#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087927 22 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Jose M. NAME Date Received **ELECTRONICALLY FILED** 01/12/2024 NICKNAME LAST **SUFFIX** Joe Martinez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 5804 N. 23rd St. MAILING Amount Receipt # **ADDRESS** Change of Address McAllen, TX 78504 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Josefina M. NAME NICKNAME LAST **SUFFIX** Josie Martinez STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 4001 Burns Court **ADDRESS** (Residence or Business) McAllen, TX 78503 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 330-4768 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 4 District 13th

**GO TO PAGE 2** 

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 22

13 C / OH NAME	Martinez, Jose M. (N	lr.)	<b>14</b> Filer ID (00087927	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
GENERAL COMMITTEE ADDRESS				
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
46 CONTRIBUTION	1 TOTAL UNITED	IZED DOLITICAL CONTRIBUTION CONTRIBUTION	LDI EDOEC LOANS	
16 CONTRIBUTION TOTALS		IIZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	<b>\$</b> 17,300.00
EXPENDITURE TOTALS	,	IZED POLITICAL EXPENDITURES	,	\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 17,663.58
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	CAL CONTRIBUTIONS MAINTAINED AS OF THE LA ERIOD	AST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 9,710.97
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		Mr. S	Jose M. Martinez	
		Signature of	Candidate or Officehol	der
AFFIX NO	ΓARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer	administering oath

### SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

		JVLK	3 of 22		
	LER NAN artinez,	Jose M. (Mr.)	<b>19</b> Filer ID 00087927	(Ethics (	Commission Filers)
20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE					BTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	17,300.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	9,710.97
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	17,663.58
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CON	ITRIBUTIC	ONS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how to c	omplete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/7 Rpt: 4/22	_
2	FILER NAME Martinez, Jo	se M. (Mr.)			3 Filer ID (Ethics Commission Filers) 00087927	
4	Date 11/20/2023  5 Full name of contributor out-of-state PAC (ID#:)  Brasure, Chris  6 Contributor address; City; State; Zip Code  McAllen, TX 78504		7 Amount of Contribution (\$) \$500.0	<b>–</b> ၁		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		_
	Attorney			Owner		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	spouse (if any)	
	Law Office o	f Chris Brasure		Christine Brasure		
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor ou	ıt-of-state PAC (ID#:_	)	Amount of Contribution (\$)	=
12/06/2023 Garcia Jr., Gerardo L.  Contributor address; City; State; Zip Code  Edinburg, TX 78542			\$2,500.0	)		
	Contributor's F	Principal Occupation		Contributor's Job Title		_
	Attorney	•		Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	spouse (if any)	_
	Law Office o	f Gerardo Garcia				
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor ou	ıt-of-state PAC (ID#:_	)	Amount of Contribution (\$)	=
	12/06/2023	Godinez Law Firm, P.C.  Contributor address; City; State; Zi	p Code		\$500.0	)
		McAllen, TX 78501				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's e	employer/law firm		Law firm of contributor's sp	spouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)		L		_

	MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 2/7 Rpt: 5/22
2	FILER NAME Martinez, Jo			3 Filer ID (Ethics Commission Filers) 00087927
4	Date 12/06/2023  5 Full name of contributor out-of-state PAC (ID#:) Godinez, Ricardo  6 Contributor address; City; State; Zip Code  McAllen, TX 78504		7 Amount of Contribution (\$) \$500.00	
8	Contributor's I	Principal Occupation	9 Contributor's Job Title	
	Attorney		Attorney	
10	Contributor's of Godinez Lav	employer/law firm v Firm, P.C.	11 Law firm of contributor's sp	oouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  out-of-state PAC (ID)	#:)	Amount of Contribution (\$)
12/06/2023 Gonzalez Castillo Moya, LLP  Contributor address; City; State; Zip Code  McAllen, TX 78503			\$1,000.00	
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (IDi	#:)	Amount of Contribution (\$)
	12/10/2023	Guerra, AR "Felo"  Contributor address; City; State; Zip Code  Linn , TX 78563		\$100.00
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Rancher		Rancher	
		employer/law firm	Law firm of contributor's sp	oouse (if any)
	Guerra Rand		Maxine R. Guerra	
	If contributor i	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL CONTRII	BUTIC	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how to comple	ete this f	orm.		otal pages Schedule A(J)1 ch: 3/7 Rpt: 6/22	:
2	FILER NAME Martinez, Jo					ler ID (Ethics Commission 1087927	on Filers)
4	Date 11/30/2023	1/30/2023 Hodge & James, LLP  6 Contributor address; City; State; Zip Code		<b>7</b> Ar	mount of Contribution (\$)	\$500.00	
8	Contributor's I	Harlingen, TX 78553 Principal Occupation		9 Contributor's Job Title			
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	ouse (	if any)	
12	! If contributor is	s a child, law firm of parent(s) (if any)					
	Date 12/05/2023	Full name of contributor out-of-state Howard, Robert M.  Contributor address; City; State; Zip Code	PAC (ID#:_	)	Ar	mount of Contribution (\$)	\$100.00
	Contributorio	Austing, TX 78704		Contributor's Job Title			
	Lobbyist	Principal Occupation		Lobbyist			
	Contributor's e	employer/law firm s a child, law firm of parent(s) (if any)		Law firm of contributor's sp	ouse (	if any)	
	Date 11/07/2023	Full name of contributor out-of-state Law Firm Ricardo A. Garcia  Contributor address; City; State; Zip Code  McAllen, TX 78501	PAC (ID#:_	)	Ar	mount of Contribution (\$)	\$1,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (	if any)	
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL CONTRIE	BUTIC	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to comple	te this f	orm.	1	Total pages Schedule A(J)1: Sch: 4/7 Rpt: 7/22
2	FILER NAME Martinez, Jo	se M. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087927
4	12/06/2023 Law Office of Bobby Garcia, P.C.  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00		
8	Contributor's I	Edinburg, TX 78539 Principal Occupation		9 Contributor's Job Title	<u> </u>	
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	! If contributor i	s a child, law firm of parent(s) (if any)				
Date 12/06/2023  Full name of contributor out-of-state PAC (ID#:)  Law Office of Michael E. Flanagan  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.00			
	Contributor's I	McAllen, TX 78501  Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor i	s a child, law firm of parent(s) (if any)				
	Date 12/05/2023	Full name of contributor out-of-state Lozano, Robert L.  Contributor address; City; State; Zip Code  Edinburg, TX 78539	PAC (ID#:_	)		Amount of Contribution (\$) \$500.00
		Principal Occupation		Contributor's Job Title	_	
	Self-employe			Owner		on (if any )
	Self-employe	employer/law firm ed s a child, law firm of parent(s) (if any)		Law firm of contributor's sp Laurie G. Lozano	ous	e (II any)
	co.misudo i	a a a man ar				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 5/7 Rpt: 8/22
2	FILER NAME Martinez, Jo			3 Filer ID (Ethics Commission Filers) 00087927
4	Date 12/07/2023    Full name of contributor		7 Amount of Contribution (\$) \$100.00	
8	Contributor's I	Principal Occupation	9 Contributor's Job Title	
	Consultant		Consultant	
10		employer/law firm < Foundation	11 Law firm of contributor's sp	ouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/06/2023	R&S Ninos Investments, L.P.  Contributor address; City; State; Zip Code  McAllen, TX 78501		\$500.00
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Continuator 5 i	-inicipal Occupation	Continuator \$ 300 Title	
	Contributor's	employer/law firm	Law firm of contributor's sp	ouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)	<u> </u>	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/06/2023	SS&S Group, LLC  Contributor address; City; State; Zip Code  Edinburg, TX 78540		\$500.00
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's sp	ouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A(J)1: Sch: 6/7 Rpt: 9/22
2	FILER NAME Martinez. Jo	R NAME inez, Jose M. (Mr.)		3	Filer ID (Ethics Commission Filers) 00087927	
4	4 Date 12/06/2023  5 Full name of contributor out-of-state PAC (ID#:) Singh Lidhar, Ranjit 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00		
		McAllen, TX 78504				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Owner		
10	Contributor's 6 Lidhar Law F	employer/law firm PLLC		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	12/06/2023	Tijerina Legal Group, P. Contributor address; City;				\$2,500.00
		McAllen, TX 78501				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	12/06/2023	Vela, Daniel D.  Contributor address; City;	State; Zip Code			\$1,000.00
		McAllen, TX 78504				
		Principal Occupation		Contributor's Job Title		
	Self-employe			Pharmacist		on (if any)
		employer/law firm nacy North Store		Law firm of contributor's sp Alejandra Vela	oous	se (IT any)
		s a child, law firm of parent(s) (i	f any)	Alejanura vela		

