#### 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) 00087602 15 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Elizabeth R. NAME Date Received **ELECTRONICALLY FILED** 02/05/2024 NICKNAME LAST **SUFFIX** Martinez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 830353 MAILING Amount Receipt # **ADDRESS** Change of Address San Antonio, TX 78283 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Alexander NAME NICKNAME LAST **SUFFIX** Martinez STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** P.O. Box 830353 **ADDRESS** (Residence or Business) San Antonio, TX 78283 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 421-8609 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff X 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** 01/01/2024 01/25/2024 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 District Judge Place 73rd District Bexar

Forms provided by Texas Ethics Commission

GO TO PAGE 2
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Version V3.5.1.9000c47f

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Martinez, Elizabeth F		<b>14</b> Filer ID 00087602	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or polit These expenditures may have been not officeholders are required to report the	nade without the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
_	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASUR	RER NAME	
		COMMITTEE CAMPAIGN TREASUR	RER ADDRESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(( ES OF LOANS, OR CONTRIBUTION:		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEI	ES OF LOANS)	<b>\$</b> 510.73
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 7,406.83
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED / RIOD	AS OF THE LAST DAY OF THE	<b>\$</b> 13,752.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	S LOANS AS OF THE LAST DAY	<b>\$</b> 5,000.00
<b>17</b> AFFIDAVIT			under penalty of perjury, that the ac nd includes all information required ction Code.	
			Elizabeth R. Martinez	
			Signature of Candidate or Officeho	older
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
		aid		day
of	, 20, to c	ertify which, witness my hand and sea	of office.	
Signature of offic	er administering oath	Printed name of officer administ	ering oath Title of office	er administering oath

# **SUBTOTALS - JC/OH**

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

			3 0	f 15
18 FILER Martin	NAME ez, Elizabeth R.	(Ethics Commission File	rs)	
	ULE SUBTOTALS DF SCHEDULE		SUBTOTAL AMOU	NT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 5	510.73
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 1,0	010.30
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 5,0	00.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 8	338.10
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 8	338.10
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	TARY POLITICAL CONTRIBU	TIONS	SCHEDULE A(J)1
	The Instru	ection Guide explains how to complete th	his form.	1 Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/15
2	FILER NAME Martinez, El			3 Filer ID (Ethics Commission Filers) 00087602
4	Date 01/18/2024	<ul> <li>Full name of contributor  out-of-state PAC Fiegel , Beauregard (Mr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>	(ID#:)	7 Amount of Contribution (\$) \$260.73
		San Antonio , TX 78254		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Attorney		Attorney	
10		employer/law firm	11 Law firm of contributor's s	spouse (if any)
	Fiegel Law,			
12	If contributor i	is a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	(ID#: )	Amount of Contribution (\$)
	01/04/2024	Sanchez, Judi (Mrs.)		\$250.00
		Contributor address; City; State; Zip Code		·· <b> </b>
		San Antonio , TX 78230-1401		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
		employer/law firm	Law firm of contributor's s	spouse (if any)
	City of San	Antonio		
	If contributor	is a child, law firm of parent(s) (if any)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense 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 Travel Out of District

	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: 1/1 Rpt: 5/15	Martinez, Elizabeth R. 00087602
4	Date	5 Payee name
	01/04/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.30	1920 McKinnney Ave.
		7th Floor
		Dallas, TX 75201
8	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
		Credit Card Processing Fees- from Donations
		3 33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/03/2024	Leadership for Educational Equity
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1805 7th St
		8th Floor
		Washington DC , TX 20001
	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
		Political consultation for materials
		- Gillioth College Col
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
$\vdash$		
l		

### **UNPAID INCURRED OBLIGATIONS** SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event 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 F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 6/15 Martinez, Elizabeth R. 00087602 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 01/09/2024 Naman, Howell, Smith and Lee Amount (\$) Payee address; City; State; Zip Code \$5,000.00 10001 Reunion Place Ste 600 San Antonio, TX 78216 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. **Legal Services EXPENDITURE** Check if Austin, TX, officeholder living expense **Legal Services** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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)

