Cynthia</li> <li>Contributor address; City; State; Zip Code</li> <li>San Antonio , TX 78212</li> </ul> | 8  | Amount of ontribution (\$) In-kind contribution (\$) description \$289.90   Food, Drinks, and Hosting Campaign KickOff |                                |  |  |
| 10 | Principal occ               | upation / Job title (FOR NON-JUDICIAL) (See instructions)   | 11 Employer (FOR NON   | -JU  |                                |  |  |
| 12 | 2 Contributor's<br>Attorney | principal occupation (FOR JUDICIAL)   | 13 Contributor's job title (FOR JUDICIAL)         (See instructions)           Attorney         (See instructions) |  |                                |  |  |
| 14 | Contributor's Clark Hill    | employer/law firm (FOR JUDICIAL)  | 15 Law firm of contributo  | or's   | spouse (if any) (FOR JUDICIAL) |  |  |
| 16 | If contributor              | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   | -  |  |                                |  |  |

# PLEDGED CONTRIBUTIONS (JUDICIAL)

| The Inst  | ruction Guide explains how to complet | 1Total pages Schedule B(J):Sch: 1/1 Rpt:14/40 |       |                                      |                      |                              |             |
|---|---------------------------------------|---|-------|--------------------------------------|----------------------|------------------------------|-------------|
| 2 FILER NAME  |                                       |   |       | Filer ID (Eth                        | ics Commi            | ssion Filers)                |             |
| Martinez, Elizab  | eth R.                                |   |       | 00087602                             |                      |                              |             |
| <sup>4</sup> TOTAL OF UN  |                                       |   | \$    |                                      | 0.00                 |                              |             |
| 5 Date       6 Full name of pledgor out-of-state PAC (ID#:)         McKinney , Danica         7 Pledgor Address;       City; State; Zip Code         06/30/2023 |                                       |   |       | Amount of<br>pledge (\$)<br>\$700.00 |                      | nd descriptio<br>applicable) | n           |
|   | Kingsbury , TX 78638                  |   | _     | Check if travel outs                 | l<br>l<br>ide of Tex | as. Complete S               | Schedule T. |
| 10 Pledgor's principa   | J<br>l occupation                     | 11 Pledgor's job title                        |       |                                      |                      | -                            |             |
| Attorney  |                                       | Attorney                                      |       |                                      |                      |                              |             |
| 12 Pledgor's employe<br>Rosenblatt Law  |                                       | <b>13</b> Law firm of pledgor's               | s spo | ouse (if any)                        |                      |                              |             |
| <b>14</b> If pledgor is a chil  | d, law firm of parent(s) (if any)     | 1   |       |                                      |                      |                              |             |
|   |                                       |   |       |                                      |                      |                              |             |

|    | LOANS (J                                 | UDICIAL)                                  |                                       |   | SCHEDULE E(J)                         |  |
|----|--|---|---------------------------------------|---|---------------------------------------|--|
|    | The Instructio                           | on Guide explains how to complete this f  | -                                     | Total pages Schedule E(J):<br>Sch: 1/1 Rpt: 15/40 |                                       |  |
| 2  | FILER NAME<br>Martinez, Elizab           | 3 Filer ID<br>000876                      | (Ethics Commission Filers)<br>02      |   |                                       |  |
| 4  | TOTAL OF UN                              |   | \$                                    |   |                                       |  |
| 5  | Date of loan 05/01/2023                  | )   | 9 Loan Amount (\$)<br>\$5,000.00      |   |                                       |  |
| 6  | Is lender a<br>financial<br>institution? |   | 10 Interest Rate<br>0.00              |   |                                       |  |
|    | No                                       | SAN ANTONIO, TX 78283                     |                                       |   | <b>11</b> Maturity Date<br>05/01/2023 |  |
| 12 | Lender's Principal                       |   | 13 Lender's Job Title                 |   |                                       |  |
|    |  | Part time Municipal Court Judge           | Staff Attorney/ Part time             | -   | Court Judge                           |  |
| 14 | Lender's Employe<br>Bexar County / C     | r/Law Firm<br>City of San Antonio         | <b>15</b> Law Firm of lender's spous  | e (if any)  |                                       |  |
| 16 |  | aw firm of parent(s) (if any)             |                                       |   |                                       |  |
| 17 | Description of Coll                      | ateral                                    | ere deposited                         | into political account                            |                                       |  |
|    | X None                                   | (See Instructions)                        |                                       |   |                                       |  |
| 19 | GUARANTOR                                |   | 22 Amount Guaranteed (\$)             |   |                                       |  |
|    | X not applicable                         | <b>21</b> Guarantor address; City; State; | Zip Code                              |   |                                       |  |
|    |  |   |                                       |   |                                       |  |
| 23 | Guarantor's Princi                       | pal Occupation                            | 24 Guarantor's Job Title              |   |                                       |  |
|    |  |   |                                       |   |                                       |  |
| 25 | Guarantor's Emplo                        | ıyer/Law Firm                             | <b>26</b> Law Firm of guarantor's spo | ouse (if any)                                     |                                       |  |
| 27 | If guarantor is child                    | d, law firm of parent(s) (if any)         |                                       |   |                                       |  |
|    |  |   |                                       |   |                                       |  |
|    |  |   |                                       |   |                                       |  |
|    |  |   |                                       |   |                                       |  |
|    |  |   |                                       |   |                                       |  |
|    |  |   |                                       |   |                                       |  |
|    |  |   |                                       |   |                                       |  |
|    |  |   |                                       |   |                                       |  |
|    |  |   |                                       |   |                                       |  |
|    |  |   |                                       |   |                                       |  |
|    |  |   |                                       |   |                                       |  |

| POLITICAL EXPENDITURES FROM POLITICAL |  |
|---------------------------------------|--|
| CONTRIBUTIONS                         |  |

