CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Comm 00054543		2 Total pages filed: 82
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Armando A.			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2024
	Mando	Martinez		331117	
4 CANDIDATE /	ADDRESS / PO BOX; APT		V·	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 1651	7 SUITE #, CIT	Υ,	ZIP CODE	Receipt # Amount
ADDRESS					Receipt # Amount
Change of Address	Weslaco, TX 78599-1651				Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER NAME	Dr.	Rodolfo			
	ALICIZALA ME			CLIFFIX	
	NICKNAME	LAST Guerrero		SUFFIX	
		Guerrero			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CIT	Y; STATE; ZIP CODE
TREASURER ADDRESS	1402 E. 8th St., Ste. 1				
(Residence or Business)					
	Weslaco, TX 78596				
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION		
TREASURER PHONE	(956) 968-2117				
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after campaign treasurer
		_			appointment (officeholder only)
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year			Month Da	y Year
COVERED	07/01/2023	TH	IROUGH	12/31/2	023
40 ELECTION	ELECTION DATE			ELECTION TVOS	
10 ELECTION	ELECTION DATE Month Day Year	XPI	rimary	ELECTION TYPE Runoff	Other
	03/05/2024		-	브	
			eneral	Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGI	HT (if known)
	State Representative Distr	ict 39		State Represe	entative District 39
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 82

13 C / OH NAME	Martinez, Armando A	(The Honorable)	14 Filer ID (00054543	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political e These expenditures may have been made officeholders are required to report this inf	without the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER I	NAME	
		COMMITTEE CAMPAIGN TREASURER	ADDRESS	
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTH	ED THAN DI EDGES I DANS	
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MA		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	\$ 31,893.25
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 84,542.89
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF	F THE LAST DAY OF THE	\$ 7,215.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOATING PERIOD	ANS AS OF THE LAST DAY	\$ 28,665.85
17 AFFIDAVIT				
			er penalty of perjury, that the acc cludes all information required to Code.	
		The	Honorable Armando A. Marti	nez
			nature of Candidate or Officeholo	
AFFIX NO	TARY STAMP / SEAL ABO	Ç.		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of of		
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 82				
	8 FILER NAME Martinez, Armando A. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00054543							
20 SCHEDULE	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUNT							
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	30,752.00				
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,141.25				
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00				
4.	SCHEDULE E: LOANS		\$					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	43,158.22				
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00				
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00				
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	14,071.57				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	27,313.10				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$					
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	8.15				
			•					

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/82			
2	FILER NAME Martinez, Ar	mando A. (The Honorable)		3	Filer ID (Ethics Commission 00054543	on Filers)		
4	Date 11/20/2023	 5 Full name of contributor out-of-state PAC (ID#:_512 Strategies LLC 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00		
_		Austin, TX 78731						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))				
	Date 08/08/2023	Full name of contributor out-of-state PAC (ID#:_Ancira, Jesse Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$400.00		
Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instruction)				
Legislative Consulting Self								
Date Full name of contributor out-of-state PAC (ID#:) 08/08/2023 Castaneda Jr., Tris Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00				
		Austin, TX 78739						
	Principal occu Lobbyist	pation / Job title (See Instructions)	Employer (See Instructions Self)				
	Date 07/19/2023	Full name of contributor out-of-state PAC (ID#:_Chacon, Jessica Contributor address; City; State; Zip Code Berkeley, CA 94704)		Amount of Contribution (\$)	\$1.00		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions None)				
	Date 08/19/2023	Full name of contributor out-of-state PAC (ID#:_ Chacon, Jessica Contributor address; City; State; Zip Code Berkeley, CA 94704)		Amount of Contribution (\$)	\$1.00		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions None)				

	MONET	ARY POLITICAL CONTRIBUTIO		E A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/82	
2	FILER NAME Martinez, Ar	mando A. (The Honorable)		3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 10/13/2023	 Full name of contributor	00248716)	7	Amount of Contribution (\$)	\$1,000.00
		Philadelphia, PA 19103				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/08/2023	Full name of contributor out-of-state PAC (ID#:_ Consulting Engineers, PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	i inioipai ooda	patient, cos title (coo monastione)	Employer (ede mendener	,		
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#:_Foley & Lardner LLP Texas Campaign Fund Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75201				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/31/2023	Full name of contributor out-of-state PAC (ID#:_Garcia, Joe (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu Government	pation / Job title (See Instructions) al Affairs	Employer (See Instructions Self)		
	Date 12/08/2023	Full name of contributor out-of-state PAC (ID#:_ HALFF Associates State PAC Contributor address; City; State; Zip Code Richardson, TX 75081			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/82			
2	FILER NAME Martinez, Ar	mando A. (The Honorable)		3	Filer ID (Ethics Commission 00054543	on Filers)		
4	Date 08/08/2023	5 Full name of contributor out-of-state PAC (ID#:_ HS Law PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00		
_	Deignaiga I annu	Austin, TX 78701	O Francis var (Cap Instructions					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))				
	Date 08/08/2023	Full name of contributor out-of-state PAC (ID#:_Hillco PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 08/03/2023	Full name of contributor out-of-state PAC (ID#:_ IBAT PAC, A PAC of the Independent Bankers / Contributor address; City; State; Zip Code	Assoc. of Texas		Amount of Contribution (\$)	\$500.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 10/13/2023	Full name of contributor out-of-state PAC (ID#:_ Jackson Walker LLP, PAC Contributor address; City; State; Zip Code Dallas, TX 75201-2725)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 08/08/2023	Full name of contributor out-of-state PAC (ID#:_Kelley, Russell Contributor address; City; State; Zip Code Austin, TX 78731			Amount of Contribution (\$)	\$2,000.00		
	Principal occu Government	pation / Job title (See Instructions) al Affairs	Employer (See Instructions Blackridge)				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDU	LE A1
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/82	
2	FILER NAME Martinez, Arı	mando A. (The Honorable)			3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 10/07/2023			7	Amount of Contribution (\$)	\$100.00	
	Dringing Loon	Palmhurst, TX 78573	lo.	Employer (Coo Instructions	<u></u>		
8	Manager Manager	pation / Job title (See Instructions)	9	Employer (See Instructions AMG	5)		
	Date 08/08/2023	Full name of contributor out-of-state PAC Lopez-Guerra, Ricardo Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$500.00
	Dringing age	Austin, TX 78747		Employer (See Instructions	<u></u>		
	Principal occupation / Job title (See Instructions) Governmental Affairs Consultant Employer (See Instruction Self			5)			
Date Full name of contributor x out-of-state PAC (ID#: C00225342) 09/11/2023 McGuireWoods Federal PAC Fund Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$250.00			
		Richmond, VA 23219-3916					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 08/07/2023	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 09/11/2023	Full name of contributor out-of-state PAC Oncor PAC of Oncor Electric Delivery Adm Contributor address; City; State; Zip Code Dallas, TX 75202-1234	nin. Corp			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			l				

	MONET	ARY POLITICAL CONTRIBU		SCHEDUI	LE A1		
	The Instru	ction Guide explains how to complete th	his forr	n.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/82	
2	FILER NAME Martinez, Arı	mando A. (The Honorable)			3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 08/08/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$2,000.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
•	Government			Self	,,		
	Date 08/08/2023	Full name of contributor out-of-state PAC TSAPAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,000.00
	Driverinal accu	Austin, TX 78701		Franks var (Caa kastu atiana	<u></u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	»)		
	Date 12/08/2023	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/03/2023	Full name of contributor out-of-state PAC Texas Farm Bureau Agfund, Inc Multicar Contributor address; City; State; Zip Code Waco, TX 76702	ndidate)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/07/2023	Full name of contributor out-of-state PAC Texas Trial Lawyers Assoc. Contributor address; City; State; Zip Code Austin, TX 78701	(ID#:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDU	LE A1
The Instru	ction Guide explains how to complete this f	orm.	1	, -	
FILER NAME			1		ion Filers)
Date 10/06/2023		C00142711)			\$1,000.00
	Arlington, VA 22202				
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Date 08/08/2023	Full name of contributor X out-of-state PAC (ID#:_ The Home Depot Inc. PAC Contributor address; City; State; Zip Code	C00284885)		Amount of Contribution (\$)	\$1,000.00
Principal occu	Washington, DC 20004	Employer (See Instructions	s)		
<u>'</u>	, ,				
08/08/2023	Wholesale Beer Distributors of Texas PAC			Amount of Continuation (\$)	\$1,000.00
Dringinal agai	Austin, TX 78701	Employer (See Instructions	<u>e)</u>		
	The Instru FILER NAME Martinez, Ar Date 10/06/2023 Principal occu Date 08/08/2023	The Instruction Guide explains how to complete this f FILER NAME Martinez, Armando A. (The Honorable) Date 10/06/2023 5 Full name of contributor x out-of-state PAC (ID#: The Boeing Company PAC 6 Contributor address; City; State; Zip Code Arlington, VA 22202 Principal occupation / Job title (See Instructions) Date 08/08/2023 Full name of contributor x out-of-state PAC (ID#: Contributor address; City; State; Zip Code Washington, DC 20004 Principal occupation / Job title (See Instructions) Date Washington, DC 20004 Principal occupation / Job title (See Instructions) Date O8/08/2023 Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code	Martinez, Armando A. (The Honorable) Date 5	The Instruction Guide explains how to complete this form. FILER NAME Martinez, Armando A. (The Honorable) Date 5 Full name of contributor	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/82 FILER NAME Martinez, Armando A. (The Honorable) Date 10/06/2023 5 Full name of contributor

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/82
2 FILER NAME Martinez, Ar	rmando A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00054543	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 08/08/2023	7 Contributor address; City; State; Zip Code		8 Amount of contribution (\$)
10 Principal occu	Austin, TX 78701 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)
	,		,
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	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)	•	
Date 08/08/2023	Full name of contributor out-of-state PAC (ID#: Moak Casey PAC Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$541.25 Food, Drinks, and Rental for Fundraiser
	Austin, TX 78746		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 08/08/2023	Full name of contributor out-of-state PAC (ID#: Trepac/Texas Association of Realtors PAC Contributor address; City; State; Zip Code Austin, TX 78768		Amount of In-kind contribution contribution (\$) description \$250.00 Cost to Cover Email Blast for Fundraiser.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	L Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	