		The Inst	ruction Guide explains how	to complete	this form.	(1 11 11 11 11 11 11 11 11 11 11 11 11 1	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
	Sch: 1/4 Rpt: 7/15	Martinez, Elizabeth	R.			00087602		
4	CREDIT CARD ISSUER		ncial institution isa	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
		\$16.88	01/11/2024					
7	PAYEE	(a) Payee name  Target		(b) Payee 746 NW	address; Loop 410	City,	State,	Zip Code
L					nio , TX 78216			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion			
	Political	Supplies	of this soriedule)	Supplies				
	X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
Ε	expenditure to benefit C/OH		-	_				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
		\$9.84	01/09/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Office Depot 2218		321 NW	Loop 410 Ste. 10	1		
				San Anto	nio , TX 78216			
	PURPOSE OF	(a) Category		(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Printing Expense	of this schedule)	Printing E	Expense			
	X Political	3						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
		\$23.96	01/06/2024					
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		O#: D+ 0005		150 N. C	rossroads			
		Office Depot 2805						
L					Heights, TX 78	201		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Printing Expense	,	Printing E	Expense			
	X Political							
_	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
_ ا	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
F	Apenditure to benefit C/OH							
ĺ								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)	
	Sch: 2/4 Rpt: 8/15	8/15 Martinez, Elizabeth R.			00087602				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid			
		\$75.00	01/11/2024						
7	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
		Mexican American	Bar	P.O. Box	830953				
L					nio , TX 78283				
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descrip					
	EXPENDITURE	Fees	of this scriedule)	Members	hip Dues				
	Political								
L	X Non-Political	`	of Texas. Complete Schedule T.	]	Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
Ľ	expenditure to benefit C/OH	() (	I (1) = 1 ( 2)	1 ( ) = . ( )					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$10.00	01/20/2024						
Г	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
		NorthWest Democrats		P.O. Box	681911				
				San Anto	nio , TX 78268				
	PURPOSE OF	(a) Category	of this calcadula)	(b) Descrip					
	Political	(See Categories listed at the top Food/Beverage Expe		Breakfast	at Meeting				
	X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
H	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
€	expenditure to benefit C/OH								
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
		\$169.02	01/09/2024						
T	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
		055 - 14 - 15 10	VE4.0	255 E. Ba	ısse Rd.				
		Office Max/Depot 6	518	Ste 1510					
L				<del> </del>	nio , TX 78209				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
	X Political	Printing Expense	or triis scriedule)	Printing E	xpense				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>'</u>	Check if Austin, TX,	officeholder living exp	ense		
H	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e	expenditure to benefit C/OH								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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)

	The Inst	ruction Guide explains how	to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 3/4 Rpt: 9/15	Martinez, Elizabeth	R.		00087602
4 CREDIT CARD ISSUER		ncial institution an Sachs	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid
	\$27.79	01/13/2024		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Walmart		8500 Jones Maltsberger F	Rd,
8 PURPOSE OF	(a) Category		San Antonio , TX 78216 (b) Description	
8 PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	Supplies	
Political	Supplies		Саррио	
X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid
	\$75.00	01/11/2024	01/19/2024	
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Hispanic National Bar Association		2020 Pennsylvania Ave.	
	HISPAINC NAUONAI E	DAI ASSUCIALIUII	NW Suite 279	
			Washington DC , TX 2000	06
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description  Membership Dues	
Political	Fees			
X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held
expenditure to benefit C/OH			_	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 01/19/2024	r Paid
	\$75.00	01/12/2024	01/19/2024	
PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code
			P.O. Box 831202	
	San Antonio Black	Lawyers		
			San Antonio , TX 78283	
PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top	of this schedule)	Membership Dues	
Political				
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held
expenditure to benefit C/OH				

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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	- Gift/Awards	/Memorials Expense F	Printing Expense Tr	ravel in District ravel Out of District THER (enter a category not listed a	above)
		The Insti	uction Guide explains ho	w to complete this form.		
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	ssion Filers)
l	Sch: 4/4 Rpt: 10/15	Martinez, Elizabeth	R.		00087602	
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED		
l	ISSUER	America	n Express	EXPENDITURES	.  \$	
l		7	. <b>_</b> /\p. 000	CHARGED TO A CREDIT		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
		. ,		(0, - 3.00 (0, - 3.00.0 - 3.00.0		
		\$355.61	01/16/2024			
7	PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code
ľ	TAILL	(a) Fayee Hairie			City, State,	Zip Code
l		Kairos AeroMarketi	ng LLC	2638 Dignowity Ave.		
				Can Antonia TV 70200		
┡	DUDDOSE OF	(a) Category		San Antonio , TX 78208 (b) Description		
8	PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	Yard Signs		
		Advertising Expense		Tara Signs		
	X Political					
L	Non-Political	· , <b>–</b>	of Texas. Complete Schedule T.		, officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought	Office held	
e	kpenditure to benefit C/OH					
l						