#### SCHEDULE F1

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |     |                 |  |                    |   |   |       |   |
|---|---|-----|-----------------|--|--------------------|---|---|-------|---|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |     | nmittee         | Event Expense<br>Fees<br>Food/Beverage Expen:<br>Gift/Awards/Memorials<br>Legal Services<br>The Instruction Gi | Expense            | Office Over<br>Polling Exp<br>Printing Ex<br>Salaries/W | pense<br>ages/Contract Labor                  |       | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1:  | 2   | FILER NAME      |  |                    |   |   | 3     | Filer ID (Ethics Commission Filers)   |
|   | Sch: 1/3 Rpt: 16/40   |     | Martinez, El    | zabeth R.  |                    |   |   |       | 00087602  |
| 4 | Date  | 5   | Payee name      |  |                    |   |   |       |   |
|   | 06/30/2023  |     | Anedot          |  |                    |   |   |       |   |
| 6 | Amount (\$)   | 7   | Payee addres    | s; City;   | State;             | ; Zip Co  | de  |       |   |
|   | \$1.10  |     | 1920 McKin      | ney Ave. 7th Fl  | oor                |   |   |       |   |
|   |   |     |                 |  |                    |   |   |       |   |
|   |   |     | Dallas, TX 7    | 5201   |                    |   |   |       |   |
| 8 | PURPOSE   | (a) | Category (Se    | e Categories listed at t   | he top of this sch | edule)  | (b) Description                               |       |   |
|   | OF  |     | Fees            | e calegones instea at t  |                    | cuuc)   |   | outsi | ide of Texas. Complete Schedule T.  |
|   | EXPENDITURE   |     |                 |  |                    |   | Check if Austin                               | , TX, | , officeholder living expense   |
|   |   |     |                 |  |                    |   | Credit Card F                                 | ee    | 25  |
|   |   |     |                 |  |                    |   |   |       |   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |     | Candidate/Offic | eholder name   | C                  | Office sou  | ght   |       | Office held   |
|   | Date  |     | Payee name      |  |                    |   |   |       |   |
|   | 06/29/2023  |     | Anedot          |  |                    |   |   |       |   |
|   | Amount (\$)   |     | Payee addres    | s; City;   | State;             | ; Zip Co  | de  |       |   |
|   | \$4.30  |     | 1920 McKin      | ney Ave. 7th Fl  | oor                |   |   |       |   |
|   |   |     |                 |  |                    |   |   |       |   |
|   |   |     | Dallas, TX 7    | 5201   |                    |   |   |       |   |
|   | PURPOSE<br>OF   | (a) |                 | e Categories listed at t   | he top of this sch | edule)  | (b) Description                               |       |   |
|   | EXPENDITURE   |     | Fees            |  |                    |   |   |       | ide of Texas. Complete Schedule T.<br>, officeholder living expense   |
|   |   |     |                 |  |                    |   | Credit Card F                                 |       |   |
|   |   |     |                 |  |                    |   | Crouit Cara r                                 | 00    | -   |
|   | Complete ONLY if direct   |     | Candidate/Offic | eholder name   |                    | Office sou  | tht   |       | Office held   |
|   | expenditure to benefit C/OF   |     |                 |  |                    |   | <u>, , , , , , , , , , , , , , , , , , , </u> |       |   |
|   | Date  |     | Payee name      |  |                    |   |   |       |   |
|   | 06/18/2023  |     | Anedot          |  |                    |   |   |       |   |
|   |   |     | Payee addres    |  | Ctoto              | ; Zip Co  | 40  |       |   |
|   | Amount (\$)   |     |                 |  |                    | , ZIP CO  | le  |       |   |
|   | \$12.30   |     | 1920 MICKIN     | ney Ave. 7th Fl  | 001                |   |   |       |   |
|   |   |     |                 |  |                    |   |   |       |   |
|   |   |     | Dallas, TX 7    | 5201   |                    |   |   |       |   |
|   | PURPOSE<br>OF   | (a) |                 | e Categories listed at t   | he top of this sch | edule)  | (b) Description                               |       |   |
|   | EXPENDITURE   |     | Fees            |  |                    |   |   |       | ide of Texas. Complete Schedule T.  |
|   |   |     |                 |  |                    |   | Credit Card F                                 |       | , officeholder living expense   |
|   |   |     |                 |  |                    |   | Crean Gard P                                  | 00    |   |
| - | Complete ONLY if direct   | L   | Candidate/Offic | eholder name   |                    | Office soug   | tht   |       | Office held   |
|   | expenditure to benefit C/OF   |     |                 | choluci name   | C C                |   | grit  |       |   |
|   |   |     |                 |  |                    |   |   |       |   |
|   |   |     |                 |  |                    |   |   |       |   |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS                         |

#### SCHEDULE F1

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |     |                 |  |                 |   |  |     |   |                            |
|---|---|-----|-----------------|--|-----------------|---|--|-----|---|----------------------------|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |     |                 | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Ex<br>Legal Services<br>The Instruction Guid | kpense          | Loan Repa<br>Office Ove<br>Polling Exp<br>Printing Ex<br>Salaries/W | yment/Reimbursement<br>head/Rental Expense<br>ense<br>pense<br>ages/Contract Labor |     | Travel in District<br>Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1:  | 2   | FILER NAME      |  |                 |   |  | 3   | Filer ID                                | (Ethics Commission Filers) |
|   | Sch: 2/3 Rpt: 17/40   |     | Martinez, El    | izabeth R.   |                 |   |  |     | 00087602                                |                            |
| 4 | Date  | 5   | Payee name      |  |                 |   |  |     |   |                            |
|   | 06/05/2023  |     | Anedot          |  |                 |   |  |     |   |                            |
| 6 | Amount (\$)   | 7   | Payee addres    | s; City;   | State           | ; Zip Co  | de   |     |   |                            |
|   | \$40.30   |     | 1920 McKin      | ney Ave. 7th Floo  | or              |   |  |     |   |                            |
|   |   |     |                 |  |                 |   |  |     |   |                            |
|   |   |     | Dallas, TX 7    | 5201   |                 |   |  |     |   |                            |
| 8 | PURPOSE   | (a) | Category (Se    | e Categories listed at the   | top of this sch | edule)  | (b) Description  |     |   |                            |
|   | OF<br>EXPENDITURE   |     | Fees            | Ū  |                 | ŕ   |  |     | de of Texas. Com                        |                            |
|   |   |     |                 |  |                 |   |  |     | officeholder living                     | expense                    |
|   |   |     |                 |  |                 |   | Credit Card F  | -ee | S                                       |                            |
| 0 | Complete ONIL V if direct   |     | Condidate/Offi  | ceholder name  |                 |   | t  |     | Office he                               | ld                         |
| 9 | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF   |     | Januluale/Olli  | enoluer name   | (               | Office sou  | jiit.  |     | Onice he                                | au                         |
|   | Date  |     | Payee name      |  |                 |   |  |     |   |                            |
|   | 06/05/2023  |     | Anedot          |  |                 |   |  |     |   |                            |
|   | Amount (\$)   |     | Payee addres    | s; City;   | State           | ; Zip Co  | de   |     |   |                            |
|   | \$8.30  |     | 1920 McKin      | ney Ave. 7th Floo  | or              |   |  |     |   |                            |
|   |   |     | Dallas, TX 7    | 5201   |                 |   |  |     |   |                            |
|   | PURPOSE   | (a) | Category (Se    | e Categories listed at the   | top of this sch | edule)  | (b) Description  |     |   |                            |
|   | OF<br>EXPENDITURE   |     | Fees            |  |                 |   |  |     | de of Texas. Com                        |                            |
|   | _/  |     |                 |  |                 |   | Credit Card F  |     | officeholder living                     | expense                    |
|   |   |     |                 |  |                 |   | Cleuit Caru F  | -ee | 5                                       |                            |
|   | Complete ONLY if direct   |     | Candidate/Offi  | ceholder name  |                 | Office sou  | ht   |     | Office he                               | ald                        |
|   | expenditure to benefit C/Oł   |     | Sandidate/Onix  |  |                 |   | jiit   |     | Office free                             |                            |
| ⊨ | Date  |     | Payee name      |  |                 |   |  |     |   |                            |
|   | 05/21/2023  |     | Anedot          |  |                 |   |  |     |   |                            |
| - | Amount (\$)   | -   | Payee addres    | s; City;   | State           | ; Zip Co  | le   |     |   |                            |
|   | \$0.50  |     | -               | ney Ave. 7th Floc  |                 | , <u>-</u> ip C01   |  |     |   |                            |
|   | \$0.00  |     | 1020 1001       |  |                 |   |  |     |   |                            |
|   |   |     | Dallas, TX 7    | 5201   |                 |   |  |     |   |                            |
|   | PURPOSE<br>OF   | (a) |                 | e Categories listed at the   | top of this sch | edule)  | (b) Description  |     |   |                            |
|   | EXPENDITURE   |     | Fees            |  |                 |   |  |     | de of Texas. Com                        |                            |
|   |   |     |                 |  |                 |   | Credit Card F  |     |   |                            |
|   |   |     |                 |  |                 |   |  |     |   |                            |
| - | Complete ONLY if direct   | L(  | Candidate/Offic | ceholder name  | (               | Office sou  | jht  |     | Office he                               | ld                         |
|   | expenditure to benefit C/OF   | 4   |                 |  |                 | ·   |  |     |   |                            |
|   |   |     |                 |  |                 |   |  |     |   |                            |
|   |   |     |                 |  |                 |   |  |     |   |                            |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS                         |

