CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1	Filer ID (Ethi	ics Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00087602		30			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	OFFICEHOLDER NAME		Elizabeth R.			02/27/2024	
		NICKNAME	LAST		SUFFIX	Ï	
			Martinez			Date Hand-delivered or	Date Postmarked
4	ORIGINAL	January 15	Runoff	Othe	er (specify)	Date Flama delivered er	Date i domininou
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after camp				
		X 8th day before election	appointment (office	• • •		Date Processed	
_	ODICINAL DEDICE		<u> </u>		Voor		
5	ORIGINAL PERIOD COVERED	Month Day Yea 01/26/2024	THROUGH	Month Day 02/24/202	Year	Date Imaged	
_	EXPLANATION OF C			02/24/202	4		
6		CORRECTION d Contribution for a billboar	d during this pariod M	lbon I corrected the	roport the following	as itama did nat nan	ulata: Cabadula E1:
	Support- Tech Suppo	e 1st Corrected Report - as rt requested I resubmit and t off. This is the corrected r	ther Corrected Report	with all items. Upo			
7	AFFIDAVIT		and	correct.		, that this corrected	report is true
			Che	ck the box next to a	any and all applical	ble statements:	
				was made in goo		affirm that the origir an intent to mislead ned in the report.	
			X	report not later th that the report as	an the 14th busine originally filed is in that any error or on	that I am filing this one say after the date the caccurate or incompletission in the report	e I learned lete. I
					Elizabeth R. M	<i>M</i> artinez	
	AFELV MOTABY CE	AMD / CEAL ABOVE		Sign	ature of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE					
	Sworn to and subse	rihed hefore me by the sai	d		thic th	he	day
	of	ribed before me, by the sai , 20, to cer	tify which. witness my l	hand and seal of of	, uns u fice.		aay
	Signature of office	er administering oath	Printed name of of	fficer administering	oath	Title of officer admin	istering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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 30 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Elizabeth R. NAME Date Received **ELECTRONICALLY FILED** 02/27/2024 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 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** 01/26/2024 02/24/2024 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

GO TO PAGE 2

District Judge Place 73rd DC District Bexar

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Martinez, Elizabeth F	<u> </u>	14 Filer ID 00087602	(Ethics Commiss	sion Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditual These expenditures may have been made without d officeholders are required to report this information	the candidate's or offic	eholder's knowle	edge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
—	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THANES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		ICAL CONTRIBUTIONS		\$	11,297.61
EXPENDITURE	`	PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	S)	1.	
TOTALS	o. Forme of the live	all of the second secon		\$	0.00
		ICAL EXPENDITURES		\$	26,008.63
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$	17,998.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$	10,000.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		Eliza	abeth R. Martinez		
		Signature of	Candidate or Officeho	lder	
AFFIX NO	ΓARY STAMP / SEAL AB	OVE			
Sworn to and subso	cribed before me, by the s	aid	, this the	d	lay
of	, 20, to c	ertify which, witness my hand and seal of office.			
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administering o	oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