PLEI	DGED CONTRIBU	TIONS				SCHEDULE B
Т	he Instruction Guide ex	plains how to comp	lete this form.	1	Total pages Sche Sch: 1/1 Rpt: 1	
2 FILER N Martine:	AME z, Armando A. (The Honorab	le)		3		hics Commission Filers)
4 TOTAL	OF UNITEMIZED PLED	GES			\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (ID	#:	_) 8	Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address;	City; State; Zip Coo	de			
						side of Texas. Complete Schedule T
10 Principal	l occupation / Job title (See Instr	uctions)	11 Employer (See Ins	structi	ons)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T-t-1	
1	Total pages Schedule F1:	
_	Sch: 1/44 Rpt: 12/82	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
L	12/06/2023	3 Men Movers
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.00	1005 Congress Ave., #151
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Austin Apartment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Tip to Movers for Move Out of Austin Apartment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	07/05/2023	AMLI Eastside
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,969.44	1000 San Marcos St.
		Austin, TX 78702
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Austin Apartment (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Rent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/04/2023	AMLI Eastside
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,210.39	1000 San Marcos St.
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Austin Apartment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Rent
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense E Accounting/Banking E Consulting Expense E Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donatio Candidate/Officeho Credit Card Payment		Committee Legal Services		Wages/Contract Labor	Travel Out of Dist OTHER (enter a c	rict ategory not listed above)
	1		Culac explains now to co	ompiete tilis form.	1	(=.1: 0 : : =")
1 Total pages Sched					3 Filer ID	(Ethics Commission Filers)
Sch: 2/44 Rpt:	13/82	Martinez, Armando A. (TI	ne Honorable)		00054543	
4 Date		5 Payee name				
09/06/2023		AMLI Eastside				
C Amount (t)		7 Davis address. City	State: Zin Co	odo		
6 Amount (\$)		7 Payee address; City;	State; Zip Co	oue		
\$2,2	212.18	1000 San Marcos St.				
		Austin, TX 78702				
8 PURPOSE		(a) Category (See Categories listed	at the ten of this calcula)	(b) Description		
OF		Austin Apartment	at the top of this schedule)	I — :	el outside of Texas. Comp	lete Schedule T.
EXPENDITURE		, astir , partment		X Check if Austi	in, TX, officeholder living	expense
				Rent		
9 Complete ONLY if	f direct	Candidate/Officeholder name	Office sou	uaht	Office he	d
expenditure to ber			000 000	~g	2	.
Date		Payee name				
10/03/2023		AMLI Eastside				
Amount (\$)		Payee address; City;	State; Zip Co	ode		
\$2,2	197.93	1000 San Marcos St.				
·						
		Augtin TV 70700				
		Austin, TX 78702				
PURPOSE		(a) Category (See Categories listed	at the top of this schedule)	(b) Description		
OF EXPENDITURE		Austin Apartment		ı ⊨	el outside of Texas. Comp	
					in, TX, officeholder living	expense
				Rent		
Complete ONLY if		Candidate/Officeholder name	Office sou	ught	Office hel	d
expenditure to ber	ieiii C/Or	1				
Date		Payee name				
11/03/2023		AMLI Eastside				
Amount (\$)		Payee address; City;	State; Zip Co	ode		
` ,	400 66		State, Zip Ce	ouc		
ΦΖ,²	400.66	1000 San Marcos St.				
		Austin, TX 78702				
PURPOSE		(a) Category (See Categories listed	at the ton of this schedule)	(b) Description		
OF		Austin Apartment		l	el outside of Texas. Comp	lete Schedule T.
EXPENDITURE		1		X Check if Austi	in, TX, officeholder living	expense
				Rent		
Complete ONLY if	f direct	Candidate/Officeholder name	Office sou	ught	Office he	d
expenditure to ber				-		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manua Cabadala E4.	
1	Total pages Schedule F1: Sch: 3/44 Rpt: 14/82	2 FILER NAME Martinez, Armando A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00054543
4	Date	5 Payee name
	12/05/2023	AMLI Eastside
	12/03/2023	AiviLi Edstside
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$578.14	1000 San Marcos St.
		Auctin TV 70702
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Austin Apartment Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	X Check if Austin, TX, officeholder living expense
		Rent (Final)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
\vdash	Data	
	Date	Payee name
	07/19/2023	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.04	P. O. Box 441146

		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Contribution Processing.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Data	
	Date	Payee name
	08/08/2023	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.75	P. O. Box 441146
		Companillo, MA 00144
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	_/\\ _!\\\	Check if Austin, TX, officeholder living expense
		Contribution Processing.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/44 Rpt: 15/82	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	08/19/2023	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.04	P. O. Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Contribution Processing.
		Contained and it is contai
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/07/2023	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.95	P. O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Contribution Processing.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
	Date	Davisa nama
	09/25/2023	Payee name Adrian Farias Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	613 Park Place Drive
	Ψ300.00	010 Falk Flace Brive
		Weslaco, TX 78596
	PURPOSE	<u> </u>
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fundraiser: Golf Tournament Sponsorship
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	<u> </u>

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 5/44 Rpt: 16/82	Martinez, Armando A. (The Honorable) 00054543
4 Date	5 Payee name
10/05/2023	Airport Elementary
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	410 N. Airport Drive
	Weslaco, TX 78596
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
12/28/2023	Alamo Lions Club
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	313 Alma Street
	Alamo, TX 78516
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraiser: Turkey Donations
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
07/26/2023	American Legion Post 172
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	321 S. Ohio
	Mercedes, TX 78570
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraiser for Meeting Hall
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

nt Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	nse Pri Sa		ense ges/Contract Labor	Travel in Di Travel Out OTHER (er	
1	Total pages Schedule F1:	2 FILER NAME					3 Filer ID	(Ethics Commission Filers)
L	Sch: 6/44 Rpt: 17/82	Martinez, A	rmando A. (The Hor	norable)			000545	43
4	Date	5 Payee name						
	11/06/2023	American L	egion Post 172					
6	Amount (\$)	7 Payee addre	ss; City;	State; Z	ip Code			
	\$300.00	321 S. Ohio)					
		Mercedes,	TX 78570					
8	PURPOSE	(a) Category (Se	ee Categories listed at the top	of this schedule	le) (I	Description		
	OF EXPENDITURE		ns/Donations Made			=		Complete Schedule T.
	-	Candidate/0	Officeholder/Politica	I Committe	ee	Check if Austir	n, TX, officeholder	living expense
						i dildidisci		
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Offic	ce sough	nt	Offic	e held
	expenditure to benefit C/O					·-		
	Date	Payee name						
	08/17/2023	Brand Boos	ters Co. LLC					
	Amount (\$)	Payee addre	ss; City;	State; Z	ip Code	e		
	\$464.39	3607 S. L. I	-N					
		McAllen, TX	(78503					
	PURPOSE	(a) Category (Se	ee Categories listed at the top	of this schedule	(le)	Description		
	OF EXPENDITURE	Advertising				ш		Complete Schedule T.
	-					Campaign M	n, TX, officeholder laterial	living expense
						Campaign	iaconal	
_	Complete ONLY if direct	Candidate/Offi	ceholder name	Offic	ce sough	nt	Offic	e held
	expenditure to benefit C/Oh			20	9'		20	-
-	Date	Payee name						
	12/15/2023	Campos, Je	esus					
	Amount (\$)	Payee addre		State; Z	ip Code	<u> </u>		
	\$300.00	1901 Harris	. , , ,	J. 2.	p 0001	-		
	+000.00		- · 					
		Weslaco, T	X 78596					
	PURPOSE	(a) Category (Se	ee Categories listed at the top	of this schedule	(I	Description		
	OF EXPENDITURE		ns/Donations Made					Complete Schedule T.
		Candidate/0	Officeholder/Politica	Committe	ee	Uniform	n, TX, officeholder	iiving expense
						Omom		
	Complete ONLY if direct	Candidate/Offi	ceholder name	Offic	ce sough	nt	Offic	e held
	expenditure to benefit C/O			0.110	. s cougi	: -	3.110	- · · - · ·