	MONET	ARY POLITICAL CONTRIB	UTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete	1 Total pages Schedule A(J)1: Sch: 7/7 Rpt: 10/22	
2	FILER NAME Martinez, Jo			3 Filer ID (Ethics Commission Filers) 00087927
4			7 Amount of Contribution (\$) \$2,500.00	
		McAllen, TX 78504		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	•
	Self-employ	ed (used clothing)	Owner	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	spouse (if any)
	Tres Dimens	siones, Inc.	Rosa Maria Villarreal	
12	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
	09/12/2023	Walker Legal, PLLC		\$500.00
		Contributor address; City; State; Zip Code  McAllen, TX 78501		
	Contributor's	l Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)	1	

	LOANS (J	UDICIAL)			SCHEDULE E(J)
	The Instruction Guide explains how to complete this form.			1	iges Schedule E(J): 3 Rpt: 11/22
2	FILER NAME Martinez, Jose N	Л. (Mr.)		3 Filer ID 000879	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			\$
5	Date of loan 09/08/2023	7 Name of lender out-of-state PA Martinez, Jose	C (ID#:	)	9 Loan Amount (\$) \$6,000.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	McAllen, TX 78503			11 Maturity Date
12	Lender's Principal	Occupation	13 Lender's Job Title		
11	Attorney	all and Fine	Owner	- (if a.a. )	
14	Lender's Employe Law Office of Jo		15 Law Firm of lender's spous Josie Martinez	se (II any)	
16	If lender is child, la	w firm of parent(s) (if any)			
17	Description of Coll	ateral	18 Check if personal funds we	ere deposited	d into political account (See Instructions)
40		loo Nama of management			
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)
22	X not applicable Guarantor's Princi	21 Guarantor address; City; State;	Zip Code  Zip Code		
23	Guarantoi 3 Filiici	oai Occupation	24 Guarantor's 300 Title		
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)	
27	If guarantor is child	d, law firm of parent(s) (if any)			

	LOANS (J	UDICIAL)			SCHEDULE E(J)
	The Instruction	n Guide explains how to complete this f	orm.	1	iges Schedule E(J): 3 Rpt: 12/22
2	FILER NAME Martinez, Jose N	Л. (Mr.)		3 Filer ID 000879	(Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS			\$
5	Date of loan 10/06/2023	7 Name of lender	C (ID#:	)	9 Loan Amount (\$) \$2,500.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	McAllen, TX 78503			11 Maturity Date
12	Lender's Principal Attorney	Occupation	13 Lender's Job Title Owner		
1.4		ell ou Firm	15 Law Firm of lender's spous	o (if any)	
14	Lender's Employe Law Office of Jo		Josie Martinez	se (II ariy)	
16	If lender is child, la	w firm of parent(s) (if any)			
17	Description of Coll	ateral	18 Check if personal funds we	ere deposited	d into political account (See Instructions)
19	GUARANTOR	20 Name of guarantor			22 Amount Guaranteed (\$)
	INFORMATION				
23	x not applicable Guarantor's Princi	21 Guarantor address; City; State; pal Occupation	Zip Code  24 Guarantor's Job Title		
25	Guarantor's Emplo	over/Law Firm	<b>26</b> Law Firm of guarantor's sp	ouse (if any)	1
			J		
27	If guarantor is child	d, law firm of parent(s) (if any)			