#### SCHEDULE F1

| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|---|--|
| <b>1</b> Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
| Sch: 3/3 Rpt: 18/40   | Martinez, Elizabeth R. 00087602  |
| -   |  |
| 4 Date<br>06/26/2023  | 5 Payee name<br>Anedot   |
| 6 Amount (\$)<br>\$1.30   | <ul> <li>Payee address; City; State; Zip Code</li> <li>1920 McKinney Ave. 7th Floor</li> <li>Dallas, TX 75201</li> </ul>   |
| 8 PURPOSE<br>OF<br>EXPENDITURE  | <ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Fees</li> </ul> </li> </ul>      |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł  | Candidate/Officeholder name Office sought Office held  |
| Date<br>05/12/2023<br>Amount (\$)<br>\$216.50   | Payee name<br>Dru   Photo<br>Payee address; City; State; Zip Code<br>403 Dawson St.  |
|   | Ste 2<br>San Antonio , TX 78202-2208   |
| PURPOSE<br>OF<br>EXPENDITURE  | <ul> <li>(a) Category (See Categories listed at the top of this schedule)<br/>Advertising Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Photography</li> </ul> </li> </ul> |
| Complete ONLY if direct expenditure to benefit C/O  | Candidate/Officeholder name Office sought Office held  |
|   |  |

|   | RRED OBLIGATIONS  | SCHEDULE F2   |
|---|---|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made B<br>Candidate/Officeholder/Politica | EXPENDITURE CATEGORIES FOR BOX 10(a)           Event Expense         Loan Repayment/Reimbursement           Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense           I Committee         Legal Services           The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1 Total pages Schedule F2:<br>Sch: 1/1 Rpt: 19/40   | 2 FILER NAME<br>Martinez, Elizabeth R.  | 3 Filer ID (Ethics Commission Filers)<br>00087602   |
| <sup>4</sup> TOTAL OF UNITEMI   | ZED UNPAID INCURRED OBLIGATIONS   | \$  |
| 5 Date<br>04/18/2023  | 6 Payee name<br>Dmitri, Kosub   |   |
| 7 Amount (\$)<br>\$3,500.00   | <ul> <li>8 Payee address; City; State; Zip Code</li> <li>15025 Cadillac Drive</li> <li>San Antonio , TX 78248</li> </ul>  |   |
| 9 TYPE OF<br>EXPENDITURE  | X Political Non-Political   |   |
| 10 PURPOSE<br>OF<br>EXPENDITURE   |   | outside of Texas. Complete Schedule T.<br>TX, officeholder living expense   |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O   | Candidate/Officeholder name Office sought<br>H  | Office held   |
|   |   |   |

|    | EXPENDITURE  | S MADE BY CREDI   | T CARD               | SCHEDULE F4   |
|----|--|---|----------------------|---|
|    | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica | Event Expense<br>Fees<br>Food/Beverage Expense<br>- Gift/Awards/Memorials E<br>Committee Legal Services |                      | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| L  | Total pages Schedule F4:<br>Sch: 1/11 Rpt: 20/40   | 2 FILER NAME<br>Martinez, Elizabeth R.  |                      | 3     Filer ID     (Ethics Commission Filers)       00087602  |
| 4  | TOTAL OF UNITEMIZ  | ED EXPENDITURES CHAR  | GED TO A CREDIT CARD | \$  |
| L  | Date<br>04/20/2023   | 6 Payee name<br>Amazon  |                      |   |
| 7  | Amount (\$)<br>\$10.27   | <ul> <li>8 Payee address; City;</li> <li>410 Terry Ave. N</li> <li>Seattle , WA 98109</li> </ul>        | State; Zip Code      |   |
| 9  | TYPE OF<br>EXPENDITURE   | X Political   | Non-Political        |   |
| 10 | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the Supplies   | Check if travel      | outside of Texas. Complete Schedule T.<br>, TX, officeholder living expense   |
| 11 | . Complete <u>ONLY</u> if direct expenditure to benefit C/OI   | Candidate/Officeholder name   | Office sought        | Office held   |
|    | Date<br>06/06/2023   | Payee name<br>Amazon  |                      |   |
|    | Amount (\$)<br>\$30.61   | Payee address; City;<br>410 Terry Ave. N  | State; Zip Code      |   |
| L  |  | Seattle , WA 98109  |                      |   |
| L  | TYPE OF<br>EXPENDITURE   | X Political   | Non-Political        |   |
|    | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the Supplies   | Check if travel      | outside of Texas. Complete Schedule T.<br>, TX, officeholder living expense<br>for Volunteers   |
|    | Complete <u>ONLY</u> if direct expenditure to benefit C/OI   | Candidate/Officeholder name   | Office sought        | Office held   |
|    |  |   |                      |   |

| EXPENDITURI   | ES MADE BY CREDIT  | CARD   |   | SCHEDULE F4   |
|---|--|--|---|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made B<br>Candidate/Officeholder/Politice | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Exper  | Office Overhea<br>Polling Expens<br>nse Printing Expens<br>Salaries/Wage | ent/Reimbursement<br>Id/Rental Expense<br>e<br>se<br>s/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1 Total pages Schedule F4:<br>Sch: 2/11 Rpt: 21/40  | 2 FILER NAME<br>Martinez, Elizabeth R.   |  |   | 3 Filer ID (Ethics Commission Filers)<br>00087602   |
| <sup>4</sup> TOTAL OF UNITEMI   | ZED EXPENDITURES CHARGE  | ED TO A CREDIT   | r card  | \$  |
| 5 Date<br>06/22/2023  | 6 Payee name<br>Bexar County Democratic Women  |  |   |   |
| 7 Amount (\$)<br>\$25.00  | 8 Payee address; City;<br>27025 Daffodil Place<br>Boerne , TX 78015  | State; Zip Code  |   |   |
| 9 TYPE OF<br>EXPENDITURE  | X Political  | Non-Politica   |   |   |
| 10 PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top<br>Contributions/Donations Made E<br>Candidate/Officeholder/Political | Ву   | Check if Austin   | outside of Texas. Complete Schedule T.<br>, TX, officeholder living expense<br>County Democratic Women  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O   | Candidate/Officeholder name<br>H   | Office sought  |   | Office held   |
| Date<br>06/30/2023  | Payee name<br>Dollar Tree  |  |   |   |
| Amount (\$)<br>\$10.01  | Payee address; City;<br>1131 SE Military<br>Ste 121<br>San Antonio , TX 78214-2874                                   | State; Zip Code  |   |   |
| TYPE OF<br>EXPENDITURE  | X Political  | Non-Politica   | I   |   |
| PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top<br>Supplies   | of this schedule) (b)  | Check if Austin   | outside of Texas. Complete Schedule T.<br>, TX, officeholder living expense<br>for Car for 4th of July Windcrest Parade   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O   | Candidate/Officeholder name<br>H   | Office sought  |   | Office held   |
|   |  |  |   |   |