4 of 30

				4 01 30
18 FILER NAM Martinez, E	(Ethics Comm	nission Filers)		
20 SCHEDULE NAME OF S	SUBTOT	AL AMOUNT		
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	9,757.61
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,540.00
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	1,000.00
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	5,000.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	22,803.70
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	1,780.71
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	712.11
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	712.11
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/5 Rpt: 5/30
2	FILER NAME Martinez, Eli				3	Filer ID (Ethics Commission Filers) 00087602
4	Date 02/20/2024	5 Full name of contributor Allen, Stein & Durbin6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		San Antonio , TX 78201				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor i	s a child, law firm of parent(s) (i	f any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	02/23/2024	Castanon , Orlando Contributor address; City;	<u> </u>			\$208.65
		San Antonio , TX 78212				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Lawyer			Lawyer		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	The Castano	on Law Firm				
	If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)
	02/20/2024	Christensen, Patrick	_			\$100.00
		Contributor address; City; San Antonio , TX 78212				
_	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney	тистра Оссараноп		Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		of Patrick W. Christensen				(1, 7)
	If contributor i	s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/5 Rpt: 6/30
2	FILER NAME Martinez, Eli				3	Filer ID (Ethics Commission Filers) 00087602
4	Date 02/14/2024	5 Full name of contributorGreen , Christine6 Contributor address; City; \$	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$50.00
		Brooklyn , NY 11215				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm for Educational Equity		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	any)			
	. II continuator i	o a orma, raw mm or paromitor (ii	ca.iy)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	02/12/2024	Jimenez, Jaclyn (Ms.) Contributor address; City; \$	<u> </u>			\$250.00
	Contributor's I	San Antonio , TX 78251 Principal Occupation		Contributor's Job Title		
	Nurse			Nurse		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	University					
	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 (\$)
	02/15/2024	Le, Christopher (Mr.)				\$104.48
		Contributor address; City; S San Antonio, TX 78255	State; Zip Code			
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Law Offices	of Christopher Le				
	If contributor i	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 3/5 Rpt: 7/30
2	FILER NAME Martinez, Eli	zabeth R.			3	Filer ID (Ethics Commission Filers) 00087602
4	Date 01/31/2024	 Full name of contributor Leadership for Educationa Contributor address; City; Sta 			7	Amount of Contribution (\$) \$4,000.00
		New York , NY 10004				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	e (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if a	ny)			
F	Date	Full name of contributor	out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)
	02/14/2024	Leibowitz, David (Mr.) Contributor address; City; Sta				\$1,000.00
		San Antonio , TX 78205				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm	DC	Law firm of contributor's sp	ous	e (If any)
		of David McQuade Leibowitz,				
	If contributor is	s a child, law firm of parent(s) (if a	ny)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	02/17/2024	Morrow , Raymond (Mr.)	_			\$104.48
		Contributor address; City; Sta	ate; Zip Code		•	
	0	San Antonio , TX 78245				
		Principal Occupation ftware Engineer		Contributor's Job Title Principal Software Engli	noo	r
				·		
	HEB	employer/law firm		Law firm of contributor's sp	ous	e (II ariy)
	If contributor is	s a child, law firm of parent(s) (if a	ny)	L		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/5 Rpt: 8/30
2	FILER NAME Martinez, Eli	zabeth R.			3	Filer ID (Ethics Commission Filers) 00087602
4	O1/26/2024 Oviedo , Mary Lou (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$290.00		
		San Antonio , TX 78223				
8		Principal Occupation		9 Contributor's Job Title		
	Retired			Retired		
10	Contributor's e Retired	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/20/2024	Reyna , Elias Contributor address; City;	State; Zip Code			\$100.00
		San Antonio , TX 78201				
		Principal Occupation		Contributor's Job Title		
	Retired			Retired		
	Retired	employer/law firm		Law firm of contributor's sp	Jous	e (II aliy)
-		s a child, law firm of parent(s) (if	anv)	<u> </u>		
		, , , , , , , , , , , , , , , , , , , ,	,,			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	01/30/2024	Ruiz, George (Mr.)	_			\$2,500.00
		Contributor address; City; San Antonio , TX 78207				
\vdash	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Law Offices	of George Ruiz		NA		
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	TARY 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: 5/5 Rpt: 9/30
2	FILER NAME Martinez, Elizabeth R.		3 Filer ID (Ethics Commission Filers) 00087602	
4	Date 02/19/2024	 Full name of contributor out-of-state PAC (ID# Shah, Shreya Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$50.00
		San Antonio , TX 78240		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	•
	Attorney		Attorney	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)
	City of San	Antonio		
12	! If contributor i	is a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	t:)	Amount of Contribution (\$)
	01/26/2024	The Law Offices of Leticia Gonzalez		\$500.00
		Contributor address; City; State; Zip Code		
		San Antonio , TX 78212		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor	is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 10/30			
2 FILER NAME Martinez, El			3 Filer ID (Ethics Commission Filers) 00087602		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 02/23/2024	 6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of contribution (\$) 9 In-kind contribution description \$130.00 Sign Placement		
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)		
	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
Self Employ		Self Employed			
14 Contributor's Bexar Coun	employer/law firm (FOR JUDICIAL) ty Installers	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 02/20/2024	Full name of contributor out-of-state PAC (ID#: Howell , Katinka Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$50.00 Hosting Meet and Greet		
	San Antonio , TX 78209		Check if travel outside of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)		
Contributor's Attorney	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions) Attorney			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
City of San	Antonio	Allen, Stein & Durbin			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 02/23/2024	Full name of contributor out-of-state PAC (ID#: Martinez , Alex Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$60.00 Paid for Sign Placement to Bexar County Installers		
Dringing con	San Antonio, TX 78214	Employer (EOD NON	Check if travel outside of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Paramedic		Paramedic			
	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)		
City of San		Bexar			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instr	uction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/2 Rpt: 11/30			
	2 FILER NAME Martinez, Elizabeth R.			s Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 02/20/2024	6 Full name of contributor out-of-state PAC (ID#: 4 Rai , Savita 7 Contributor address; City; State; Zip Code San Antonio , TX 78201	ity; State; Zip Code		9 In-kind contribution description Hosting Meet and Greet- Food and Drink	
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		outside of Texas. Complete Schedule T. nstructions)	
12 Contributor's Attorney	s principal occupation (FOR JUDICIAL)	13 Contributor's job title Attorney	(FOR JUDICIAL)	(See instructions)	
	s employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
City of Sar					
16 if contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 02/20/2024	Full name of contributor out-of-state PAC (ID#: Sanchez, Judith Contributor address; City; State; Zip Code)	Amount of contribution (\$) \$50.00	In-kind contribution description Hosting Meet and Greet - Food and Drink	
	San Antonio , TX 78230-1401		Check if travel of	I I outside of Texas. Complete Schedule T.	
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	nstructions)	
Contributor' Attorney	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions) Attorney			
Contributor' City of Sar	s employer/law firm (FOR JUDICIAL) n Antonio	Law firm of contributor's spouse (if any) (FOR JUDICIAL) NA			
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 02/20/2024	Contributor address; City; State; Zip Code		Amount of contribution (\$) \$1,200.00	In-kind contribution description Billboard Sign with Logo display	
	San Antonio , TX 78230-0000	1		outside of Texas. Complete Schedule T.	
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	nstructions)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)	
Contributor'	s employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