	LOANS (J	UDICIAL)			SCHEDULE E(J)
	The Instruction Guide explains how to complete this form.				iges Schedule E(J): 3 Rpt: 13/22
2	FILER NAME Martinez, Jose N	Л. (Mr.)		3 Filer ID 000879	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			\$
5	Date of loan 11/28/2023	7 Name of lender	C (ID#:	)	9 Loan Amount (\$) \$1,210.97
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	McAllen, TX 78503			11 Maturity Date
12	Lender's Principal Attorney	Occupation	13 Lender's Job Title Owner		
1/	Lender's Employe	r/I aw Eirm	15 Law Firm of lender's spous	o (if any)	
1-	Law Office of Jo		Josie Martinez	e (ii ariy)	
16	If lender is child, la	w firm of parent(s) (if any)			
17	Description of Coll	ateral	18 Check if personal funds we	ere deposited	d into political account (See Instructions)
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)
	X not applicable	21 Guarantor address; City; State;	Zip Code		
23	Guarantor's Princi	pal Occupation	24 Guarantor's Job Title		
25	Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)	
27	If guarantor is child	d, law firm of parent(s) (if any)			

### 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 (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.				
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)				
	Sch: 1/9 Rpt: 14/22	Martinez, Jose M. (Mr.)	00087927					
4	Date	5 Payee name		<u> </u>				
	11/18/2023	Bob Stark's Beef Shop						
6	Amount (\$)	7 Payee address; City; State; Zip Co	de					
	\$289.04	707 Dove Ave. W.						
		McAllen, TX 78504						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITORE		Check if Austin, TX, officeholder living expense					
				Jose M Martinez 2024 Campaign Expense				
_				000				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held				
	Date	Payee name						
	12/06/2023	Brand Boosters CO, LLC						
	Amount (\$)	Payee address; City; State; Zip Co	de					
	\$324.75	3607 S L Ln.						
		McAllen, TX 78503						
	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 Rollup Sign-vertical display				
				Rollup Sign-vertical display				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held				
	expenditure to benefit C/OI		grit	Office Held				
	Data	Davis and the second						
	Date 11/03/2023	Payee name Cantus Events						
	Amount (\$)	Payee address; City; State; Zip Co	ae					
	\$50.00	121 US-83 Bus						
		McAllen, TX 78503						
	PURPOSE OF	, ,	(b)	Description				
	EXPENDITURE	Solicitation/Fundraising Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
				Joe Martinez's COA fundraiser expense				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	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