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total pages Cab - divis E4	<u> </u>
1	Total pages Schedule F1:	
L	Sch: 7/44 Rpt: 18/82	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	07/06/2023	Cano, Albert
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1417 S. Texas Blvd.
	,	
		Margadas TV 79570
		Mercedes, TX 78570
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Turidiaser. Wedical Expenses for Constituent
_	Complete ONLY !! -!!	Condidate/Officeholder name Office south
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/25/2023	Cano, Albert
	Amount (\$)	Payee address; City; State; Zip Code
	\$275.00	1417 S. Texas Blvd.
		Mercedes, TX 78570
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Camplete Schedule T
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship: Bar BQ Cook-Off
		Sportestion, Part 2 & costs on
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
	Date	Payee name
	12/05/2023	Cano, Albert
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.00	1417 S. Texas Blvd.
		Mercedes, TX 78570
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Sponsorship: Bar BQ Cook-Off
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/V	Nages	s/Contract Labor		OTHER (enter a	a category not listed above)	
	·			de explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers))
	Sch: 8/44 Rpt: 19/82	Martinez, A	Armando A. (The F	Honorable)				00054543		
4	Date	5 Payee name)							
	12/18/2023	Cano, Albe								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$300.00	1417 S. Te	xas Blvd.							
		Mercedes,	TX 78570							
8	PURPOSE		See Categories listed at the	top of this schodulo)	(b)	Description				
	OF	Advertising		e top of this schedule)	l` ´		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE	7 10 7 0 1 11 0 11 19	, _,,,,,,,,			Check if Austin	, TX,	officeholder living	g expense	
						Sponsorship:	Sn	nokin on the	e Rio Cook-Off	
9	Complete ONLY if direct		ficeholder name	Office sou	ight			Office h	eld	
	expenditure to benefit C/OI	1								
	Date	Payee name	;							
	12/29/2023	Cantu, Mai	ria							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$240.00	810 Oblate	!							
		San Juan,	TX 78589							
	PURPOSE	(a) Category (s	See Categories listed at the	ton of this schodulo)	(b)	Description				
	OF		ages/Contract Lal		<u> </u>	_ ·	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE					Check if Austin	, TX,	officeholder living	g expense	
						Get Out The	Vot	:e		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ıght			Office h	eld	
	experialture to beliefit C/Oi	1								
	Date	Payee name	?							
	12/18/2023	Castaneda	, Jaime							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$100.00	9205 Palm	Grove							
		Mercedes,	TX 78570							
	PURPOSE	(a) Category (s	See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	· ·	ns/Donations Mad			Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE	Candidate/	Officeholder/Politi	cal Committee				officeholder living		
						Fundraiser: M	/led	ical Expens	ses	
					Ļ					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sou	ıght			Office h	eld	
	experience to belief C/OI	•								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schodule F1:	· · · · · · · · · · · · · · · · · · ·
	Total pages Schedule F1: Sch: 9/44 Rpt: 20/82	Martinez, Armando A. (The Honorable) Martinez, Armando A. (The Honorable)
4	Date	5 Payee name
	08/03/2023	Castillo, Joe
Ļ		
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	107 Pena
		Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Fundraiser: Medical Expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/06/2023	Castillo, Joe
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	107 Pena
	Ψ200.00	
		Wooloop, TV 79E06
		Weslaco, TX 78596
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officerioider/Political Committee Fundraiser: Medical Expenses
		Tundraiser. Medical Expenses
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		
	Date	Payee name
	08/17/2023	Castillo , Jose
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	107 Pena Ave.
		Weslaco, TX 78537
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	LAFEINDITURE	Candidate/Officeholder/Political Committee
		Fundraiser: Medical Expenses
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPETIGITUTE TO DETICITE C/OF	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/44 Rpt: 21/82	Martinez, Armando A. (The Honorable) 00054543
4 Date	5 Payee name
11/02/2023	Castillo , Jose
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 107 Pena Ave. Weslaco, TX 78537
8 PURPOSE	· · · · · · · · · · · · · · · · · · ·
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraiser: Medical Expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/07/2023	Central Middle School
Amount (\$) \$150.00	Payee address; City; State; Zip Code 506 E. 6th Street
	Weslaco, TX 78596
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship: Back to School Teacher Appreciation
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date 10/17/2023	Payee name Central Middle School
Amount (\$) \$200.00	Payee address; City; State; Zip Code 506 E. 6th Street
	Weslaco, TX 78596
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship: Band
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	<u> </u>
	Sch: 11/44 Rpt: 22/82	Martinez, Armando A. (The Honorable) 00054543	
4	Date	5 Payee name	
	12/05/2023	Cervantes, Yadira	
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 1523 E. 28th St. Weslaco, TX 78596	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	LAFENDITORE	Candidate/Officeholder/Political Committee	
		Christmas Toy Drive	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	09/14/2023	City Entertainment Group	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	400 S. Ohio	
		Mercedes, TX 78570	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Sponsorship: Music Festival	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	07/21/2023	City of Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$71.44	P. O. Box 2267	
	*.=		
		Austin, TX 78783	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Austin Apartment Check if travel outside of Texas. Complete Schedule T.	
		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
		Electricity	
_	Operation ON 11 V V V	Out listed (Office helder name	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experience to beliefit 6/01	••	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter	a category not listed	above)
				The Instruction	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commi	ission Filers)
	Sch: 12/44 Rpt: 23/82		Martinez, Ar	mando A. (Th	e Honorable)				00054543		
4	Date	5	Payee name									
	08/21/2023		City of Austi	n								
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$72.94		P. O. Box 22	267								
			Austin, TX 7	'8783								
8	PURPOSE	(a)					(b)	Description				
ľ	OF	(۳)	Austin Aparl	e Categories listed a	it the top of this sch	nedule)	(2)	_ `	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Αυσιιί Αραιί	unent						officeholder livir		
								Electricity				
9	Complete ONLY if direct		 Candidate/Offic	ceholder name	(Office sou	ght			Office h	neld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	09/19/2023		City of Austi	n								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$76.54		P. O. Box 22	267								
			Austin, TX 7	'8783								
	PURPOSE	(2)					(h)	Description				
	OF	(۵)		e Categories listed a	t the top of this sch	nedule)	(D)	Description Check if travel	outsi	de of Texas, Co	mplete Schedule T.	
	EXPENDITURE		Austin Apart	шеп				=		officeholder livir		
								Electricity				
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	10/20/2023		City of Austi	n								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$69.45		P. O. Box 22	-								
			Austin, TX 7	28783								
	PURPOSE	(0)					(h)	Description				
	OF	رم) 		e Categories listed a	t the top of this sch	nedule)	(D)	Description Check if travel	outsi	de of Texas, Co	mplete Schedule T.	
	EXPENDITURE		Austin Apart	шеп						officeholder livir	•	
								Electricity				
	Complete ONLY if direct		- Candidate/Offic	ceholder name	(Office sou	ght			Office h	neld	
	expenditure to benefit C/O	Н										
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/44 Rpt: 24/82	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	11/21/2023	City of Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$62.17	P. O. Box 2267
		Austin, TX 78783
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Austin Apartment Check if travel outside of Texas. Complete Schedule T.
		\times \t
		Licetroity
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	the state of the s
_		
	Date	Payee name
	12/19/2023	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.62	P. O. Box 2267
		Austin, TX 78783
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Austin Apartment Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Electricity
	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	12/28/2023	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.73	P. O. Box 2267
		Austin, TX 78783
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Austin Apartment Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	X Check if Austin, TX, officeholder living expense
		Electricity
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to betterit 6/01	<u>'</u>

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeh Credit Card Payment		Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Sche	edule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/44 Rpt	: 25/82	Martinez, Armando A. (The Honorable) 00054543
4 Date		5 Payee name
12/11/2023		City of Weslaco
6 Amount (\$)		7 Payee address; City; State; Zip Code
\$	\$200.00	255 S. Kansas Ave.
		Weslaco, TX 78596
8 PURPOSE		(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE		Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		T ubile Works Allitual Appreciation Euroneon
Complete ONLY	if direct	Candidate/Officeholder name Office sought Office hold
9 Complete ONLY expenditure to be		Candidate/Officeholder name Office sought Office held
-		
Date		Payee name
07/14/2023		City of Weslaco
Amount (\$)		Payee address; City; State; Zip Code
	\$80.41	255 S. Kansas Ave.
		Weslaco, TX 78596
PURPOSE		(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	<u>. </u>	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District Office: Garbage and Water
		District Office. Garbage and Water
Complete ONLY	if direct	Candidate/Officeholder name Office sought Office held
expenditure to be		
Date		Payee name
08/18/2023		City of Weslaco
Amount (\$)		Payee address; City; State; Zip Code
	\$87.88	255 S. Kansas Ave.
		Weslaco, TX 78596
PURPOSE		(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	.	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		District Office: Garbage and Water
Complete ONLY	if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> expenditure to be		· · · · · · · · · · · · · · · · · · ·
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/44 Rpt: 26/82	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	09/15/2023	City of Weslaco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.96	255 S. Kansas Ave.
		Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District Office: Garbage and Water
		District Office. Carbage and water
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	10/13/2023	City of Weslaco
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.38	255 S. Kansas Ave.
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District Office: Garbage and Water
		District Office. Garbage and water
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name
	11/17/2023	City of Weslaco
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.23	255 S. Kansas Ave.
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District Office: Garbage and Water
		District Office. Garbaye and water
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/44 Rpt: 27/82	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	12/15/2023	City of Weslaco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$73.51	255 S. Kansas Ave.
		Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		District Office: Garbage and Water
		Biothiot Omoo. Carbago and Water
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/01/2023	Fast Frame
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,056.78	5900 W. Slaughter Lane
	Ψ+,030.70	5500 W. Slaughter Earle
		Austin, TX 78749
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Framing for Capitol Signature Prints
		Training for Supress Signature 1 miles
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	11/07/2023	Payee name Flores, Julian
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	804 E. Molby Street
		Weslaco, TX 78596
	DUDDOOF	I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraiser: Medical Expenses
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 17/44 Rpt: 28/82	2 FILER NAME Martinez, Armando A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00054543
_	·	
4	Date	5 Payee name
	08/23/2023	Fox, Yamie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	7227 N. FM 1015
		Mercedes, TX 78570
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Fundraiser: Medical Expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	07/24/2023	Garcia, Juanita
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	914 E. Los Ebanos St.
		Con 1::on TV 70500
		San Juan, TX 78589
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Fundraiser: Funeral Expenses for Constituent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	12/11/2023	
		Garza, Laura
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	3804 Rico St.
		Weslaco, TX 78596
	PURPOSE	I
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship: Blue-Grey All-American Bowl
		Sponsorship, Dide-Orey All-American Down
_	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/44 Rpt: 29/82	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	09/27/2023	Gonzalez, Gilbert
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	5502 Coco Dr.
		Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sponsorship: Livestock Show Project
		Spondoronip: Ervesteak Gnew Project
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/11/2023	HCCO Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	102 Capistrano Drive
		San Marcos, TX 78666
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sponsorship: Bar BQ Cook-Off
		Sponosionip. But BQ Gook Gill
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
	Date	Payee name
	11/17/2023	HEB - Weslaco
	Amount (\$)	Payee address; City; State; Zip Code
	\$172.60	310 N. Westgate Dr.
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Turkey Donations for Thanksgiving
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/44 Rpt: 30/82	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	11/11/2023	Hidalgo County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	1111 W. Nolana
		McAllen, TX 78503
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Filing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	
	Data	
	Date 09/11/2023	Payee name
		Hobby Lobby - RGV
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.70	2209 N. Lincoln
		Harlingen, TX 78550
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Framing of Flag and Resolution for Constituent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/18/2023	Hobby Lobby - RGV
	Amount (\$)	Payee address; City; State; Zip Code
	\$114.67	2209 N. Lincoln
		Harlingen, TX 78550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Framing of Flag and Resolution for Constituent
	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/44 Rpt: 31/82	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/18/2023	Hobby Lobby - RGV
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.63	2209 N. Lincoln
		Harlingen, TX 78550
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Posters
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•
	Date	Payee name
	09/19/2023	Hobby Lobby
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.91	6600 S. Mopac Expressway
		Austin, TX 78749
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Framing Framing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	10/13/2023	International Lions Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	P. O. Box 522
		Harlingen, TX 78550
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/44 Rpt: 32/82	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	11/02/2023	International Lions Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	P. O. Box 522
		Harlingen, TX 78550
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Tunuruser. Ixame
_	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	07/24/2023	Knights of Columbus
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	901 N. Texas Blvd.
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Fundraiser: Scholarships
	0 1: 0 11 1 1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/17/2023	Knights of Columbus
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2623 N. Texas Blvd.
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Sponsorship: Golf Tournament
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefit C/Of	1
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/44 Rpt: 33/82	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	08/03/2023	Lone Star National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.99	P. O. Box 1127
		Pharr, TX 78577
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fee
		166
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	11/12/2023	Lone Star National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.21	P. O. Box 1127
		Pharr, TX 78577
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees
		rees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	07/03/2023	Magic Valley Electric Coop
	Amount (\$)	Payee address; City; State; Zip Code
	\$202.22	1 3/4 Miles East Business 83
		Mercedes, TX 78570
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense District Office: Electricity
		District Office. Electricity
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/(Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTLER (outer a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/44 Rpt: 34/82	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	08/03/2023	Magic Valley Electric Coop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$289.64	1 3/4 Miles East Business 83
		Mercedes, TX 78570
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District Office: Electricity
		District Office. Electricity
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	08/31/2023	Magic Valley Electric Coop
	Amount (\$)	Payee address; City; State; Zip Code
	\$236.89	1 3/4 Miles East Business 83
		Mercedes, TX 78570
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District Office: Electricity
		District Office. Electricity
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	10/03/2023	Magic Valley Electric Coop
	Amount (\$)	Payee address; City; State; Zip Code
	\$312.31	1 3/4 Miles East Business 83
		Mercedes, TX 78570
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		District Office: Electricity
_	Complete ONLY if alice at	Candidate/Officeholder name Office accept
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