|    | EXPENDITURE  | SCHEDULE F4  |   |  |   |
|----|--|--|---|--|---|
|    | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica | EXPENDITURE C<br>Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expe<br>Legal Services<br>The Instruction Guide | Loan Rep<br>Office Ov<br>Polling Ex<br>Printing E<br>Salaries/V | ayment/Reimbursement<br>rrhead/Rental Expense<br>pense<br>xpense<br>Vages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1  | Total pages Schedule F4:<br>Sch: 3/11 Rpt: 22/40   | 2 FILER NAME<br>Martinez, Elizabeth R.   |   |  | 3 Filer ID (Ethics Commission Filers)<br>00087602   |
| 4  | TOTAL OF UNITEMIZ  | ZED EXPENDITURES CHARG   | ED TO A CRE   | DIT CARD   | \$  |
| 5  | Date<br>05/11/2023   | 6 Payee name<br>Dru   Photo  |   |  | •   |
| 7  | Amount (\$)<br>\$216.50  | <ul> <li>8 Payee address; City;</li> <li>403 Dawson St.</li> <li>Ste 2</li> <li>San Antonio , TX 78202-2208</li> </ul>                   | State; Zip Co   | de   |   |
| 9  | TYPE OF<br>EXPENDITURE   | X Political  | Non-Pol   | tical  |   |
| 10 | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top<br>Advertising Expense  | o of this schedule)   |  | l outside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense<br>/   |
| 11 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI   | Candidate/Officeholder name<br>H   | Office sou  | ght  | Office held   |
|    | Date<br>04/12/2023   | Payee name<br>GoDaddy.com, LLC   |   |  |   |
|    | Amount (\$)<br>\$79.17   | Payee address; City;<br>2155 E. GoDaddy Way  | State; Zip Co   | de   |   |
| L  |  | Tempe, AZ 85284  |   |  |   |
|    | TYPE OF<br>EXPENDITURE   | X Political  | Non-Pol   | tical  |   |
|    | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top<br>Fees   | o of this schedule)   |  | outside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense<br>bdomain   |
|    | Complete <u>ONLY</u> if direct expenditure to benefit C/OI   | Candidate/Officeholder name<br>H   | Office sou  | ght  | Office held   |
|    |  |  |   |  |   |

| EXPENDITURI   | ES MADE BY CREDIT  | CARD   | SCHEDULE F4   |
|---|--|--|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made B<br>Candidate/Officeholder/Politica | Event Expense<br>Fees<br>Food/Beverage Expense<br>y - Gift/Awards/Memorials Expen<br>al Committee Legal Services | ATEGORIES FOR BOX<br>Loan Repayment/f<br>Office Overhead/R<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Co<br>explains how to complete | Reimbursement         Solicitation/Fundraising Expense           Rental Expense         Transportation Equipment & Related Expense           Travel in District         Travel Out of District           Contract Labor         OTHER (enter a category not listed above) |
| 1 Total pages Schedule F4:<br>Sch: 4/11 Rpt: 23/40  | 2 FILER NAME<br>Martinez, Elizabeth R.   |  | 3       Filer ID       (Ethics Commission Filers)         00087602  |
| <sup>4</sup> TOTAL OF UNITEMI   | ZED EXPENDITURES CHARGE  | ED TO A CREDIT (   | CARD \$   |
| 5 Date<br>04/19/2023  | 6 Payee name<br>GoDaddy.com, LLC   |  |   |
| 7 Amount (\$)<br>\$20.36  | 8 Payee address; City;<br>2155 E. GoDaddy Way<br>Tempe , AZ 85284  | State; Zip Code  |   |
| 9 TYPE OF<br>EXPENDITURE  | X Political  | Non-Political  |   |
| 10 PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top<br>Fees   |  | escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Comain Name  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O   | Candidate/Officeholder name<br>H   | Office sought  | Office held   |
| Date<br>06/15/2023  | Payee name<br>HEB  |  |   |
| Amount (\$)<br>\$94.56  | Payee address; City;<br>1601 Nogalitos   | State; Zip Code  |   |
| TYPE OF   | San Antonio , TX 78204   |  |   |
| EXPENDITURE   | X Political  | Non-Political  |   |
| PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top<br>Food/Beverage Expense  |  | escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Drinks and Supplies for Campaign Kick Off  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O  | Candidate/Officeholder name<br>H   | Office sought  | Office held   |
|   |  |  |   |

| EXPENDITURE  | ES MADE BY CREDIT CARD   | SCHEDULE F4  |  |  |
|--|--|--|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica | Fees Office Overt<br>Food/Beverage Expense Polling Expe<br>- Gift/Awards/Memorials Expense Printing Exp  | ment/Reinbursement       Solicitation/Fundraising Expense         read/Rental Expense       Transportation Equipment & Related Expense         nse       Travel in District         ense       Travel Out of District         ges/Contract Labor       OTHER (enter a category not listed above) |  |  |
| 1 Total pages Schedule F4:<br>Sch: 5/11 Rpt: 24/40   | 2 FILER NAME<br>Martinez, Elizabeth R.   | 3 Filer ID (Ethics Commission Filers)<br>00087602  |  |  |
| <sup>4</sup> TOTAL OF UNITEMI  | ZED EXPENDITURES CHARGED TO A CRED   | IT CARD \$   |  |  |
| 5 Date<br>05/27/2023   | 6 Payee name<br>Michaels   |  |  |  |
| 7 Amount (\$)<br>\$56.04   | 8 Payee address; City; State; Zip Cod<br>255 E. Basse Ste 120  | e  |  |  |
| 9 TYPE OF<br>EXPENDITURE   | San Antonio , TX 78209-8336  | cal  |  |  |
| 10 PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule) (Supplies   | <ul> <li>b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Posters and Shirts</li> </ul>   |  |  |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/O   | Candidate/Officeholder name Office sough   | nt Office held   |  |  |
| Date<br>04/02/2023   | Payee name<br>NE Bexar County Democrats  |  |  |  |
| Amount (\$)<br>\$20.00   | Payee address; City; State; Zip Cod<br>P.O. Box 700766   | e  |  |  |
| TYPE OF  | San Antonio , TX 78270-0766  | sel  |  |  |
| EXPENDITURE  | X Political Non-Politic  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | <ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Contributions/Donations Made By<br/>Candidate/Officeholder/Political Committee</li> </ul> | <ul> <li>b) Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         Joined the NE Bexar County Democrats.     </li> </ul>  |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate/Officeholder name Office sough   | nt Office held   |  |  |
|  |  |  |  |  |

|    | EXPENDITURE  | ES MADE BY CREDIT  | CARD  | SCHEDULE F4  |
|----|--|--|---|--|
|    | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Exp<br>I Committee Legal Services        | CATEGORIES FOR BOX 10(a)<br>Loan Repayment/Reimburseme<br>Office Overhead/Rental Expense<br>Polling Expense<br>Salaries/Wages/Contract Labor<br>e explains how to complete this form. | Se Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1  | Total pages Schedule F4:<br>Sch: 6/11 Rpt: 25/40   | 2 FILER NAME<br>Martinez, Elizabeth R.   |   | 3 Filer ID (Ethics Commission Filers)<br>00087602  |
| 4  | TOTAL OF UNITEMI   | ZED EXPENDITURES CHARG   | ED TO A CREDIT CARD   | \$   |
| 5  | Date<br>04/15/2023   | 6 Payee name<br>NorthWest Democrats  |   |  |
| 7  | Amount (\$)<br>\$30.00   | <ul> <li>8 Payee address; City;</li> <li>P.O. Box 681911</li> <li>San Antonio , TX 78268</li> </ul>              | State; Zip Code   |  |
| 9  | TYPE OF<br>EXPENDITURE   | X Political  | Non-Political   |  |
| 10 | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the to<br>Contributions/Donations Made<br>Candidate/Officeholder/Politica | By Check if tr<br>al Committee Check if A   | avel outside of Texas. Complete Schedule T.<br>.ustin, TX, officeholder living expense<br>e NW Democrats                                   |
| 11 | Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate/Officeholder name<br>H   | Office sought   | Office held  |
|    | Date<br>05/20/2023   | Payee name<br>NorthWest Democrats  |   |  |
|    | Amount (\$)<br>\$7.00  | Payee address; City;<br>P.O. Box 681911  | State; Zip Code   |  |
|    | TYPE OF<br>EXPENDITURE   | San Antonio , TX 78268   | Non-Political   |  |
|    | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the to Food/Beverage Expense  | Check if tr   | avel outside of Texas. Complete Schedule T.<br>ustin, TX, officeholder living expense  |
|    | Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate/Officeholder name  | Office sought   | Office held  |
|    |  |  |   |  |

