

# 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)  
00086324

2 Total pages filed:  
10

3 CANDIDATE NAME	MS / MRS / MR Mrs.	FIRST Sandragrace	MI MI
	NICKNAME	LAST Martinez	SUFFIX
4 CANDIDATE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 115 Encino Grande  San Antonio, TX 78232		
	OFFICE USE ONLY		
	Date Received ELECTRONICALLY FILED 02/26/2024		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
	Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Sonya	MI MI
	NICKNAME	LAST De La Garza Walker	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 346 Senova Dr.  San Antonio, TX 78216		
7 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 663-9706	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH-FR)		
9 PERIOD COVERED	Month    Day    Year 01/26/2024		THROUGH    Month    Day    Year 02/24/2024
10 CONVENTION / ELECTION DATE	Month    Day    Year 03/05/2024	11 OFFICE SOUGHT	<input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR
12 POLITICAL PARTY	Democrat  COUNTY (If Applicable) Bexar		

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**STATE / COUNTY CHAIR  
CAMPAIGN FINANCE REPORT:  
SUPPORT & TOTALS**

**FORM SC C/OH  
COVER SHEET PG 2**

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<b>13 CANDIDATE NAME</b> Martinez, Sandragrace (Mrs.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00086324
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may have been made without the candidate's knowledge or consent.</i> Candidates are required to report this information only if they receive notice of such expenditures.		
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	
	<input checked="" type="checkbox"/> GENERAL	ActBlue	
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE ADDRESS</b>	
		PO BOX 441146	
		SOMERVILLE, MA 02144	
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		
	GILMER, GEORGE		
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>		
	PO BOX 441146		
	SOMERVILLE, MA 02144		

<b>16 CONTRIBUTION TOTALS</b>	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	21,636.17
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	204.44
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	423.73
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFADAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Mrs. Sandragrace Martinez  
Signature of Candidate

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - SC C/OH

## FORM SC C/OH COVER SHEET PG 3

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<b>18 CANDIDATE NAME</b> Martinez, Sandragrace (Mrs.)		<b>19 Filer ID</b> 00086324	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	536.17
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	21,100.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	204.44
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	8.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/1 Rpt: 4/10
<b>2</b> FILER NAME Martinez, Sandragrace (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086324
<b>4</b> Date 02/13/2024	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>FEC-1689784</u> ) ActBlue <hr/> <b>6</b> Contributor address; City; State; Zip Code  SOMERVILLE, MA 02144	<b>7</b> Amount of Contribution (\$)  \$240.12
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/16/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>FEC-1689784</u> ) ActBlue <hr/> Contributor address; City; State; Zip Code  SOMERVILLE, MA 02144	Amount of Contribution (\$)  \$96.05
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pena, Ramon <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78221	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salazar, Placido <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78228	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Radio Personality		Employer (See Instructions) KLMO Tejano 89.9

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 5/10	
2 FILER NAME Martinez, Sandragrace (Mrs.)		3 Filer ID (Ethics Commission Filers) 00086324	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/26/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramon & Associates	8 Amount of contribution (\$) \$21,100.00	9 In-kind contribution description Vote by Mail & Text Program
	7 Contributor address; City; State; Zip Code  San Antonio, TX 78223	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 6/10

2 FILER NAME  
Martinez, Sandragrace (Mrs.)

3 Filer ID (Ethics Commission Filers)  
00086324

4 TOTAL OF UNITEMIZED PLEDGES

\$ 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 Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 7/10	<b>2</b> FILER NAME Martinez, Sandragrace (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086324
<b>4</b> Date 02/07/2024	<b>5</b> Payee name 3-D Signs	
<b>6</b> Amount (\$) \$189.44	<b>7</b> Payee address; City; State; Zip Code 7986 1st Street  Somerset , TX 78069	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Collateral-push cards
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2024	Payee name Circle K	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 8235 BROADWAY ST  San Antonio, TX 78209	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks/gas-station
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt: 8/10	2 FILER NAME Martinez, Sandragrace (Mrs.)	3 Filer ID (Ethics Commission Filers) 00086324
4 Date 02/12/2024	5 Payee name Frost Bank	
6 Amount (\$) 8.00	7 Payee Address; City; State; Zip 16500 San Pedro Avenue  San Antonio, TX 78232	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Banking Fee



# TEXT ANNOTATION

Sch: 1/2 Rpt: 9/10

FILER NAME

Martinez, Sandragrace (Mrs.)

Filer ID (Ethics Commission Filers)

00086324

Schedule

A1

Information entered by filer as a memo:

02/13/2024 - ActBlue Itemized contributions -

(1) \$200.00

(2) \$ 25.00

(3) \$ 25.00 - \$9.88 in ActBlue Fees. Total of \$240.12

02/16/2024 - ActBlue Itemized contributions

(1) \$100.00 - \$3.95 in ActBlue Fees. Total of \$96.05

# TEXT ANNOTATION

Sch: 2/2 Rpt: 10/10

FILER NAME

Martinez, Sandragrace (Mrs.)

Filer ID (Ethics Commission Filers)

00086324

Schedule

A2

Information entered by filer as a memo:

The In-Kind contribution is the estimated market value for the services applied.  
These services involved vote-by-mail and text program services.