ent Solicitation/Fundraising Expense
se Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 24/44 Rpt: 35/82	Martinez, Armando A. (The Honorable) 00054543
4	Date 11/02/2023	5 Payee name Magic Valley Electric Coop
6	Amount (\$) \$238.93	7 Payee address; City; State; Zip Code 1 3/4 Miles East Business 83
		Mercedes, TX 78570
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense District Office: Electricity
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/01/2023	Magic Valley Electric Coop
	Amount (\$) \$170.65	Payee address; City; State; Zip Code 1 3/4 Miles East Business 83
		Mercedes, TX 78570
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense District Office: Electricity
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 11/06/2023	Payee name Magic Valley Retired School Personnel Assn.
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 918 Palm Heights St.
		Mercedes, TX 78570
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Directory
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 25/44 Rpt: 36/82	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	09/08/2023	Martinez, Armando (Rep.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	P. O. Box 1651
		Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Prior Period Schedule G
		Pilot Period Scrieddie G
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	09/29/2023	Martinez, Armando (Rep.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	P. O. Box 1651
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Prior Period Schedule G
		Thorresponding Control of the Contro
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
_	Date	Davisa nama
	08/17/2023	Payee name Martinez, Armando (Rep.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	P. O. Box 1651
		Weslaco, TX 78596
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Prior Period Schedule G
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/44 Rpt: 37/82	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	11/17/2023	Martinez, Armando (Rep.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	P. O. Box 1651
		Weslaco, TX 78596
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Prior Period Schedule G
		1.16.17 6.164 66.1644.16 6
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	12/11/2023	Martinez, Armando (Rep.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P. O. Box 1651
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Prior Period Schedule G
		Thorreshot Schedule S
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	12/18/2023	Martinez, Armando (Rep.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$806.00	P. O. Box 1651
		Weslaco, TX 78596
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Prior Period Schedule G
		Phot Period Schedule G
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/44 Rpt: 38/82	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	07/31/2023	Mata, David
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$80.00	1920 W. Adelita St.
		Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Fundraiser: Medical Expenses
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	08/25/2023	Mejia, Edward
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	721 E. Los Torritos
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Fundraiser: Medical Expenses
		Fullulaisel. Medical Expenses
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Davido namo
	12/15/2023	Payee name Mejia, Edward
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	721 E. Los Torritos
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	THE LADITORE	Candidate/Officeholder/Political Committee
		Fundraiser: Medical Expenses
_	Complete ONII V if allows:	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/44 Rpt: 39/82	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	12/05/2023	Mercedes Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	320 S. Ohio St.
		Mercedes, TX 78570
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Christmas Parade
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/17/2023	Mercedes High School
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1200 Florida St.
		Mercedes, TX 78570
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Football Program
		1 ootball 1 logram
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	08/08/2023	Miller Blue Imaging
	Amount (\$)	Payee address; City; State; Zip Code
	\$503.18	1000 East 7th
		Austin, TX 78502
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Printing of Capitol Signature Prints
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 29/44 Rpt: 40/82	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
l	09/16/2023	Mission Firefighters Assn.
6	Amount (\$) \$350.00	7 Payee address; City; State; Zip Code P. O. Box 1284
		Mission, TX 78572
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship: Fundraiser
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
l	07/20/2023	Montemayor Pest Control
	Amount (\$) \$216.50	Payee address; City; State; Zip Code P. O. Box 2704
		Harlingen, TX 78551
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pest Control for District Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
l	08/17/2023	Montemayor Pest Control
	Amount (\$) \$116.50	Payee address; City; State; Zip Code P. O. Box 2704
		Harlingen, TX 78551
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pest Control for District Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/E Gift/Av e Legal \$	Expense Beverage Expense Rards/Memorials Expe Services Bestruction Guide	ense F	Office Overlooling Experinting Expension	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
ļ_	T. 1 01 11 51			iistruction Guide	explains no	W to com	piete tilis ioiili.	1_	F" ID	(Filtre Occupiedo Filos)
1	Total pages Schedule F1: Sch: 30/44 Rpt: 41/82			do A. (The Ho	norable)			3	Filer ID 00054543	(Ethics Commission Filers)
4	Date	5 Pavi	ee name					_		
	10/26/2023		ntemayor Pes	st Control						
6	Amount (\$) \$216.50	P. C	ee address; D. Box 2704 lingen, TX 78	City; 9551	State;	Zip Cod	e			
8	PURPOSE OF EXPENDITURE		(b) Description Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pest Control for District Office							expense
9	Complete ONLY if direct expenditure to benefit C/Ol		date/Officehol	der name	Offi	ice soug	ht		Office he	eld
	Date	Pay	ee name							
	12/21/2023		ntemayor Pes	st Control						
	Amount (\$)	Pay	ee address;	City;	State;	Zip Cod	e			
	\$676.57). Box 2704	PEE1						
	DUDDOGE		lingen, TX 78			1,				
	PURPOSE OF EXPENDITURE			gories listed at the to /Rental Expen		ule) (<u> </u>	n, TX	ide of Texas. Com, , officeholder living District Offic	expense
	Complete ONLY if direct expenditure to benefit C/OI		date/Officehol	der name	Offi	ice soug	ht		Office he	eld
	Date 12/11/2023		ee name noz, JoJan							
	Amount (\$) \$100.00	526	ee address; S. 13th Stre		State; 2	Zip Cod	e			
		DOI	ına, TX 7853	1		-				
	PURPOSE OF EXPENDITURE	Cor	tributions/Do	gories listed at the to nations Made holder/Politica	Ву		ш	ı, TX	ide of Texas. Com , officeholder living lical Expens	expense
	Complete ONLY if direct expenditure to benefit C/OI		date/Officehol	der name	Offi	ice soug	ht		Office he	eld

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	olete this fo	orm.		
1	Total pages Schedule F1:			3	Filer ID	(Ethics Commission Filers)
	Sch: 31/44 Rpt: 42/82	Martinez, Armando A. (The Honorable)			00054543	
4	Date	5 Payee name				
Ļ	08/16/2023	Office Depot				
6	Amount (\$) \$328.48	7 Payee address; City; State; Zip Code 1406 West Expressway 83)			
	Ψ020.40	1400 West Expressway 05				
		Weslaco, TX 78596				
8	PURPOSE) Descrip	 otion		
	OF EXPENDITURE	Office Overhead/Rental Expense	Chec	k if travel outsi		nplete Schedule T.
	EXI ENDITORE			es: Color	officeholder living	g expense
			Эйррік	23. COIOI	TOTICI	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	t		Office h	eld
	expenditure to benefit C/O	4				
	Date	Payee name				
	10/10/2023	Office Depot				
	Amount (\$)	Payee address; City; State; Zip Code)			
	\$37.01	1406 West Expressway 83				
		Weslaco, TX 78596				
	PURPOSE OF	, ,	Descrip		de of Teyes Com	nplete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense			officeholder living	
			Ledge	r Paper		
	2 2					
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	it		Office h	eld
-	Data					
	Date 11/29/2023	Payee name Ozuna, Marisa				
	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>			
	\$250.00	2014 Jay Drive	,			
		Donna, TX 78537				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Descrip	otion		
	OF EXPENDITURE	Advertising Expense				nplete Schedule T.
					, officeholder living ournament	g expense
			- 1, - 1, -	-		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t		Office h	eld
L	expenditure to benefit C/Ol	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Comn	mittee Le	t/Awards/Memorials E gal Services			ages	/Contract Labor		Travel Out of D OTHER (enter a	istrict a category not listed above)
L				ne Instruction Gui	ae explains	now to cor	nple	te this form.	_		
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission Filers)
_	Sch: 32/44 Rpt: 43/82	 		ando A. (The I	Honorable))				00054543	
4	Date	ı	Payee name								
	08/18/2023	F	PSJA Educati	on Foundation							
6	Amount (\$)	7 P	Payee address;	City;	State;	Zip Co	de				
	\$200.00	F	P. O. Box 769								
			Pharr, TX 785	77							
<u>_</u>	DUDDOC=	_				 	<i>(</i> 1)				
8	PURPOSE OF			Categories listed at the		edule)	(b)	Description			
	EXPENDITURE			Donations Madiceholder/Politi		ittoo				de of Texas. Cor officeholder livin	nplete Schedule T.
		Ι,	Januluale/On	icerioiuer/Politi	icai Cuiliii	iiilee		Fundraiser: S			
										O 011010	
_	Complete ONL V if direct		andidata/Offica	holder name		Office com	nh+			Office b	vold
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Office	ioluei fiaifie	C	Office sou	JIII			Office h	leiu
L	· 										
	Date	F	Payee name								
	10/11/2023	F	PSJA North C	lass of 2014							
	Amount (\$)	F	Payee address;	City;	State;	Zip Co	de				
	\$100.00	4	100 W. Houst	on Ave.							
		"	McAllen, TX 7	8501							
_	DUDDOCE	-				1	(h)	Description			
	PURPOSE OF			Categories listed at the	e top of this sch	edule)	(n)	Description Check if travel of	Outsi	de of Texas Cor	nplete Schedule T.
	EXPENDITURE	^	Advertising Ex	cperise				=		officeholder livin	
								Reunion Prog			
									-		
\vdash	Complete ONLY if direct	L Ca	andidate/Office	holder name	(Office sou	ght			Office h	eld
	expenditure to benefit C/OI					500				20011	
⊨	Data	_	201100								
	Date		Payee name	noo Ouerterl	alı Club						
	08/17/2023	_		nes Quarterba							
	Amount (\$)		Payee address;	•	State;	; Zip Co	de				
	\$225.00	8	300 S. Alamo	Rd.							
		A	Alamo, TX 78	516							
	PURPOSE	(a) C	Category (See (Categories listed at the	e top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Advertising Ex			<i>'</i>			outsi	de of Texas. Cor	mplete Schedule T.
	EAPENDITURE		ŭ					_		officeholder livin	g expense
								Football Prog	ıran	n	
	Complete ONLY if direct		andidate/Office	holder name	C	Office sou	ght			Office h	eld
	expenditure to benefit C/OI	H									