| Γ  | EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4   |   |                      |   |  |
|----|--|---|----------------------|---|--|
|    |  |   |                      |   |  |
|    | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials E<br>I Committee Legal Services |                      | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |
| 1  | Total pages Schedule F4:<br>Sch: 7/11 Rpt: 26/40   | 2 FILER NAME<br>Martinez, Elizabeth R.  |                      | 3 Filer ID (Ethics Commission Filers)<br>00087602   |  |
| 4  | TOTAL OF UNITEMIZ  | ZED EXPENDITURES CHAR   | GED TO A CREDIT CARD | \$  |  |
| 5  | Date<br>06/17/2023   | 6 Payee name<br>NorthWest Democrats   |                      |   |  |
| 7  | Amount (\$)<br>\$7.00  | 8 Payee address; City;<br>P.O. Box 681911<br>San Antonio , TX 78268                                     | State; Zip Code      |   |  |
| 9  | TYPE OF<br>EXPENDITURE   | X Political   | Non-Political        |   |  |
| 10 | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the Food/Beverage Expense  | Check if trave       | el outside of Texas. Complete Schedule T.<br>in, TX, officeholder living expense  |  |
| 11 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI   | Candidate/Officeholder name<br>H  | Office sought        | Office held   |  |
|    | Date<br>06/15/2023   | Payee name<br>Office Max  |                      |   |  |
|    | Amount (\$)<br>\$12.97   | Payee address; City;<br>255 E. Basse  | State; Zip Code      |   |  |
| L  |  | San Antonio , TX 78209  |                      |   |  |
|    | TYPE OF<br>EXPENDITURE   | X Political   | Non-Political        |   |  |
|    | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the Event Expense  | Check if trave       | el outside of Texas. Complete Schedule T.<br>in, TX, officeholder living expense<br>es and Marker for Event   |  |
|    | Complete <u>ONLY</u> if direct expenditure to benefit C/OI   | Candidate/Officeholder name<br>H  | Office sought        | Office held   |  |
|    |  |   |                      |   |  |

|    | EXPENDITURE  | ES MADE BY CREDIT   | CARD  | SCHEDULE F4   |
|----|--|---|---|---|
|    | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>I Committee Legal Services     | CATEGORIES FOR BOX 10<br>Loan Repayment/Reimt<br>Office Overhead/Rental<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contrac<br>explains how to complete this | tursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District t Labor OTHER (enter a category not listed above) |
| 1  | Total pages Schedule F4:<br>Sch: 8/11 Rpt: 27/40   | 2 FILER NAME<br>Martinez, Elizabeth R.  |   | 3 Filer ID (Ethics Commission Filers)<br>00087602   |
| 4  | TOTAL OF UNITEMIZ  | ZED EXPENDITURES CHARG  | ED TO A CREDIT CAP  | RD \$   |
| 5  | Date<br>06/01/2023   | 6 Payee name<br>SD19 Tejano Democrats   |   |   |
| 7  | Amount (\$)<br>\$15.00   | <ul> <li>8 Payee address; City;</li> <li>574 Kendalia</li> <li>San Antonio , TX 78221</li> </ul>                  | State; Zip Code   |   |
| 9  | TYPE OF<br>EXPENDITURE   | X Political   | Non-Political   |   |
| 10 | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top<br>Contributions/Donations Made<br>Candidate/Officeholder/Politica | By Chal Committee   | ption<br>eck if travel outside of Texas. Complete Schedule T.<br>eck if Austin, TX, officeholder living expense<br>ed SD19 Tejano Dems  |
| 11 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI   | Candidate/Officeholder name<br>H  | Office sought   | Office held   |
|    | Date<br>06/13/2023   | Payee name<br>Sam's Club  |   |   |
|    | Amount (\$)<br>\$29.73   | Payee address; City;<br>3239 Goliad   | State; Zip Code   |   |
|    | TYPE OF  | San Antonio , TX 78223  |   |   |
|    | EXPENDITURE  | X Political   | Non-Political   |   |
|    | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top<br>Supplies  |   | ption<br>eck if travel outside of Texas. Complete Schedule T.<br>eck if Austin, TX, officeholder living expense<br>s and Cups for KickOff   |
|    | Complete <u>ONLY</u> if direct expenditure to benefit C/OI   | Candidate/Officeholder name<br>H  | Office sought   | Office held   |
|    |  |   |   |   |

|    | EXPENDITURE  | ES MADE BY CREDIT  | T CARD   |  | SCHEDULE F4   |
|----|--|--|--|--|---|
|    | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Exp                                | Office O<br>Polling E<br>pense Printing I<br>Salaries/ | payment/Reimbursement<br>verhead/Rental Expense<br>xpense<br>Expense<br>Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| L  | Total pages Schedule F4:<br>Sch: 9/11 Rpt: 28/40   | 2 FILER NAME<br>Martinez, Elizabeth R.   |  |  | 3 Filer ID (Ethics Commission Filers)<br>00087602   |
| 4  | TOTAL OF UNITEMI   | ZED EXPENDITURES CHARG   | GED TO A CRE   | EDIT CARD  | \$  |
| 5  | Date<br>04/02/2023   | 6 Payee name<br>Stonewall Democrats of San A   |  |  |   |
| 7  | Amount (\$)<br>\$45.00   | 8 Payee address; City;<br>P.O. Box 12814<br>San Antonio , TX 78212   | State; Zip C   | ode  |   |
| 9  | TYPE OF<br>EXPENDITURE   | X Political  | Non-Po   | litical  |   |
| 10 | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the the Contributions/Donations Made Candidate/Officeholder/Politic | e By   | Check if Austir  | outside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense<br>wall Democrats of San Antonio   |
| 11 | Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate/Officeholder name<br>H   | Office so  | ught   | Office held   |
|    | Date<br>05/01/2023   | Payee name<br>United States Postal Service   |  |  |   |
|    | Amount (\$)<br>\$176.00  | Payee address; City;<br>1140 S. Laredo St.<br>San Antonio , TX 78204-9998                                  | State; Zip C   | ode  |   |
| ╞  | TYPE OF<br>EXPENDITURE   | X Political  | Non-Po   | litical  |   |
|    | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the tr<br>Fees  | top of this schedule)                                  |  | outside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense  |
|    | Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate/Officeholder name<br>H   | Office so  | ught   | Office held   |
|    |  |  |  |  |   |

