

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH
COVER SHEET PG 1

| | | | | | | | | | | | |
|--|--|--|---|----------------|----------------|----------------------------------|-------------------|-----------------------------------|-----------------------------------|--|--------------------------------------|
| The SC C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 000 88133 | 2 Total pages filed: | | | | | | | | |
| 3 CANDIDATE NAME | MS / MRS / MR FIRST Maety MI NICKNAME LAST ROCHA SUFFIX | <div style="border: 2px solid red; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="margin: 5px 0 0 20px;">FEB 8 2024</p> <p style="margin: 0 0 0 20px; font-size: 0.8em;">Texas Ethics Commission</p> </div> | | | | | | | | | |
| 4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10222 NEEDVILLE, Fairchilds Rd. Needville, TX 77461 | | | | | | | | | | |
| 5 CANDIDATE PHONE | AREA CODE PHONE NUMBER EXTENSION (281) 808-3036 | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST Paula MI NICKNAME LAST Wedegartner SUFFIX L | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1815 Mons Ave Rosenberg, TX 77471 | Date Received | Date Hand-delivered or Date Postmarked by POST 2.6.2024 | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (281) 844-0890 | Receipt # | | Amount \$ | | | | | | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH - FR) | Date Processed prc'd 2.12.2024 | | Date Imaged | | | | | | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 12 / 31 / 23 THROUGH 1 / 15 / 24 | | | | | | | | | | |
| 11 CONVENTION / ELECTION DATE | Month Day Year 3 / 5 / 24 | 12 OFFICE SOUGHT STATE Represent. District 28 | <input type="checkbox"/> STATE CHAIR <input type="checkbox"/> COUNTY CHAIR | | | | | | | | |
| 13 POLITICAL PARTY | COUNTY (If Applicable) FORTBEND DEMOCRATE | | | | | | | | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | <p style="font-size: 0.8em; margin: 0;">THIS BOX IS FOR NOTICE OF POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width: 20%; padding: 2px;">COMMITTEE TYPE</td> <td style="padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | | | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | | | |
| <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | | | | | | | |
| <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | | | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | | | |

GO TO PAGE 2

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------|------------------------------------|--|
| 1 Total pages Schedule G: | 2 FILER NAME <i>Marty Rocha</i> | 3 Filer ID (Ethics Commission Filers) <i>00088133</i> |
|---------------------------|------------------------------------|--|

| | |
|--------|------------------------------------|
| 4 Date | 5 Payee name <i>MARTY ROCHA</i> |
|--------|------------------------------------|

| | |
|---|--|
| 6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <i>10222 NEEDVILLE FAIRCHILD'S NEEDVILLE, TX 77461</i> |
|---|--|

| | | |
|--------------------------|---|------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Candidate Credit Card Payments</i> | (b) Description <i>Printing</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|---|--|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>MARTY ROCHA</i> | Office sought <i>DISTRICT 28 REPRESENTATIVE</i> | Office held |
|---|---|--|-------------|

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|-------------------------|---|
| Date <i>11/11/23</i> | Payee name <i>MARTY ROCHA Democratic Chair</i> |
|-------------------------|---|

| | |
|---|--|
| Amount (\$) <i>750.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code <i>10222 NEEDVILLE FAIRCHILD'S NEEDVILLE, TX 77461</i> |
|---|--|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Filing Fee</i> | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

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|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------------|----------------------------------|
| Date <i>11/21/23</i> | Payee name <i>MARTY ROCHA</i> |
|-------------------------|----------------------------------|

| | |
|--|--|
| Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code <i>10222 NEEDVILLE FAIRCHILD'S NEEDVILLE, TX 77461</i> |
|--|--|

| | | |
|------------------------|---|------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Printing</i> | Description <i>Flyers</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|---|-------------------------------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>MARTY ROCHA</i> | Office sought <i>DISTRICT 28</i> | Office held |
|---|---|-------------------------------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

| | | |
|----------------------------|------------------------------------|--|
| 1 TOTAL PAGES SCHEDULE F4: | 2 FILER NAME <i>Marty Rocha</i> | 3 FILER ID (Ethics Commission Filers) <i>00088133</i> |
|----------------------------|------------------------------------|--|

| | |
|---|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|---|----|

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|----------------------|--|
| 5 CREDIT CARD ISSUER | Name of financial institution <i>Harris County Credit Union</i> |
|----------------------|--|

| | | | |
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| 6 PAYMENT <i>350.00</i> | (a) Amount Charged <i>\$1,336.54</i> | (b) Date Expenditure Charged <i>1/14/2024</i> | (c) Date(s) Credit Card Issuer Paid <i>2/15/24</i> |
|----------------------------|---|--|---|

| | | |
|---------|--------------------------------------|--|
| 7 PAYEE | (a) Payee name <i>Marty Rocha</i> | (b) Payee address; City, State, Zip Code <i>10222 Needville, Fairchild Rd Needville, TX 77461</i> |
|---------|--------------------------------------|--|

| | | |
|---|---|---|
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) <i>Candidate.</i> | (b) Description <i>Posters / Signs</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

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|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office Sought | Office Held |
|---|-------------------------------|---------------|-------------|

| | | | |
|---------|--------------------------|------------------------------|-------------------------------------|
| PAYMENT | (a) Amount Charged \$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---------|--------------------------|------------------------------|-------------------------------------|

| | | |
|-------|----------------|--|
| PAYEE | (a) Payee name | (b) Payee address; City, State, Zip Code |
|-------|----------------|--|

| | | |
|--|---|---|
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office Sought | Office Held |
|---|-------------------------------|---------------|-------------|

| | | | |
|---------|--------------------------|------------------------------|-------------------------------------|
| PAYMENT | (a) Amount Charged \$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---------|--------------------------|------------------------------|-------------------------------------|

| | | |
|-------|----------------|--|
| PAYEE | (a) Payee name | (b) Payee address; City, State, Zip Code |
|-------|----------------|--|

| | | |
|--|---|---|
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

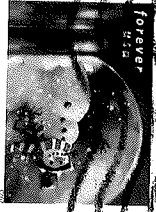
| | | | |
|---|---|-------------------------------------|--|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Marty Rocha</i> | Office Sought <i>District 28</i> | Office Held <i>State Representative</i> |
|---|---|-------------------------------------|--|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Marty Rocha
10222 Needville Fairchilds Rd.
Needville, TX 77461

NORTH HOUSTON TX 773

6 FEB 2024 PM 3 L



RECEIVED

FEB 08 2024

Texas Ethics Commission

Texas Ethics Commission

P.O. Box 12070

Austin, TX 78711-2070

78711-207070