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
_	Sch: 33/44 Rpt: 44/82	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/11/2023	Saldana, Tony
6	Amount (\$)	7 Payee address; City; State; Zip Code
Ŭ	\$150.00	202 E. Eagle
	4100.00	202
		Can Juan TV 70500
		San Juan, TX 78589
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraiser: Medical Expenses
		Tanaraison meateat Expenses
a	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	07/05/2023	Smith Security Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.83	107 Chaparral
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		District Office: Security Services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beriefit G/OI	'
	Date	Payee name
	08/02/2023	Smith Security Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.83	107 Chaparral
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		District Office: Security Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		• • • • • • • • • • • • • • • • • • • •
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 34/44 Rpt: 45/82	Martinez, Armando A. (The Honorable)	00054543
4	Date	5 Payee name	
	09/05/2023	Smith Security Group	
6	Amount (\$) \$37.83	7 Payee address; City; State; Zip Code 107 Chaparral Weslaco, TX 78596	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Check if A	avel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense ffice: Security Services
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	10/03/2023	Smith Security Group	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.83	107 Chaparral	
		Weslaco, TX 78596	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overfiedd/Nerhai Experise	avel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense
		I — I — I — I	ffice: Security Services
			•
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/02/2023	Smith Security Group	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.83	107 Chaparral	
		Weslaco, TX 78596	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Office Overhead/Rental Expense	avel outside of Texas. Complete Schedule T.
	EXI ENDITORE	l	austin, TX, officeholder living expense
		District Of	ffice: Security Services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		C.1100 11014

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - I Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor				Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Credit Gard Layment		The Instruction Guid	le explains how	to comp	lete this form.			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 35/44 Rpt: 46/82	Martinez, A	Armando A. (The H	onorable)				00054543	
4	Date	5 Payee name							
	12/04/2023		urity Group						
6	Amount (\$)	7 Payee addre		State; Zip	o Code				
	\$37.83	107 Chapa	arral						
		Weslaco, ∃	ΓX 78596						
8	PURPOSE	(a) Category "			(b)	Description			
ľ	OF		See Categories listed at the rhead/Rental Expe) [outs	ide of Texas. Co	mplete Schedule T.
	EXPENDITURE	Office Ove	meau/remai Expe	1130				, officeholder livir	
						District Office	e: S	Security Ser	vices
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office	sought			Office h	neld
	expenditure to benefit C/O		noonolder name	O.moc	oougiii			O.IIIOO I	
	Date	Payee name							
	07/17/2023	Spectrum							
	Amount (\$)	Payee addre	ess; City;	State; Zij	o Codo				
			•	State, Zij	o Code				
	\$163.99	P. O. Box	00074						
		City of Indu	ustry, CA 91716						
	PURPOSE	(a) Category (s	See Categories listed at the	top of this schedule	(b)	Description			
	OF EXPENDITURE	Austin Apa		·		Check if travel	outs	ide of Texas. Co	mplete Schedule T.
	EXPENDITORE					ш		, officeholder livir	ng expense
						Internet and	Cal	ble	
	Complete ONLY if direct		ficeholder name	Office	sought			Office h	neld
	expenditure to benefit C/OI	-1							
	Date	Payee name							
	08/17/2023	Spectrum	•						
	Amount (\$)	Payee addre		State; Zip	o Code				
	\$163.99	P. O. Box	60074						
		City of Indu	ustry, CA 91716						
	PURPOSE	(a) Category	See Categories listed at the	ton of this schedule	(b)	Description			
	OF	Austin Apa			´		outs	ide of Texas. Co	mplete Schedule T.
	EXPENDITURE					X Check if Austin	n, TX	, officeholder livir	ng expense
						Internet and	Cal	ble	
	Complete ONLY if direct		ficeholder name	Office	sought			Office h	neld
	expenditure to benefit C/OI	4							
	me provided by Tayas E	thine Commice	vion vanan	w othice state	tv				\/orcion \/2 5 1 f1h2c2

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/44 Rpt: 47/82	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	09/18/2023	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$159.16	P. O. Box 60074
		City of Industry, CA 91716
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Austin Apartment Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Internet and Cable
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies name
	10/17/2023	Payee name Spectrum
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$165.16	P. O. Box 60074
		City of Industry, CA 91716
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Austin Apartment Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		x Check if Austin, TX, officeholder living expense Internet and Cable
		memer and Sasie
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 11/17/2023	Payee name Spactrum
		Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$191.83	P. O. Box 60074
		City of Industry, CA 91716
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Austin Apartment Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Internet and Cable
		micriet and Sasie
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
nse Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comr

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

The Instruction Guide explains how to co	complete this form.
	3 Filer ID (Ethics Commission Filers)
	00054543
s; City; State; Zip C	Code
)074	
stry, CA 91716	
e Categories listed at the top of this schedule)	(b) Description
ment	Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
	X Check if Austin, TX, officeholder living expense Internet and Cable
	memer and casic
caholder name Office so	Upught Office held
enoluer harne Office son	onice neid
facturing and Logistics	
ss; City; State; Zip C	Code
)13	
X 77342	
e Categories listed at the top of this schedule)	(b) Description
Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Gavels for Local Elected Officials
	Gavels for Local Elected Officials
Office on	Dught Office held
enoluer hame Office so	onice neid
ocrats	
s; City; State; Zip C	
ss; City; State; Zip C	Code
KRd.	Code
	Code
	Code
k Rd.	(b) Description
x Rd. X 78589	(b) Description Check if travel outside of Texas. Complete Schedule T.
X 78589 e Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
X 78589 e Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
X 78589 e Categories listed at the top of this schedule) Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraiser: Hole Sponsorship
X 78589 e Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraiser: Hole Sponsorship
X 78589 e Categories listed at the top of this schedule) Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraiser: Hole Sponsorship
X 78589 e Categories listed at the top of this schedule) Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraiser: Hole Sponsorship
	ss; City; State; Zip Co74 stry, CA 91716 e Categories listed at the top of this schedule) tment ceholder name Office so

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/44 Rpt: 49/82	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/13/2023	Texas Swingman Baseball
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	1601 S. Bridge
		Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sponsorship
_	Complete ONU V if alice	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/11/2023	UT Coop
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	2246 Guadalupe St.
		Austin, TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Merchandise for Constituent
		interorial discrete
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	08/11/2023	Uncle Chops
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	200 S. Border Ave.
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Food
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) ertising Expense Event Expense Loan Repayment/Reimburger

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waces/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction (Vages	/Contract Labor		OTHER (enter a	a category not listed abo	ve)
Ļ		-							_		/=:: a · · ·	=" \
1	Total pages Schedule F1:	2	FILER NAME	=					3	Filer ID	(Ethics Commission	on Filers)
l	Sch: 39/44 Rpt: 50/82		Martinez, A	rmando A. (Th	e Honorable)				00054543		
4	Date	5	Payee name									
l	07/07/2023			es Post Office								
┕		<u> </u>					_					
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
l	\$176.00		109 N. Bor	der								
l												
l			Weslaco, T	X 78596								
ᆫ		_	vvcsiaco, i	X 10550								
8	PURPOSE OF	(a)	Category (S	ee Categories listed a	the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Fees					=			nplete Schedule T.	
								—	, TX,	officeholder livin	g expense	
l								PO Box				
l												
9	Complete ONLY if direct	(Candidate/Off	iceholder name	(Office sou	ght			Office h	eld	
l	expenditure to benefit C/OI	Н										
⊨	Data											
l	Date		Payee name									
	12/14/2023		Vallejo, Ge	nevieve								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
l	\$150.00		1926 Saba	Palm Drive								
l												
l				T) / 70570								
L			Mercedes,	1X 78570								
l	PURPOSE	(a)	Category (S	ee Categories listed a	the top of this sch	nedule)	(b)	Description				
l	OF EXPENDITURE			ns/Donations M				Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
l	LAFENDITORE		Candidate/	Officeholder/Po	litical Comm	nittee		—		officeholder livin	g expense	
l								Christmas To	уΣ	Drive		
Г	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н					-					
⊨		_										
l	Date		Payee name									
	07/24/2023		Valley All S	tars								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
l	\$100.00		412 S. Utal	n Ave.								
l			M	V 70500								
L			Weslaco, T	X 78596								
	PURPOSE	(a)	Category (S	ee Categories listed a	the top of this sch	nedule)	(b)	Description				
l	OF EXPENDITURE		Contribution	ns/Donations M	lade By			브			nplete Schedule T.	
l	EXPENDITURE		Candidate/	Officeholder/Po	litical Comm	nittee			, TX,	officeholder livin	g expense	
1								Fundraiser				
l												
Г	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	ght			Office h	eld	
l	expenditure to benefit C/OI						_					
\vdash												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		e)
1	Total pages Schedule F1:		n Filers)
	Sch: 40/44 Rpt: 51/82	Martinez, Armando A. (The Honorable) 00054543	
4	Date	5 Payee name	
L	10/10/2023	Wal-Mart Wal-Mart	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$35.66	1310 N. Texas Blvd.	
		Weslaco, TX 78596	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Poster Frames	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
	Date	Payee name	
	11/01/2023	Wal-Mart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$43.86	1310 N. Texas Blvd.	
		Weslaco, TX 78596	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	
		Check if Austin, TX, officeholder living expense Poster Frames and Glue	
		1 oster i rames and olde	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	•	
H	Date	Payee name	
	11/10/2023	Wal-Mart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$53.49	1310 N. Texas Blvd.	
	755.10		
		Weslaco, TX 78596	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Frames for Constituents' Resolutions	
		Frames for Constituents Resolutions	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Sch: 41/44 Rpt: 52/82 Martinez, Armando A. (The Honorable) 00054543 4 Date 5 Payee name	-ilers)
Sch: 41/44 Rpt: 52/82 Martinez, Armando A. (The Honorable) 00054543	
4 Date 5 Payee name	
10/05/2023 Weslaco East High School	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$300.00 810 South Pleasantview Drive	
Weslaco, TX 78596	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense Basketball Program	
Basketball Flogram	
O Complete ONLY if direct Constitutes (Office helder name	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
12/05/2023 Weslaco East High School	
Amount (\$) Payee address; City; State; Zip Code	
\$100.00 810 South Pleasantview Drive	
Weslaco, TX 78596	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Contains this part of Texas Complete Schedule Texas Comple	
EXPENDITURE Contributions/Donations Made By	
Candidate/Officeholder/Political Committee Christmas Party for Staff	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date I -	
Date Payee name	
07/06/2023 Weslaco Elks Lodge	
Amount (\$) Payee address; City; State; Zip Code	
\$100.00 201 S. Border Ave.	
Weslaco, TX 78596	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
Candidate/Officenoider/Political Committee	
Fundraiser	
Complete ONLY if direct Condidate/Officeholder reces Office south	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
Sch: 42/44 Rpt: 53/82	Martinez, Armando A. (The Honorable)
•	
4 Date	5 Payee name
09/08/2023	Weslaco Elks Lodge
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	201 S. Border Ave.
	Weslaco, TX 78596
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraiser: Weslaco Football
	Tanaraissi. Tresiassi Toolisai
O Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/27/2023	Weslaco High School Softball
Amount (\$)	Payee address; City; State; Zip Code
\$450.00	1005 W. Pike Blvd.
	Weslaco, TX 78596
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Sponsorship: Purple
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
12/20/2023	Weslaco High School Softball
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	1005 W. Pike Blvd.
	Weslaco, TX 78596
DUDDOSE	·
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Sponsorship
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	• • • • • • • • • • • • • • • • • • •