|    | EXPENDITURE  | ES MADE BY C   | REDIT CA                         | RD   |  |  | SCHEDULE F4                |
|----|--|--|----------------------------------|--|--|--|----------------------------|
|    | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica | Event Exper<br>Fees<br>Food/Bevera<br>- Gift/Awards/<br>I Committee Legal Servic           | ige Expense<br>Memorials Expense | Loan Repaym<br>Office Overhe<br>Polling Expen<br>Printing Expe<br>Salaries/Wag | ent/Reimbursement<br>ad/Rental Expense<br>se<br>nse<br>es/Contract Labor | Transportation E<br>Travel in District<br>Travel Out of Dis            |                            |
| 1  | Total pages Schedule F4:<br>Sch: 10/11 Rpt: 29/40  | 2 FILER NAME<br>Martinez, Elizabeth I  | ٦.                               |  |  | 3 Filer ID<br>00087602   | (Ethics Commission Filers) |
| 4  | TOTAL OF UNITEMIZ  | ZED EXPENDITURES   | CHARGED T                        | O A CREDI  | T CARD   | \$   |                            |
| L  | Date<br>05/21/2023   | 6 Payee name<br>Vistaprint   |                                  |  |  |  |                            |
| 7  | Amount (\$)<br>\$34.63   | <ul> <li>8 Payee address; Ci</li> <li>275 Wyman St.</li> <li>Waltham , MD 0245:</li> </ul> |                                  | ate; Zip Code  |  |  |                            |
| 9  | TYPE OF<br>EXPENDITURE   | X Political  |                                  | Non-Politica   | al   |  |                            |
| 10 | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories<br>Advertising Expense  |                                  | schedule) (b   |  | el outside of Texas. Com<br>in, TX, officeholder livinç<br>ards        |                            |
| 11 | . Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate/Officeholder r<br>H  | name                             | Office sough   | t  | Office he  | eld                        |
| Γ  | Date<br>05/15/2023   | Payee name<br>Walmart  |                                  |  |  |  |                            |
|    | Amount (\$)<br>\$42.35   | Payee address; Ci<br>702 S.W. 8th St.  | ty; Sta                          | ate; Zip Code  |  |  |                            |
| L  |  | Bentonville, AR 7272   | L6                               |  |  |  |                            |
|    | TYPE OF<br>EXPENDITURE   | X Political  |                                  | Non-Politica   | al   |  |                            |
|    | PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories<br>Office Supplies  | listed at the top of this        | schedule) (b   |  | el outside of Texas. Com<br>in, TX, officeholder living<br><b>lies</b> |                            |
|    | Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate/Officeholder r<br>H  | name                             | Office sough   | t  | Office he  | eld                        |
|    |  |  |                                  |  |  |  |                            |

| EXPENDITURE  | SCHEDULE F4                            |   |   |   |   |
|--|--|---|---|---|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica | y -<br>al Committee                    | EXPENDITURE CA<br>Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide ex | Loan Re<br>Office C<br>Polling I<br>se Printing<br>Salaries | epayment/Reimbursement<br>Iverhead/Rental Expense<br>Expense<br>Expense<br>s/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1 Total pages Schedule F4:<br>Sch: 11/11 Rpt: 30/40  | 2 FILER NAME<br>Martinez, Elizabeth R. |   |   |   | 3 Filer ID (Ethics Commission Filers)<br>00087602   |
| <sup>4</sup> TOTAL OF UNITEMI  | ZED EXPENI                             | DITURES CHARGE  | D TO A CR   | EDIT CARD   | \$  |
| 5 Date<br>05/27/2023   | 6 Payee name<br>Walmart                | 9   |   |   |   |
| 7 Amount (\$)<br>\$10.34   | 8 Payee addr<br>8500 Jone              | ess; City;<br>s Maltsberger Rd,   | State; Zip C  | Code  |   |
|  | San Anton                              | io , TX 78216   |   |   |   |
| 9 TYPE OF<br>EXPENDITURE   | X                                      | Political   | Non-Po  | blitical  |   |
| 10 PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (<br>Supplies             | See Categories listed at the top o  | f this schedule)  | Check if Austin   | outside of Texas. Complete Schedule T.<br>, TX, officeholder living expense<br>m Sheets and Labels  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O  |  | ficeholder name   | Office so   | bught   | Office held   |
|  |  |   |   |   |   |

| POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G  |   |  |   |  |  |
|--|---|--|---|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made B<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Fees Office O<br>Food/Beverage Expense Polling E<br>y - Gift/Awards/Memorials Expense Printing  | payment/Reimbursement<br>verhead/Rental Expense<br>xpense<br>Expense<br>Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |
| 1 Total pages Schedule G:<br>Sch: 1/8 Rpt: 31/40   | 2 FILER NAME<br>Martinez, Elizabeth R.  |  | 3 Filer ID (Ethics Commission Filers)<br>00087602   |  |  |
| 4 Date<br>04/20/2023   | 5 Payee name<br>Amazon  |  |   |  |  |
| 6 Amount (\$)<br>\$10.27<br>Reimbursement from<br>political contributions<br>intended  | 7 Payee address; City; State; Zip Code<br>410 Terry Ave. N<br>Seattle , WA 98109  |  |   |  |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Supplies  | (b) Description  | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense  |  |  |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH   | Candidate/Officeholder name   | Office sought  | Office held   |  |  |
| Date   | Payee name  |  |   |  |  |
| 06/06/2023   | Amazon  |  |   |  |  |
| Amount (\$)<br>\$30.61   | Payee address;     City;     State;     Zip Code       410 Terry Ave. N   |  |   |  |  |
| intended   | Seattle , WA 98109  |  |   |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Shirts  | Description  | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense  |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH   | Candidate/Officeholder name   | Office sought  | Office held   |  |  |
| Date   | Payee name  |  |   |  |  |
| 06/22/2023   | Bexar County Democratic Women   |  |   |  |  |
| Amount (\$)<br>\$25.00   | Payee address; City; State; Zip C<br>27025 Daffodil Place   | ode  |   |  |  |
| X         Reimbursement from political contributions intended  | Boerne , TX 78015   |  |   |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee |  |   |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH   | L<br>Candidate/Officeholder name  | Office sought  | Office held   |  |  |
|  |   |  |   |  |  |

| POLITICAL EX  | PENDITURES FROM PERSON   | AL FUNDS   | SCHEDULE G   |
|---|--|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Fees Office Ov<br>Food/Beverage Expense Polling E<br>Gift/Awards/Memorials Expense Printing I  | ayment/Reimbursement<br>rrhead/Rental Expense<br>pense Travel in District<br>ypense Travel Out of Dis<br>/ages/Contract Labor OTHER (enter a | quipment & Related Expense   |
| 1 Total pages Schedule G:<br>Sch: 2/8 Rpt: 32/40  | 2 FILER NAME<br>Martinez, Elizabeth R.   | 3 Filer ID (E<br>00087602  | thics Commission Filers)   |
| 4 Date<br>06/30/2023  | 5 Payee name<br>Dollar Tree  |  |  |
| 6 Amount (\$)<br>\$10.01<br>X Reimbursement from<br>political contributions<br>intended   | 7 Payee address; City; State; Zip Code<br>1131 SE Military<br>Ste 121<br>San Antonio , TX 78214-2874   |  |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Supplies   |  | de of Texas. Complete Schedule T.<br>officeholder living expense<br>Ily Windcrest Parade |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH  | Candidate/Officeholder name  | Office sought C  | office held  |
| Date  | Payee name   |  |  |
| 04/12/2023  | GoDaddy.com LLC  |  |  |
| Amount (\$)<br>\$79.17<br>Reimbursement from<br>political contributions   | Payee address; City; State; Zip Code   |  |  |
| intended  | Tempe, AZ 85284  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category       (See Categories listed at the top of this schedule)         Fees       Description         Check if Austin, TX, officeholder living expense         Bought a web domain |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH  | t Candidate/Officeholder name Office sought Office held  |  |  |
| Date  | Payee name   |  |  |
| 04/19/2023  | GoDaddy.com, LLC   |  |  |
| Amount (\$)<br>\$20.36  | Payee address;     City;     State;     Zip Code       2155 E. GoDaddy Way   |  |  |
| Reimbursement from<br>political contributions<br>intended   | Tempe, AZ 85284  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Fees   |  | de of Texas. Complete Schedule T.<br>officeholder living expense                         |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH  | expenditure to benefit   |  |  |
|   |  |  |  |

| POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G   |   |  |  |
|---|---|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made B<br>Candidate/Officeholder/Politic<br>Credit Card Payment                     | Fees Office O<br>Food/Beverage Expense Polling E<br>y - Gift/Awards/Memorials Expense Printing  | payment/Reimbursement       Solicitation/Fundraising Expense         verhead/Rental Expense       Transportation Equipment & Related Expense         xpense       Travel in District         Expense       Travel Out of District         Wages/Contract Labor       OTHER (enter a category not listed above) |  |
| 1 Total pages Schedule G:<br>Sch: 3/8 Rpt: 33/40  | <ul> <li>FILER NAME</li> <li>Martinez, Elizabeth R.</li> </ul>  | 3 Filer ID (Ethics Commission Filers)<br>00087602  |  |
| 4 Date<br>06/15/2023  | 5 Payee name<br>HEB   | I  |  |
| 6 Amount (\$)<br>\$94.56<br>X Reimbursement from<br>political contributions<br>intended   | 7 Payee address; City; State; Zip Code<br>1601 Nogalitos<br>San Antonio , TX 78204  |  |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | (b) Description Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Drinks and Supplies for Campaign KickOff   |  |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH  | Candidate/Officeholder name   | Office sought Office held  |  |
| Date  | Davias namo   |  |  |
| 05/27/2023  | Payee name<br>Michaels  |  |  |
| Amount (\$)<br>\$56.04  | Payee address;     City;     State;     Zip Code       04     255 E. Basse Ste 120     255 E. Basse Ste 120   |  |  |
| X Reimbursement from political contributions intended   | San Antonio , TX 78209-8336   |  |  |
| PURPOSE   | Category (See Categories listed at the top of this schedule)  | Description Check if travel outside of Texas. Complete Schedule T.   |  |
| OF<br>EXPENDITURE   | Supplies  |  |  |
| Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         expenditure to benefit       C/OH       Office sought       Office held |   | Office sought Office held  |  |
| Date  | Payee name  |  |  |
| 04/02/2023 NE Bexar County Democrats  |   |  |  |
| Amount (\$)<br>\$20.00  | Payee address; City; State; Zip Code<br>520.00 P.O. Box 700766  |  |  |
| X Reimbursement from political contributions intended   | San Antonio , TX 78270-0766   |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)       Description       Check if travel outside of Texas. Complete Schedule         Contributions/Donations Made By       Candidate/Officeholder/Political Committee       Description       Check if Austin, TX, officeholder living expense         Joined the North East Bexar County Democrats |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH  | Candidate/Officeholder name   | Office sought Office held  |  |
|   |   |  |  |

|   | POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G   |   |   |  |
|---|---|---|---|--|
| ⊨ |   |   |   |  |
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Fees Office Ove<br>Food/Beverage Expense Polling Exp<br>Gift/Awards/Memorials Expense Printing Exp  | syment/Reinbursement         Solicitation/Fundraising Expense           rhead/Rental Expense         Transportation Equipment & Related Expense           pense         Travel in District           gense         Travel Out of District           ages/Contract Labor         OTHER (enter a category not listed above) |  |
| 1 | 1 0   | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)   |  |
| L | Sch: 4/8 Rpt: 34/40   | Martinez, Elizabeth R. 00087602   |   |  |
| 4 | Date<br>04/15/2023  | 5 Payee name<br>NorthWest Democrats   |   |  |
| 6 | Amount (\$)<br>\$30.00  | 7 Payee address; City; State; Zip Code<br>P.O. Box 681911   |   |  |
|   | Reimbursement from<br>political contributions<br>intended   | x political contributions   |   |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description Check if travel outside of Texas. Complete Schedule T.  |  |
| 9 | Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH  | Candidate/Officeholder name   | Office sought Office held   |  |
| F | Date  | Payee name  |   |  |
|   | 05/20/2023  | NorthWest Democrats   |   |  |
| F | Amount (\$)   | Payee address; City; State; Zip Co  | de  |  |
|   | \$7.00  | P.O. Box 681911   |   |  |
|   | Reimbursement from<br>political contributions<br>intended   | eimbursement from<br>Ditical contributions  |   |  |
| F | PURPOSE   | Category (See Categories listed at the top of this schedule)  | Description Check if travel outside of Texas. Complete Schedule T.  |  |
|   | OF     OF       EXPENDITURE     Food/Beverage Expense   |   |   |  |
|   | Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH  | Candidate/Officeholder name   | Office sought Office held   |  |
| F | Date  | Payee name  |   |  |
|   | 06/17/2023 NorthWest Democrats  |   |   |  |
|   | Amount (\$)<br>\$7.00   |   |   |  |
|   | Reimbursement from<br>political contributions<br>intended   | San Antonio , TX 78268  |   |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | Description Check if travel outside of Texas. Complete Schedule T.  |  |
|   | Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH  | Candidate/Officeholder name   | Office sought Office held   |  |
|   |   |   |   |  |

| POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G   |   |  |  |
|---|---|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Fees Office Ove<br>Food/Beverage Expense Polling Ex<br>Gitt/Awards/Memorials Expense Printing E   | ayment/Reimbursement     Solicitation/Fundraising Expense       brhead/Rental Expense     Transportation Equipment & Related Expense       pense     Travel in District       xpense     Travel Out of District       /ages/Contract Labor     OTHER (enter a category not listed above) |  |
| 1 Total pages Schedule G:<br>Sch: 5/8 Rpt: 35/40  | 2 FILER NAME<br>Martinez, Elizabeth R.  | <b>3</b> Filer ID (Ethics Commission Filers) 00087602  |  |
| 4 Date<br>06/15/2023  | 5 Payee name<br>Office Max  |  |  |
| 6 Amount (\$)<br>\$12.97<br>X Reimbursement from<br>political contributions<br>intended   | 7 Payee address; City; State; Zip Code<br>255 E. Basse<br>San Antonio , TX 78209  |  |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)       (b) Description       Check if travel outside of Texas. Complete Schedul         Event Expense       Check if Austin, TX, officeholder living expense         Name Badges and Marker for Event |  |  |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH  | r if direct Candidate/Officeholder name Office sought Office held<br>Denefit  |  |  |
| Date  | Payee name  |  |  |
| 04/12/2023  | Oviedo , Mary Lou   |  |  |
| Amount (\$)<br>\$30.00  | Payee address;     City;     State;     Zip     Code       446 McDougal     446 McDougal     446 McDougal     446 McDougal  |  |  |
| political contributions<br>intended   | San Antonio , TX 78223  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)       Description Check if travel outside of Texas. Complete Schedule         Sewing       Check if Austin, TX, officeholder living expense         Sash/ Embroidery and Sewing                          |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH  |   |  |  |
| Date  | Payee name  |  |  |
| 04/05/2023  | Pan American League   |  |  |
| Amount (\$)<br>\$50.00  | Payee address;     City;     State;     Zip Code       PO Box 681435     FO Box 681435     FO Box 681435  |  |  |
| X Reimbursement from political contributions intended   | San Antonio , TX 78268  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee<br>PAL Membership Dues  |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH  | Candidate/Officeholder name   | Office sought Office held  |  |
|   |   |  |  |

| POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G   |   |   |  |
|---|---|---|--|
| EXPENDITURE CATEGORIES FOR BOX 8(a)   |   |   |  |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made B<br>Candidate/Officeholder/Politica<br>Credit Card Payment                    | Event Expense Loan Re<br>Fees Office O<br>Food/Beverage Expense Polling E<br>y - Gift/Awards/Memorials Expense Printing                           | payment/Reinbursement     Solicitation/Fundraising Expense       verhead/Rental Expense     Transportation Equipment & Related Expense       Expense     Travel in District       Expense     Travel Out of District       Wages/Contract Labor     OTHER (enter a category not listed above) |  |
| 1 Total pages Schedule G:<br>Sch: 6/8 Rpt: 36/40  | 2 FILER NAME<br>Martinez, Elizabeth R.  | 3 Filer ID (Ethics Commission Filers)<br>00087602   |  |
| 4 Date<br>06/01/2023  | 5 Payee name<br>SD19 Tejano Democrats   |   |  |
| 6 Amount (\$)<br>\$15.00<br>X Reimbursement from<br>political contributions   | 7 Payee address; City; State; Zip Code<br>574 Kendalia  |   |  |
| intended  | San Antonio , TX 78221  |   |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description Check if travel outside of Texas. Complete Schedule T.  |  |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH  | Candidate/Officeholder name   | Office sought Office held   |  |
| Date  | Payee name  |   |  |
| 06/13/2023  | Sam's Club  |   |  |
| Amount (\$)   | Payee address; City; State; Zip C   | code  |  |
| \$29.73   | 3239 Goliad   |   |  |
| Reimbursement from political contributions intended   | Reimbursement from political contributions  |   |  |
| PURPOSE   | Category (See Categories listed at the top of this schedule)  | Description Check if travel outside of Texas. Complete Schedule T.  |  |
| OF<br>EXPENDITURE   | OF Supplies Check if Austin, TX, officeholder living expens   |   |  |
| Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         expenditure to benefit       C/OH       Office sought       Office held |   | Office sought Office held   |  |
| Date  | Payee name  |   |  |
| 04/02/2023  | Stonewall Democrats of San Antonio  |   |  |
| Amount (\$)<br>\$45.00  |   |   |  |
| X         Reimbursement from political contributions intended   |   |   |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee     | Description Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Joined the Stonewall Democrats of San Antonio   |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH  | I<br>Candidate/Officeholder name  | Office sought Office held   |  |
|   |   |   |  |

|   | POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G   |   |   |  |
|---|---|---|---|--|
| ⊨ |   |   |   |  |
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment                   | Fees Office Ov<br>Food/Beverage Expense Polling Expense Polling Expense Printing E  | ayment/Reimbursement     Solicitation/Fundraising Expense       erhead/Rental Expense     Transportation Equipment & Related Expense       opense     Travel in District       xpense     Travel Out of District       Vages/Contract Labor     OTHER (enter a category not listed above) |  |
| 1 | Total pages Schedule G:<br>Sch: 7/8 Rpt: 37/40  | 2 FILER NAME<br>Martinez, Elizabeth R.  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087602  |  |
| L | -   |   |   |  |
| 4 | Date<br>05/01/2023  | 5 Payee name<br>United States Postal Service  |   |  |
| 6 | Amount (\$)<br>\$176.00<br>Reimbursement from   | 7 Payee address; City; State; Zip Code<br>1140 S. Laredo St.                        |   |  |
|   | X political contributions<br>intended   | San Antonio , TX 78204-9998   |   |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees            | (b) Description Check if travel outside of Texas. Complete Schedule T.  |  |
| 9 | Complete ONLY if direct     Candidate/Officeholder name     Office sought     Office held       expenditure to benefit     C/OH     C/OH     C/OH     C/OH     C/OH             |   |   |  |
| F | Date  | Payee name  |   |  |
|   | 05/21/2023  | Vistaprint  |   |  |
| ⊢ | Amount (\$)   | Payee address; City; State; Zip Co  | ode   |  |
|   | \$34.63   | 275 Wyman St.   |   |  |
|   | X Reimbursement from political contributions intended   | Waltham , MD 02451  |   |  |
| F | PURPOSE   | Category (See Categories listed at the top of this schedule)                        | Description Check if travel outside of Texas. Complete Schedule T.  |  |
|   | OF<br>EXPENDITURE   | Advertising Expense   |   |  |
|   | Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         expenditure to benefit       C/OH       Office sought       Office held |   |   |  |
| Γ | Date  | Payee name  |   |  |
|   | 05/15/2023  | Walmart   |   |  |
|   | Amount (\$)<br>\$42.35  | Payee address;     City;     State;     Zip Code       5     702 S.W. 8th St.     5 |   |  |
|   | Reimbursement from<br>political contributions<br>intended   | Bentonville, AR 72716   |   |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Office Supplies     | Description Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Office Supplies   |  |
|   | Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH  | Candidate/Officeholder name   | Office sought Office held   |  |
|   |   |   |   |  |

|   | POLITICAL EX  | PENDITURES FI   | ROM PERSON  | IAL FUNDS  | SCHEDULE G  |
|---|---|---|---|--|---|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense<br>Fees<br>Food/Beverage<br>- Gift/Awards/Mer<br>Committee Legal Services | Expense Office Of<br>Expense Polling E<br>norials Expense Printing I<br>Salaries/ | payment/Reimbursement<br>verhead/Rental Expense<br>xpense<br>Expense<br>Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1 | Total pages Schedule G:<br>Sch: 8/8 Rpt: 38/40  | 2 FILER NAME<br>Martinez, Elizabeth R.  | on Guide explains how to c  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087602  |
| 4 | Date<br>05/27/2023  | 5 Payee name<br>Walmart   |   |  | l   |
| 6 | Amount (\$)<br>\$10.34  | <ul> <li>Payee address; City;</li> <li>8500 Jones Maltsberge</li> </ul>                 | State; Zip C<br>er Rd,  | ode  |   |
|   | Reimbursement from<br>political contributions<br>intended   | San Antonio , TX 7821   |   | (h) Description  | Check if travel outside of Texas. Complete Schedule T.  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories list<br>Supplies   | ed at the top of this schedule)   | (b) Description [<br>[<br>Posters, Foam S  | Check if Austin, TX, officeholder living expense  |
| 9 | Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH  | Candidate/Officeholder name   |   | Office sought  | Office held   |
|   |   |   |   |  |   |

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| 2       FILER NAME<br>Martinez, Elizabeth R.       3       Filer ID       (Ethics Commission<br>00087602         4       Date<br>04/21/2023       5       Name of person from whom amount is received<br>Go Daddy       8       Amount (\$)         6       Address of person from whom amount is received; City; State; Zip Code       8       Amount (\$) | Filers)<br>\$55.83 |
|---|--------------------|
| 4     Date     5     Name of person from whom amount is received     8     Amount (\$)       04/21/2023     Go Daddy     8     Amount (\$)  | \$55.83            |
| 04/21/2023 Go Daddy   | \$55.83            |
|   | \$55.83            |
| 6 Address of person from whom amount is received; City; State; Zip Code   |                    |
|   |                    |
|   |                    |
|   |                    |
| Tempe, AZ 85284   |                    |
| 7 Purpose for which amount is received Check if political contribution returned to filer  |                    |
| Refund  |                    |
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| NDING LOANS  | SCHEDULE L   |
|--|--|
| on Guide explains how to complete this form.   | 1 Total pages Schedule L:<br>Sch: 1/1 Rpt: 40/40   |
| beth R.  | 3 Filer ID (Ethics Commission Filers)<br>00087602  |
| <ul> <li>4 Name of lender<br/>Martinez , Elizabeth (Mrs.)</li> <li>5 Lender address; City; State; Zip Code</li> <li>San Antonio, TX 79292</li> </ul> |  |
| 6 Name of guarantor  |  |
| 7 Guarantor address; City; State; Zip Code   |  |
|  |  |
|  | on Guide explains how to complete this form.         beth R.         4 Name of lender<br>Martinez , Elizabeth (Mrs.)         5 Lender address; City; State; Zip Code         San Antonio, TX 78283         6 Name of guarantor |