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: 2/9 Rpt: 15/22	Martinez, Jose M. (Mr.)
4 Date	5 Payee name
10/30/2023	Deluxe.com
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$20.50	3000 Kellway Dr.
	Carrollton TV 75006
	Carrollton, TX 75006
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	1 Box of checks Jose Manuel Martinez Campaign Fund Bank
	3036 Manuel Martinez Campaign i una Bank
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
11/17/2023	Espana Nouveau Mediterranean
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$500.00	701 N Main St
	McAllen, TX 78501
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraiser at Espana
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>1</del>
Date	Payee name
12/06/2023	Espana Nouveau Mediterranean
Amount (\$)	Payee address; City; State; Zip Code
\$1,825.64	701 North Main St.
	McAllen, TX 78501
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Joe Martinez COA campaign fundraiser
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 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	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: 3/9 Rpt: 16/22	Martinez, Jose M. (Mr.) 00087927
4	Date	5 Payee name
	12/04/2023	Fed Ex
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$79.10	3875 Airways, Module H3
l		Department 4634
		Memphis, TN 38116
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Texas Democratic Party-Application  Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense  Texas Democratic Party-Application mailed
		rexas bemocratic raity-Application mailed
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
l	09/05/2023	Garza, Luciano
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$250.00	1704 W. 6th St.
l		
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		2024 Campaign Consultant
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
l	10/27/2023	Godaddy.com
	Amount (\$)	Payee address; City; State; Zip Code
l	\$12.17	2155 E. Goddaddy Way HQ
l		
		Tempe, AZ 85218
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	domain expense Check if travel outside of Texas. Complete Schedule T.  joemartinez13thcoa.com Check if Austin, TX, officeholder living expense
l		joemartinez13thcoa.com  Check if Austin, TX, officeholder living expense  Domain expense
		joemartinez13thcoa.com
$\vdash$	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 Layment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 4/9 Rpt: 17/22	Martinez, Jose M. (Mr.)		00087927	
4 Date	5 Payee name		•	
11/19/2023	HEB			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$30.90	200 US Expwy. 83			
	McAllen, TX 78501			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Food/Beverage Expense		vel outside of Texas. Com	plete Schedule T.
EXPENDITURE	, in the state of	ı —	stin, TX, officeholder living	
		Jose M Ma	rtinez 2024 Camp	oaign
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office he	eld
experialitate to benefit crof				
Date	Payee name			
10/06/2023	Hayes, Selina			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$2,500.00	612 W. Nolalana, Suite 250			
	McAllen, TX 78504			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Campaign Manager	Check if trav	vel outside of Texas. Com	
EXI ENDITORE		, <b>–</b>	stin, TX, officeholder living	expense
		Campaign	Manager	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office he	old.
expenditure to benefit C/O		ugni	Office fie	au
Date	Payee name			
12/08/2023	Hayes, Selina			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$1,250.00	612 W. Nolana, Suite 250			
	McAllen, TX 78504			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Campaign Manager		vel outside of Texas. Com	
		. <del></del>	stin, TX, officeholder living ez's COA Campa	
		JOE MAILING	cz 3 COA Campa	igii wanagei
Complete ONLY if direct	Candidate/Officeholder name Office so	<u> </u> ught	Office he	ald
expenditure to benefit C/O		ugiit	Office fie	JIQ.

### SCHEDULE F1

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

**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 c	omplete this fo	orm.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 5/9 Rpt: 18/22	Martinez, Jose M. (Mr.)			00087927	
4 Date	5 Payee name		<u> </u>		
11/18/2023	Holiday Wine & Liquor McAllen North				
6 Amount (\$)	7 Payee address; City; State; Zip C	code			
\$47.59	703 Dove Ave W				
	McAllen, TX 78504				
8 PURPOSE		(b) Descrip	ntion		
OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			de of Texas. Com	plete Schedule T.
EXPENDITURE	1 ood/Beverage Expense			officeholder living	
		Jose N	/I Martinez	2024 Cam	paign
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught		Office h	eld
expenditure to benefit C/O	п				
Date	Payee name				
10/02/2023	Medina, Jerry				
Amount (\$)	Payee address; City; State; Zip C	code			
\$1,000.00	2118 N. 48th Lane				
. ,					
	McAllen, TX 78501				
PURPOSE		(b) Descrip	ation		
OF	(a) Category (See Categories listed at the top of this schedule)  Campaign Graphics			de of Texas. Com	nplete Schedule T.
EXPENDITURE	Campaign Graphics			officeholder living	
		Campa	aign Grap	hics	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught		Office h	eld
expenditure to benefit C/O	Ч				
Date	Payee name				
11/03/2023	Medina, Jerry				
Amount (\$)	Payee address; City; State; Zip C	Code			
\$1,000.00	2118 N. 48th Lane				
<del>+-,</del>					
	McAllen, TX 78501				
DUDDOST		(h) = :			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descrip		de of Tevas Com	nplete Schedule T.
EXPENDITURE	Advertising Expense			officeholder living	•
				z 2024 Cam	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught		Office h	eld
expenditure to benefit C/O		-			