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this fo	orm.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 43/44 Rpt: 54/82	Martinez, Armando A. (The Honorable)			00054543	
4 Date	5 Payee name				
07/10/2023	Weslaco High School				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$350.00	1005 W. Pike Blvd.				
	Weslaco, TX 78596				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descrip	tion		
OF EXPENDITURE	Advertising Expense	Check	k if travel outsi		nplete Schedule T.
EXI ENDITORE		. —		officeholder living	
		Footba	ılı Program	n: Player Sp	Jonsorship
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office h	old.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ugni		Office fi	siu .
Dete					
Date 07/26/2023	Payee name				
	Weslaco High School				
Amount (\$)	Payee address; City; State; Zip Co	oae			
\$350.00	1005 W. Pike Blvd.				
	W. J TV 70500				
	Weslaco, TX 78596				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descrip		df.T O	andata Cabadula T
EXPENDITURE	Advertising Expense	. —		officeholder living	nplete Schedule T. g expense
		. –		n: Player Sp	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office h	eld
expenditure to benefit C/O	Н				
Date	Payee name				
09/27/2023	Weslaco High School				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$300.00	1005 W. Pike Blvd.				
	Weslaco, TX 78596				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descrip	otion		
OF	Advertising Expense			de of Texas. Com	nplete Schedule T.
EXPENDITURE		. —		officeholder living	
		Sponso	orship: Ba	sketball Te	am
		1			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ught		Office h	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 44/44 Rpt: 55/82	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	09/28/2023	Weslaco High School
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 1005 W. Pike Blvd. Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship: Volleyball Team
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/30/2023	Weslaco High School
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1005 W. Pike Blvd.
		Weslaco, TX 78596
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship: Baseball Team
		Sponsorship. Dasebali Team
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
H	Data	
	Date	Payee name
	08/12/2023	Weslaco Panther Booster Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1005 W. Pike
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Sponsorship
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/13 Rpt: 56/82 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 07/12/2023 Allianz Travel Insurance Amount (\$) Payee address; City; State; Zip Code \$79.33 P. O. Box 71533 Richmond, VA 23255 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Flight Insurance 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/12/2023 **American Airlines** Amount (\$) Payee address; City; State; Zip Code \$72.24 3600 Presidential Blvd. Austin, TX 78719 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Fee to Change Flight Tickets Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/13 Rpt: 57/82 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 07/17/2023 **American Airlines** Amount (\$) Payee address; City; State; Zip Code \$1,999.04 3600 Presidential Blvd. Austin, TX 78719 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF X Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Airline Tickets for NHSCL Conference in San Francisco 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/04/2023 **American Airlines** Amount (\$) Payee address; City; State; Zip Code \$1,244.40 3600 Presidential Blvd. Austin, TX 78719 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description X Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Airline Tickets For NALEO Conference in Las Vegas Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/13 Rpt: 58/82 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 07/25/2023 Arturo's Restaurant Amount (\$) Payee address; State; Zip Code \$155.84 2303 W. Expressway 83 Weslaco, TX 78596 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal with Constituents 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/20/2023 Arturo's Restaurant Amount (\$) Payee address; City; State; Zip Code \$95.79 2303 W. Expressway 83 Weslaco, TX 78596 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal with Constituents Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/13 Rpt: 59/82 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 11/10/2023 Arturo's Restaurant Amount (\$) Payee address; State; Zip Code \$240.69 2303 W. Expressway 83 Weslaco, TX 78596 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal with Constituents 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/27/2023 Arturo's Restaurant Amount (\$) Payee address; City; State; Zip Code \$269.87 2303 W. Expressway 83 Weslaco, TX 78596 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal With Constituents Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/13 Rpt: 60/82 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 11/14/2023 Avis Amount (\$) Payee address; State; Zip Code City; \$781.10 101 Airport Road Kahalui, HI 96732 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF X Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Car Rental Expense While Attending Conference 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/05/2023 Bellagio Hotel Amount (\$) Payee address; City; State; Zip Code \$1,726.11 3600 S Las Vegas Blvd Las Vegas, NV 89109 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description X Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel While Attending and Speaking at NALEO Conference Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/13 Rpt: 61/82 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/09/2023 JW Marriott Amount (\$) Payee address; City; State; Zip Code \$1,365.96 23808 Resort Parkway San Antonio, TX 78261 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel While Attending MALC's Annual Conference 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/16/2023 Lyft Amount (\$) Payee address; City; State; Zip Code \$481.88 548 Market Street San Francisco, CA 94104 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description X Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Transportation While Attending NALEO's Annual Conference in New York Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/13 Rpt: 62/82 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 07/31/2023 Lyft Amount (\$) Payee address; State; Zip Code City; \$482.71 548 Market Street San Francisco, CA 94104 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF X Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Transportation While Attending NHSCL Conference 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/07/2023 Lyft Amount (\$) Payee address; City; State; Zip Code \$121.13 548 Market Street San Francisco, CA 94104 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Transportation While in Austin for Legislative Duties Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/13 Rpt: 63/82 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 10/02/2023 Lyft Amount (\$) Payee address; State; Zip Code City; \$34.47 548 Market Street San Francisco, CA 94104 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF X Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Transportation Expense While Attending NALEO Conference 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/09/2023 Lyft Amount (\$) Payee address; City; State; Zip Code \$44.13 548 Market Street San Francisco, CA 94104 **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Transportation Expense While in Austin For Special Session Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/13 Rpt: 64/82 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 11/16/2023 Lyft Amount (\$) Payee address; State; Zip Code City; \$47.61 548 Market Street San Francisco, CA 94104 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Transportation Expense While in Austin For Special Session 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/28/2023 Lyft Amount (\$) Payee address; City; State; Zip Code \$32.69 548 Market Street San Francisco, CA 94104 **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Transportation Expense While in Austin for Special Session Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/13 Rpt: 65/82 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 07/09/2023 Marriott New York Marguis Amount (\$) Payee address; City; State; Zip Code \$1,977.54 1535 Broadway New York, NY 10036 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF X Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel While Attending NALEO's Annual Conference 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/22/2023 Milano's Amount (\$) Payee address; City; State; Zip Code \$590.66 2900 West Pike Weslaco, TX 78596 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal with Constituents Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/13 Rpt: 66/82 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 11/10/2023 Pappadeaux Amount (\$) Payee address; City; State; Zip Code \$81.97 1610 W. Expressway 83 Pharr, TX 78577 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal with Constituents 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/27/2023 Polvo's Downtown Amount (\$) Payee address; City; State; Zip Code \$90.27 36 Nueces Street Austin, TX 78701 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal While in Austin for Special Session Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/13 Rpt: 67/82 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/20/2023 Sheraton Hotel - Dallas Amount (\$) Payee address; State; Zip Code City; \$936.14 400 Olive Street Dallas, TX 75201 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel While Attending NALEO Conference 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/22/2023 Trademark Law Office Amount (\$) Payee address; City; State; Zip Code \$920.00 P. O. Box 6510 San Antonio, TX 78209 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Filing Fees for Campaign Trademark Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/13 Rpt: 68/82 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 10/09/2023 University of Texas Amount (\$) Payee address; State; Zip Code \$200.00 1616 Guadalupe Austin, TX 78701 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Tickets for Constituent** Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Polling Ex Printing E		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Cara r dyment	The Instruction Guide explains I	how to co	omplete this form.	
1	Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 1/10 Rpt: 69/82	Martinez, Armando A. (The Honorable)			00054543
4	Date	5 Payee name			
	12/06/2023	3 Men Movers			
6	Amount (\$)	7 Payee address; City; State;	Zip Co	nde	
ľ	\$323.00	1005 Congress Ave., #151	_ip	340	
		1000 Congress / Wei, #101			
	Reimbursement from political contributions	Austin TV 70701			
	intended	Austin, TX 78701			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this sche	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Austin Apartment		_	Check if Austin, TX, officeholder living expense
					to Transport Furniture and Household
				Goods to U-Haul	Storage
9		Candidate/Officeholder name		Office sought	Office held
	expenditure to benefit C/OH				
		T			
	Date	Payee name			
	07/20/2023	American Express			
	Amount (\$)	Payee address; City; State;	Zip Co	ode	
	\$232.72	P. O. Box 650448			
	Reimbursement from				
	X political contributions intended	Dallas, TX 75265			
	PURPOSE	Category (See Categories listed at the top of this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Credit Card Payment	,		Check if Austin, TX, officeholder living expense
	EXPENDITURE			Payment	
	Complete ONLY if direct	Candidate/Officeholder name		Office sought	Office held
	expenditure to benefit C/OH				
	C/OH				
	Date	Payee name			
	08/12/2023	American Express			
	Amount (\$)	Payee address; City; State;	Zip Co	ode	
	\$155.84				
	Reimbursement from				
	X political contributions intended	Dallas, TX 75265			
H	PURPOSE	Category (See Categories listed at the top of this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Credit Card Payment	,		Check if Austin, TX, officeholder living expense
	EXPENDITURE			Payment	
	Complete ONLY if direct	Candidate/Officeholder name		Office sought	Office held
	expenditure to benefit				
	C/OH				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense F Gift/Awards/Memorials Expense F al Committee Legal Services S	Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	oreak oard r dyment	The Instruction Guide explains ho	ow to cor	mplete this form.	
1	Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 2/10 Rpt: 70/82	Martinez, Armando A. (The Honorable)			00054543
4	Date	5 Payee name			1
	10/15/2023	American Express			
6	Amount (\$)	7 Payee address; City; State;	Zip Cod	de	
	\$4,000.00	P. O. Box 650448	_,, -,,		
	Reimbursement from				
	X political contributions intended	Dallas, TX 75265			
_				(h) Description [Charle if traval autaids of Tayros Complete Cabadula T
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedu	lule)	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE	Credit Card Payment		∟ Payment	
				i ayınıcını	
9	Complete ONLY if direct	Candidate/Officeholder name		Office sought	Office held
9	expenditure to benefit	Candidate/Officeriolder frame		Office sought	Office field
L	C/OH				
	Date	Payee name			
	11/21/2023	American Express			
	Amount (\$)	Payee address; City; State;	Zip Cod	de	
	\$1,518.03	P. O. Box 650448			
	Reimbursement from				
	X political contributions intended	Dallas, TX 75265			
	PURPOSE	Category (See Categories listed at the top of this schedu	lule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Credit Card Payment	iuic)		Check if Austin, TX, officeholder living expense
	EXPENDITURE	Crount Gara F dymoni		– Payment	
				•	
	Complete ONLY if direct	Candidate/Officeholder name		Office sought	Office held
	expenditure to benefit C/OH				
	C/OH				
	Date	Payee name			
	12/28/2023	American Express			
	Amount (\$)	Payee address; City; State;	Zip Coo	de	
	\$269.87	P. O. Box 650448			
	Reimbursement from				
	X political contributions intended	Dallas, TX 75265			
	PURPOSE	Category (See Categories listed at the top of this schedu	lule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card Payment			Check if Austin, TX, officeholder living expense
	ZAI ZABITORZ			Payment	
L					
		Candidate/Officeholder name		Office sought	Office held
	expenditure to benefit C/OH				
\vdash					