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services  The Instruction Guide expla		Expense Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM	E			3 Filer ID (Ethics Commission Filers)
	Sch: 1/4 Rpt: 11/15	Martinez, E	Elizabeth R.			00087602
4	Date	5 Payee name	e			
	01/11/2024	Hispanic N	lational Bar Association			
6	Amount (\$)	7 Payee addr	ess; City; St	ate; Zip C	ode	
	\$75.00	2020 Penr	nsylvania Ave.			
	Reimbursement from	NW Suite 2	279			
	X political contributions intended	Washingto	n DC , TX 20006			
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	Membersh	ip Dues			Check if Austin, TX, officeholder living expense
					Membership Due	es
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Office held
	Date	Payee name	e			
	01/16/2024	1	oMarketing LLC			
	Amount (\$)	Payee addr	ess; City; St	ate; Zip C	ode	
	\$355.61	2638 Dign	owity Ave.			
	Reimbursement from					
	X political contributions intended	San Anton	io , TX 78208			
	PURPOSE	Category (	See Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertisino	g Expense			Check if Austin, TX, officeholder living expense
					Yard Signs	
		L Candidate/Office	eholder name		Office sought	Office held
	expenditure to benefit C/OH					
F	Date	Payee name	 e			
	01/11/2024	1	merican Bar Association			
Н	Amount (\$)	Payee addr	ess; City; St	ate; Zip C	ode	
	\$75.00	P.O. Box 8	330953	-		
	Reimbursement from					
	X political contributions intended	San Anton	io , TX 78283			
	PURPOSE	Category (	See Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Membersh	ip Dues			Check if Austin, TX, officeholder living expense
					Membership Due	es
	Complete ONLY if direct expenditure to benefit C/OH	L Candidate/Office	eholder name		Office sought	Office held

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

# SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Rental 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: 2/4 Rpt: 12/15	Martinez, Elizabeth R.	00087602
4	Date	5 Payee name	•
	01/20/2024	NorthWest Democrats	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.00	P.O. Box 681911	
	Reimbursement from political contributions intended	San Antonio , TX 78268	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
		Brea	kfast at Meeting
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name O	ffice sought Office held
	Date	Payee name	
	01/09/2024	Office Depot 2218	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.84	321 NW Loop 410 Ste. 101	
	Reimbursement from political contributions intended	San Antonio , TX 78216	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Printing Expense Print	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name O	ffice sought Office held
	Date	Payee name	
	01/06/2024	Office Depot 2805	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.96	150 N. Crossroads	
	Reimbursement from political contributions intended	Balcones Heights , TX 78201	
_		-	Description Check if travel outside of Texas. Complete Schedule T.
	PURPOSE OF		Description Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	EXPENDITURE	Printing Expense	ing Expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name O	ffice sought Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE **G**

# **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhi Food/Beverage Expense Polling Exper By - Gift/Awards/Memorials Expense Printing Expe		pense ages/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: 3/4 Rpt: 13/15	-	Martinez, Elizabeth R.					00087602
4	Date	5	Payee name					
	01/09/2024		Office Max/Depot 6518					
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de		
	\$169.02		255 E. Basse Rd.					
	Reimbursement from		Ste 1510					
	X political contributions intended		San Antonio , TX 78209					
8	PURPOSE	(a)	Category (See Categories listed at the t	op of this sched	lule)	(b) Description	=	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Printing Expense			L	_	Check if Austin, TX, officeholder living expense
	-					Printing Expense	9	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name			Office sought		Office held
	Date		Payee name					
	01/12/2024		San Antonio Black Lawyers A	SSOC.				
	Amount (\$)		Payee address; City;	State;	Zip Co	de		
	\$75.00		P.O. Box 831202					
	Reimbursement from political contributions intended		San Antonio , TX 78283					
	PURPOSE		Category (See Categories listed at the t	op of this sched	lule)	Description	Jo	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Membership Dues				_	Check if Austin, TX, officeholder living expense
						Membership Du	es	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name			Office sought		Office held
	Date		Payee name					
	01/11/2024		Target					
	Amount (\$)		Payee address; City;	State;	Zip Co	de		
	\$16.88		746 NW Loop 410					
	Reimbursement from							
	X political contributions intended		San Antonio , TX 78216					
	PURPOSE		Category (See Categories listed at the t	op of this sched	lule)	Description	=	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Supplies			L	_	Check if Austin, TX, officeholder living expense
						Supplies - Folde	rs	
	Complete ONLY if direct	L Car	ndidate/Officeholder name			Office sought		Office held
	expenditure to benefit C/OH					<b>3</b> ·		

## 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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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: 4/4 Rpt: 14/15 Martinez, Elizabeth R. 00087602 Date Payee name 01/13/2024 Walmart 6 Amount (\$) Payee address; City; State; Zip Code \$27.79 8500 Jones Maltsberger Rd, Reimbursement from political contributions intended Х San Antonio, TX 78216 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Supplies - Folders and Paper **EXPENDITURE** Supplies - Folders and Paper Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

OUTSTAN	IDING LOANS	SCHEDULE L
The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 15/15
FILER NAME Martinez, Elizab	eth R.	3 Filer ID (Ethics Commission Filers) 00087602
LENDER INFORMATION	4 Name of lender Martinez , Elizabeth (Mrs.)	•
	5 Lender address; City; State; Zip Code	
CHARANTOR	San Antonio , TX 78214	
GUARANTOR INFORMATION	6 Name of guarantor	
X not applicable	7 Guarantor address; City; State; Zip Code	