### 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: 6/9 Rpt: 19/22	Martinez, Jose M. (Mr.) 00087927
4	Date	5 Payee name
	09/08/2023	Medrano, Selina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	612 W. Nolana, Ste. 250
		McAllen, TX 78504
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Campaign Manager
		Campaign Manager
		Campaign manager
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Davies same
		Payee name
	10/24/2023	Medrano, Selina
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	612 W. Nolana, Suite 250
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Campaign Manager
		Campaign Manager
		Campaigh Manager
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 11/14/2023	Payee name
		Medrano, Selina
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	612 W. Nolana, Suite 250
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Campaign Manager
		Compaign Manager
		Campaign Manager
_	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 Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candio	date/Officeholder/Politic rd Payment			Services		s/Wages	se s/Contract Labor		OTHER (enter		listed above)
				Instruction Guid	e explains how to	compl	ete this form.				
1 Total pag	ges Schedule F1:	2 FIL	ER NAME					3	Filer ID	(Ethics Co	ommission Filers)
Sch: 7	//9 Rpt: 20/22	Ma	artinez, Jose	M. (Mr.)					00087927		
4 Date		<b>5</b> Pa	yee name					_			
11/03/2	023	1	fice Depot								
6 Amount	(\$)	<b>7</b> Pa	yee address;	City;	State; Zip (	Code					
	\$129.00	1	15 N. 10th St		эшэ,р						
	¥==0.00	"-									
		,,	Allon TV 70	F04							
		-	cAllen, TX 78								
	POSE OF			tegories listed at the t		(b)	Description				
	IDITURE	So	olicitation/Fun	draising Exper	nse				ide of Texas. Cor		lle T.
		Check if Austin, TX, officeholder living expense  Joe Martinez's COA fundraiser expense							nse		
9 Complete	e ONLY if direct	<u>l</u> Can	didate/Officeho	older name	Office s	ought 			Office h	eld	
	ure to benefit C/O				255 5	o a g			000	0.0	
Date											
11/01/2	വാ	1	yee name ntiveros Printi	na							
Amount	` '	1	yee address;	City;	State; Zip (	Code					
	\$45.00	91	5 E. Fegusor	i Ste. 5							
		Ph	arr, TX 7857	7							
I	POSE	<b>(a)</b> Ca	tegory (See Ca	tegories listed at the t	top of this schedule)	(b)	Description				
	OF IDITURE	Pr	inting Expens	se					ide of Texas. Cor		lle T.
							business card		, officeholder livin		)Δ camnaign
							business can	us	ioi ooc iviai		or Campaign
Complete	e ONLY if direct	l Can	didate/Officeho	older name	Office s	ought			Office h	eld	
	ure to benefit C/O		aldate/Officeric	naci name	Office 3	ougni			Office II	Ciu	
D-4-		_									
Date	022	ı	yee name	na							
11/03/2			ntiveros Printi								
Amount	` '	1	yee address;	City;	State; Zip	Code					
	\$64.95	91	5 E. Fegusor	Ste. 5							
		Ph	arr, TX 7857	7							
	POSE	( <b>a)</b> Ca	tegory (See Ca	tegories listed at the t	top of this schedule)	(b)	Description				
	OF IDITURE	Pr	inting Expens	se					ide of Texas. Cor		lle T.
							Stickers & 50		, officeholder livin	g expense	
							Joe Martinez			aign	
Complete	e ONLY if direct	Can	didate/Officeho	older name	Office s	ought			Office h	old	
	ure to benefit C/O		aidate/Officeff(	nuci naine	Office 5	ougnt			Office II	ciu	

### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to comp		· · · · · · · · · · · · · · · · · · ·					
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)					
	Sch: 8/9 Rpt: 21/22	Martinez, Jose M. (Mr.)	00087927						
4	Date	5 Payee name		<u>.</u>					
	11/03/2023	Ontiveros Printing							
6	Amount (\$)	7 Payee address; City; State; Zip Code	<del>,</del>						
	\$29.99	915 E. Feguson Ste. 5							
		Pharr, TX 78577							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	)	Description					
	OF EXPENDITURE	Printing Expense	į	Check if travel outside of Texas. Complete Schedule T.					
			Check if Austin, TX, officeholder living expense  Joe Martinez's COA campaign						
				ove Martinez's COA Campaign					
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	.+	Office held					
9	Complete ONLY if direct expenditure to benefit C/OI		ıL	Office neta					
	Date	Payee name							
	11/03/2023	Ontiveros Printing							
	Amount (\$)	Payee address; City; State; Zip Code	;						
	\$64.95	915 E. Feguson Ste. 5							
		Pharr, TX 78577							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	)	Description					
	OF EXPENDITURE	Printing Expense	- [	Check if travel outside of Texas. Complete Schedule T.					
	ZA ZADITORZ			Check if Austin, TX, officeholder living expense					
				1000 Push Cards Joe Martinez COA campaign					
	Complete ONLY if direct	Candidate/Officeholder name Office sough		Office held					
	expenditure to benefit C/OI	•	ıı	Office field					
	Date	Payee name							
	12/18/2023	Ramirez, Joseph							
	Amount (\$)	Payee address; City; State; Zip Code	)						
	\$750.00	2309 Blue Star							
		Corpus Christi, TX 78414							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	)	Description					
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.					
				Check if Austin, TX, officeholder living expense  Consultant Retainer					
				Consultant Retainer					
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t	Office held					
	Complete ONLY if direct expenditure to benefit C/OI	•	L	Office field					

### 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 Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee L	Sift/Awards/Memorials E egal Services The Instruction Gui		Printing Exp Salaries/Wa how to com	ges/Cor			Travel Out of OTHER (ente		ict ategory not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID		(Ethics Commission Filers)
	Sch: 9/9 Rpt: 22/22		Martinez, Jos	se M. (Mr.)						0008792	27	
4	Date	5	Payee name									
	12/04/2023		Texas Demo	cratic Party								
6	Amount (\$)	7	Payee address	s; City;	State;	Zip Cod	е					
	\$1,875.00		314 E. Highla	and Mall Blvd.								
			Suite 508									
			Austin, TX 78	3752								
8	PURPOSE	(a)	Category (Sec	Categories listed at the	a top of this sch	edule) (	b) De	scription				
	OF	`		ustice 13th COA		edule)	ÍΠ̈́	Check if travel	outsio	de of Texas. C	Comple	ete Schedule T.
	EXPENDITURE		3,					Check if Austin				xpense
								ing Fee, Ju				ć 51 il
							Ju	dicial Cand	dida	te Applica	atior	n for a Place on the
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offic	eholder name	C	Office soug	ht			Office	e held	d
	Date		Payee name									
	11/30/2023		The State Ba	ır of Texas								
	Amount (\$)		Payee address	s; City;	State;	Zip Cod	е					
	\$25.00		1414 Colora	do								
			Austin, TX 78	3701								
	PURPOSE	(a)	Category (See	Categories listed at the	e top of this sch	edule) (	<b>b)</b> De	escription				
	OF EXPENDITURE		Supreme Co	urt Certificate			Ц	Check if travel				
								Check if Austin.				xperise
								Jose M M				mpaign
	Complete ONLY if direct		Candidate/Offic	oholdor namo		Office soug	ht			Office	hole	4
	expenditure to benefit C/O		Januluale/Onic	enoluer name		mice soug	IIL			Office	Heit	u .
I												