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/N	Expense Wages/Contract Labor		Travel in District Travel Out of Distric	t egory not listed above)	
	ordan dara r aymoni		The Instruction Guide explain	s how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID (Ethi	cs Commission Filers)	
	Sch: 3/10 Rpt: 71/82	Martinez, A	rmando A. (The Honorabl	e)		(00054543		
4	Date	5 Payee name				•			
	11/29/2023	Angie's Me	xican Restaurant						
6	Amount (\$)	7 Payee addre	ess; City; Stat	e; Zip Co	ode				_
	\$20.07	1307 E. 7th	Street						
	Reimbursement from								
	X political contributions intended	Austin, TX	78702						
8	PURPOSE			-11-1-2	(b) Description [7 Chr	ock if traval outside o	of Texas. Complete Schedule T.	_
0	OF		see Categories listed at the top of this se	cnedule)	(b) Description	=		ceholder living expense	
	EXPENDITURE	F00u/beve	rage Expense		Meal with Staff			- ,	
					linear war etan				
9	Complete ONLY if direct	L Candidate/Office	holder name		Office sought		Offic	ce held	_
•	expenditure to benefit	Carraidate/Office	noider name		Office Sought		Onic	oc riciu	
	C/OH								
	Date	Payee name							_
	07/09/2023	Citibank - N	Mastercard						
	Amount (\$)	Payee addre	ess; City; Stat	e; Zip Co	ode				_
	\$486.59	P. O. Box 7	' 8045						
	Reimbursement from								
	X political contributions intended	Phoenix. A	Z 78062-8045						
	PURPOSE		see Categories listed at the top of this s	chedule)	Description	Che	eck if travel outside o	of Texas. Complete Schedule T.	_
	OF	Credit Card		cricualcy		=		ceholder living expense	
	EXPENDITURE	Orean Gare	ar dyment		Payment				
					1				
	Complete ONLY if direct	<u> </u>	holder name		Office sought		Offic	ce held	-
	expenditure to benefit				· ·				
	C/OH								_
	Date	Payee name							
	07/16/2023	Citibank - N	Mastercard						
	Amount (\$)	Payee addre	ess; City; Stat	e; Zip Co	ode				
	\$500.00	P. O. Box 7	'8045						
	Reimbursement from								
	X political contributions intended	Phoenix, A	Z 78062-8045						
	PURPOSE	Category (s	see Categories listed at the top of this se	chedule)	Description	Che	eck if travel outside o	of Texas. Complete Schedule T.	_
	OF EXPENDITURE	Credit Card	l Payment		[Che	eck if Austin, TX, offi	ceholder living expense	
	EXI ENDITORE				Payment				
		Candidate/Office	holder name		Office sought		Offic	ce held	
	expenditure to benefit C/OH								
									_

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	al Com	mittee Legal Services Salaries/M The Instruction Guide explains how to co	/ages/Contract Labor mplete this form.		OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 4/10 Rpt: 72/82		Martinez, Armando A. (The Honorable)			00054543
4	Date	5	Payee name			
	07/17/2023	(Citibank - Mastercard			
6	Amount (\$)	7	Payee address; City; State; Zip Co	de		
	\$3,500.00		P. O. Box 78045			
	Reimbursement from					
	X political contributions intended		Phoenix, AZ 78062-8045			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	CI	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	(Credit Card Payment		CI	heck if Austin, TX, officeholder living expense
				Payment		
9		Can	didate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
		_				
	Date	1	Payee name			
	07/26/2023	(Citibank - Mastercard			
	Amount (\$)		Payee address; City; State; Zip Co	de		
	\$752.38		P. O. Box 78045			
	Reimbursement from					
	X political contributions intended		Phoenix, AZ 78062-8045			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	CI	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	1	Credit Card Payment		CI	heck if Austin, TX, officeholder living expense
	LAFENDITORE			Payment		
		Can	didate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
		_				
	Date		Payee name			
	09/12/2023	(Citibank - Mastercard			
	Amount (\$)		Payee address; City; State; Zip Co	de		
	\$603.84		P. O. Box 78045			
	Reimbursement from					
	X political contributions intended		Phoenix, AZ 78062-8045			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	CI	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Credit Card Payment		CI	heck if Austin, TX, officeholder living expense
	LA LIBITOIL			Payment		
		Can	didate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
_						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Nages/Contract Labor	Travel Travel	in District I Out of District R (enter a category not listed above)
	oroak oara'r aymone		The Instruction Guide explains	how to co	omplete this form.		
1	Total pages Schedule G:	2 FILER NAM	E			3 Filer	ID (Ethics Commission Filers)
	Sch: 5/10 Rpt: 73/82	Martinez, A	rmando A. (The Honorable))		0005	54543
4	Date	5 Payee name	·			I	
ľ	09/15/2023	Citibank - N					
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode		
	\$500.00	P. O. Box 7	' 8045				
	Reimbursement from						
	X political contributions intended	Phoenix, A	Z 78062-8045				
8	PURPOSE	(a) Category (s	see Categories listed at the top of this sch	edule)	(b) Description	Check if t	ravel outside of Texas. Complete Schedule T.
	OF	Credit Card	l Payment			Check if A	Austin, TX, officeholder living expense
	EXPENDITURE		•		Payment		
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH						
	С/ОН						
	Date	Payee name					
	10/15/2023	Citibank - N	Mastercard				
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode		
	\$823.00	P. O. Box 7	'8045				
	Reimbursement from						
	x political contributions intended	Dhoeniy A	Z 78062-8045				
		_			T F		
	PURPOSE OF		ee Categories listed at the top of this sch	edule)	Description	=	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
	EXPENDITURE	Credit Card	l Payment		L	Check ii 7	rusum, 174, unicendider living expense
					Payment		
		<u> </u>					
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held
	C/OH						
	Dete	<u> </u>					
	Date	Payee name					
	11/15/2023	Citibank - N					
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode		
	\$518.52	P. O. Box 7	'8045				
	Reimbursement from						
	X political contributions intended	Phoenix, A	Z 78062-8045				
	PURPOSE	Category (S	see Categories listed at the top of this sch	edule)	Description	Check if t	ravel outside of Texas. Complete Schedule T.
	OF	Credit Card	l Payment			Check if A	Austin, TX, officeholder living expense
	EXPENDITURE		•		Payment		
	Complete ONLY if direct	I Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit						
	C/OH						

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Office Over Food/Beverage Expense Polling Exp Finding Exp Printing Exp Al Committee Legal Services Salaries/Wa	yment/Reimbursement head/Rental Expense ense Transportation Equipment & Related Expense Travel in District Travel Out of District agges/Contract Labor OTHER (enter a category not listed above)						
		The Instruction Guide explains how to con							
1	Total pages Schedule G: Sch: 6/10 Rpt: 74/82	2 FILER NAME Martinez, Armando A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00054543						
4	Date	5 Payee name	I						
•	12/11/2023	Citibank - Mastercard							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$80.30	P. O. Box 78045							
	X Reimbursement from political contributions intended	Phoenix, AZ 78062-8045							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.						
	OF EXPENDITURE	Credit Card Payment	Check if Austin, TX, officeholder living expense						
	EXI ENDITORE		Payment						
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held						
	Date	Payee name							
	11/07/2023	Costco							
	Amount (\$)	Payee address; City; State; Zip Coo	de						
	\$110.31	4301 W. William Cannon Dr.							
	Reimbursement from political contributions intended	Austin, TX 78749							
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description						
OF Austin Apartment X Check if Austin, TX, officeho									
			Crates and Storage Containers for Austin Apartment Storage Unit						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held						
	Date	Payee name							
	08/30/2023	Garza Funeral Home							
	Amount (\$)	Payee address; City; State; Zip Coo	de						
	\$238.74	2602 N. Texas Blvd.							
	X Reimbursement from political contributions intended	Weslaco, TX 78596							
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description						
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if Austin, TX, officeholder living expense						
	-		Flowers for Deceased Constituent (Maria M.)						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		Expense Wages/Contract Labor		District It of District (enter a category not listed above)			
1	Total pages Schedule G: Sch: 7/10 Rpt: 75/82	2 FILER NAM Martinez,	ME Armando A. (The Honorable	e)		3 Filer ID 00054	,			
4	Date	5 Payee nam	e			l				
	10/24/2023	HEB - 7th								
6	Amount (\$)	1	7 Payee address; City; State; Zip Code							
	\$26.84	2701 East	: 7th							
	Reimbursement from political contributions intended	Austin, Tメ	C 78702							
8	PURPOSE	(a) Category	(See Categories listed at the top of this se	chedule)	(b) Description	Check if trav	el outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Food/Bev	erage Expense			Check if Aus	tin, TX, officeholder living expense			
					Water and Bever	ter and Beverages for Capitol Office				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought		Office held			
	Date	Payee nam	e							
	11/28/2023	Joe's Bak	ery							
	Amount (\$)	Payee add	ress; City; Stat	e; Zip Co	ode					
	\$33.01	2305 E. 7	th Street							
	Reimbursement from political contributions intended	Austin, TX	C 78702							
	PURPOSE OF	Category	(See Categories listed at the top of this se	chedule)	Description	≓	rel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Food/Bev	erage Expense		L		tin, TX, officeholder living expense			
					Meal with Consti	tuents				
	Computate ONLY if diseast	Caradialata (Offic	a ballelar ra arra		Office country		Office hold			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	enolder name		Office sought		Office held			
	Date	Payee nam								
	07/05/2023	Mid Valley	/ Care, LLC							
	Amount (\$)	Payee add	, ,,	e; Zip Co	ode					
	\$2,000.00	400 S. Bio	entennial Blvd.							
	Reimbursement from political contributions intended	McAllen, 7	TX 78501							
	PURPOSE	Category	(See Categories listed at the top of this so	chedule)	Description	≓	el outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Office Ove	erhead/Rental Expense			_	tin, TX, officeholder living expense			
					District Office: Re	ent				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought		Office held			