PLEDGE	O CONTRIBUTIONS (JU	JDICIAL)		SCHE	DULE B(J)
The Ins	truction Guide explains how to	complete this form.	1 Total pages Sch Sch: 1/1 Rpt:		
2 FILER NAME Martinez, Elizab	peth R.		3 Filer ID (E 00087602	thics Commis	sion Filers)
4 TOTAL OF UI	NITEMIZED PLEDGES			\$	0.00
5 Date 02/24/2024	6 Full name of pledgor out-of-state DeLuna, Patricia 7 Pledgor Address; City; St		8 Amount of pledge (\$) \$1,000.00	(If a	d description applicable)
	San Antonio , TX 78254		Check if travel o	ı utside of Texa	s. Complete Schedule T.
10 Pledgor's principa	al occupation	11 Pledgor's job title	'		
Network Engine	eer	Network Engine	eer		
12 Pledgor's employ HEB	er/law firm	13 Law firm of pledg	or's spouse (if any)		
14 If pledgor is a chi	ld, law firm of parent(s) (if any)	,			

	LOANS (J	UDICIAL)			SCHEDULE E(J)
	The Instruction	n Guide explains how to complete this t	form.	1	ges Schedule E(J): 1 Rpt: 13/30
2	FILER NAME Martinez, Elizab	eth R.		3 Filer ID 000876	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			\$
5	Date of loan 02/01/2024	7 Name of lender)	9 Loan Amount (\$) \$5,000.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	San Antonio, TX 78214			11 Maturity Date
12	Lender's Principal	Occupation	13 Lender's Job Title		
	Attorney		Attorney		
14	Lender's Employer Bexar County	r/Law Firm	15 Law Firm of lender's spous	se (if any)	
16	If lender is child, la	w firm of parent(s) (if any)			
17	Description of Coll X None	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		
	Guarantor's Princip		24 Guarantor's Job 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)			