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ov Polling Ex Printing E Salaries/A	xpense Nages/Contract Labor	Solicitation Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 8/10 Rpt: 76/82		Martinez, Armando A. (The Honorable)			00054543
4	Date	5	Payee name			L
	08/05/2023	ľ	Mid Valley Care, LLC			
6	Amount (\$)	7	•	Zip Co	ada	
6	` ,	'		Zip Ct	oue	
	\$2,000.00		400 S. Bicentennial Blvd.			
	X Reimbursement from political contributions intended		McAllen, TX 78501			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense		[Check if Austin, TX, officeholder living expense
	LAFENDITORE				District Office: R	ent
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	09/05/2023		Mid Valley Care, LLC			
	Amount (\$)	H	Payee address; City; State;	Zip Co	ode	
	\$2,000.00		400 S. Bicentennial Blvd.	•		
	Reimbursement from					
	x political contributions intended		McAllen, TX 78501			
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense		l L	Check if Austin, TX, officeholder living expense
					District Office: R	ent
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	10/05/2023		Mid Valley Care, LLC			
H	Amount (\$)	H	Payee address; City; State;	Zip Co	ode	
	\$2,000.00		400 S. Bicentennial Blvd.			
	X Reimbursement from political contributions intended		McAllen, TX 78501			
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense		l L	Check if Austin, TX, officeholder living expense
					District Office: R	ent
L		L				
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	rds/Memorials Expense Printing Expense Salaries/Wages/Contract Labor			Travel in District Travel Out of District OTHER (enter a category not listed above)			
The Instruction Guide explains how to complete this form.										
1	Total pages Schedule G:	2 FILER NAME	Ξ			3	Filer ID	(Ethics Commission Filers)		
	Sch: 9/10 Rpt: 77/82	Martinez, A	rmando A. (The Honorable))		(0005454	43		
4	Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·							
	11/05/2023	1	Mid Valley Care, LLC							
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$2,000.00	400 S. Bice	400 S. Bicentennial Blvd.							
	Reimbursement from									
	X political contributions intended	McAllen, T	McAllen, TX 78501							
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Che	eck if travel	outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Office Over	head/Rental Expense			Check if Austin, TX, officeholder living expense				
	EXPENDITORE				District Office: Re	ent				
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held		
	expenditure to benefit C/OH									
	Date	Payee name								
	12/05/2023	Mid Valley	Care, LLC							
Amount (\$) Payee address; City; State; Zip Code										
	\$2,000.00	\$2,000.00 400 S. Bicentennial Blvd.								
	Reimbursement from									
	x political contributions intended	McAllen, T	x 78501							
_	PURPOSE	_	ee Categories listed at the top of this sch	odulo)	Description	7 Che	eck if travel	outside of Texas. Complete Schedule T.		
	OF	1	rhead/Rental Expense	edule)	Description	=		, TX, officeholder living expense		
	EXPENDITURE	Office Over	neau/Rentai Expense		District Office: Re	⊒ ent				
	District Office. Refit									
_	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held		
	expenditure to benefit	Caranaate/Onice	noider name		Office 30ugnt			Office field		
	C/OH									
	Date	Payee name								
	07/25/2023	1 .	lences Shop							
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode					
	\$204.57	1 1	ington Blvd., Suite 303							
	Reimbursement from		g							
	X political contributions intended	Ogden, UT	84403							
\vdash	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	Che	eck if travel	outside of Texas. Complete Schedule T.		
	OF	Gift/Awards	s/Memorials Expense			Che	eck if Austin	, TX, officeholder living expense		
EXPENDITURE Flowers for Deceased Constituent (Amy S.)							tituent (Amy S.)			
	Complete ONLY if direct	L Candidate/Office	holder name		Office sought			Office held		
	expenditure to benefit				Ç ·					
	C/OH									

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/10 Rpt: 78/82 Martinez, Armando A. (The Honorable) 00054543 Date Payee name 07/25/2023 The Condolences Shop Payee address; Amount (\$) City; State; Zip Code \$204.57 2326 Washington Blvd., Suite 303 Reimbursement from political contributions Х intended Ogden, UT 84403 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Gift/Awards/Memorials Expense **EXPENDITURE** Flowers for Deceased Constituent (Elva R.) Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/06/2023 **U-Haul** Amount (\$) Payee address; City; State; Zip Code \$210.90 9001 S I-35 Reimbursement from political contributions Х Austin, TX 78744 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF X Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Monthly Storage Fee for Austin Apartment Furniture and Household Goods Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 79/82 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Martinez, Armando A. (The Honorable) 00054543 5 Name of person from whom amount is received 8 Amount (\$) Date 11/14/2023 \$8.15 Magic Valley Electric Coop 6 Address of person from whom amount is received; City; State; Zip Code Weslaco, TX 78596 Purpose for which amount is received Check if political contribution returned to filer Refund: Capital Credit

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Inst	ruction (Guide explain	1 Total pages Schedule T: Sch: 1/3 Rpt: 80/82							
2 FILER NAME			3 Filer ID (Ethics Commission Filers)							
Martinez, Arman	ido A. (Th	e Honorable)	00054543							
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee										
American Airlines										
5 Contribution / Expenditure reported on:										
Schedule A2	느	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1					
Schedule F2	X	Schedule F4	Schedule G	Schedule H	Schedule COH-UC					
6 Dates of Travel		of person(s) trave								
	Martinez, Armando (Rep.)									
			of departure location							
10/01/2023	McAll	en, TX								
			of destination location							
10/01/2023	Las V	egas, NV								
10 Means of transpor		•	avel (including name of o		other event)					
Commercial Airp	olane ————	To Attend a	nd Speak at NALEO's	Conference						
Name of Contribut	or / Corpor	ation or Labor Orç	ganization / Pledgor /Pay	ee						
American Airline	S									
Contribution / Expe	enditure re	ported on:								
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1					
Schedule F2	X	Schedule F4	Schedule G	Schedule H	Schedule COH-UC					
Dates of Travel	Dates of Travel Name of person(s) traveling									
	Martir	nez, Armando (F	Rep.)							
	Depar	ture city or name o	of departure location							
07/27/2023	McAll	en, TX								
	Destin	ation city or name	of destination location							
07/27/2023	San F	rancisco, CA								
Means of transpor	tation	Purpose of tr	avel (including name of o	conference, seminar, or	other event)					
Commercial Airp	olane	To Attend N	IHSCL Conference							
Name of Contribut	or / Corpor	ation or Labor Orç	ganization / Pledgor /Pay	ee						
Avis										
Contribution / Expe	enditure re	ported on:								
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1					
Schedule F2	X	Schedule F4	Schedule G	Schedule H	Schedule COH-UC					
Dates of Travel	Dates of Travel Name of person(s) traveling									
Martinez, Armando (Rep.)										
Departure city or name of departure location										
11/11/2023 McAllen										
	Destin	ation city or name	of destination location							
11/11/2023	Kahal	ui, HI								
Means of transpor	tation	Purpose of tr	avel (including name of c	conference, seminar, or	other event)					
Commercial Airp	olane	To Attend C	Conference							
•										
I										

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Bellagio Hotel 5 Contribution / Expenditure reported on:

-	Bellagio Hotel											
5	Contribution / Expenditure reported on:											
	Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1					
	Schedule F2	X	Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
6	Dates of Travel	7 Name	of person(s) travel	ng								
		Martin	Martinez, Armando (Rep.)									
		l '										
	10/01/2023		McAllen, TX									
	10/01/2022	1										
10	10/01/2023 Las Vegas, NV Nears of transportation 11 Ruspess of travel (including name of conference, comings, or other event)											
10	.0 Means of transportationCommercial AirplaneTo Attend and Speak at NALEO Conference											
	Name of Contributor / Corporation or Labor Organization / Pledgor /Payee											
	Lyft	or / Corpora	allon of Labor Org	anization / Fleugoi /Fay	ce .							
	Contribution / Expe	enditure rep	orted on:									
	Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1					
	Schedule F2	$\overline{\mathbb{X}}$	Schedule F4	Schedule G	Schedule H	Schedule COH-UC	_					
	Dates of Travel	Name (of person(s) travel	ing								
	Martinez, Armando (Rep.)											
	Departure city or name of departure location											
	07/09/2023 McAllen, TX											
	07/00/0000	Destination city or name of destination location										
	07/09/2023 New York, NY											
	Means of transportation Purpose of travel (including name of conference, seminar, or other event) To Attend NALEO's Appual Conference in New York											
	Commercial Airplane To Attend NALEO's Annual Conference in New York											
	Lyft	or / Corpora	ation or Labor Org	anization / Pledgor /Pay	ee							
	Contribution / Expe	enditure ren	orted on:									
	Schedule A2	—	Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1					
	Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC	Ш					
	Dates of Travel	Name o	of person(s) travel	ing								
		l	ez, Armando (R									
		Depart	ure city or name o	departure location								
	07/27/2023 McAllen, Tx											
		l		of destination location								
	07/27/2023		rancisco, CA									
	Means of transportation Purpose of travel (including name of conference, seminar, or other event) To Attend NHSCL Conference.											
	Commercial Airplane To Attend NHSCL Conference											

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Lyft 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule COH-UC Schedule F2 Schedule F4 Schedule G Schedule H Dates of Travel Name of person(s) traveling Martinez, Armando (Rep.) Departure city or name of departure location 10/01/2023 McAllen, TX Destination city or name of destination location 10/01/2023 Las Vegas, NV 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) To Attend and Speak at NALEO Conference Commercial Airplane Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Marriott New York Marquis Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Dates of Travel Name of person(s) traveling Martinez, Armando (Rep.) Departure city or name of departure location 07/09/2023 McAllen, TX Destination city or name of destination location 07/09/2023 New York, NY Means of transportation Purpose of travel (including name of conference, seminar, or other event) To Attend NALEO's Annual Conference Commercial Airplane