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 1/6 Rpt: 14/30	Martinez, Elizabeth R.		00087602	
4 Date	5 Payee name			
02/23/2024	Alamo Mailing			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$4,514.83	13114 Lookout Run			
	San Antonio , TX 78233			
8 PURPOSE		(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Postage		outside of Texas. Cor	nplete Schedule T.
EXPENDITURE		Check if Austin,	, TX, officeholder livin	g expense
		Postage		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office h	eld
expenditure to benefit C/O	П			
Date	Payee name			
02/14/2024	Alamo Mailing			
Amount (\$)	Payee address; City; State; Zip Co	nde		
\$4,853.55	13114 Lookout Run			
	San Antonio , TX 78233			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Postage	Check if travel of	outside of Texas. Cor	
EXPENDITURE		_	, TX, officeholder livin	g expense
		Postage		
		<u> </u>		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office h	eld
Date	Payee name			
01/30/2024	Anedot			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$100.30	1920 McKinnney Ave.			
	7th Floor			
	Dallas, TX 75201			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	Check if travel of	outside of Texas. Cor	•
EXPENDITORE			, TX, officeholder livin	
		Credit Card P	rocessing Fee	es - from Donations.
		<u> </u>		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office h	eld
	••			

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/6 Rpt: 15/30 Martinez, Elizabeth R. 00087602 4 Date Payee name 02/12/2024 Anedot 6 Amount (\$) Payee address; State; Zip Code \$10.30 1920 McKinnney Ave. 7th Floor Dallas, TX 75201 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit Card Processing Fees - from Donations. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/15/2024 Anedot Amount (\$) Payee address; City; State; Zip Code \$4.48 1920 McKinnney Ave. 7th Floor Dallas, TX 75201 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit Card Processing Fees - from Donations. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/17/2024 Anedot Payee address; Amount (\$) City: State; Zip Code \$4.48 1920 McKinnney Ave. 7th Floor

Forms provided by Texas Ethics Commission

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Dallas, TX 75201

Candidate/Officeholder name

Fees

(a) Category (See Categories listed at the top of this schedule)

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Office sought

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Credit Card Processing Fees - from Donations.

Office held

Check if Austin, TX, officeholder living expense

Version V3.5.1.9000c47f

SCHEDULE F1

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

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/N The Instruction Guide explains how to co	-	/Contract Labor OTHER (enter a category not listed above) te this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 3/6 Rpt: 16/30	Martinez, Elizabeth R.		00087602
4 Date	5 Payee name		
02/19/2024	Anedot		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$2.30	1920 McKinnney Ave.		
	7th Floor		
	Dallas, TX 75201		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
			Credit Card Processing Fees - from Donations.
			Creat Card Frocessing Fees From Donations.
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	l ught	Office held
expenditure to benefit C/OI			
Date	Payee name		
02/23/2024	Anedot		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$8.65	1920 McKinnney Ave.		
	7th Floor		
	Dallas, TX 75201		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
			Credit Card Processing Fees - from Donations.
			Creat Card Frocessing Fees From Donations.
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
expenditure to benefit C/O	H		
Date	Payee name		
02/14/2024	Anedot		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$2.80	1920 McKinnney Ave.		
	7th Floor		
	Dallas, TX 75201		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE			Check if Austin, TX, officeholder living expense
			Credit Card Processing Fees - from Donations.
Complete ONLY if direct	Candidate/Officeholder name Office sou	l Jaht	Office held
		9	
expenditure to benefit C/O		3	
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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/6 Rpt: 17/30	Martinez, Elizabeth R. 00087602
4	Date	5 Payee name
	02/21/2024	JVC Media LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$324.75	7113 San Pedro Ave, Suite 391
		San Antonio , TX 78216
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	02/23/2024	Kairos AeroMarketing LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$681.98	2638 Dignowity Ave.
		San Antonio , TX 78208
	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
		Yard Signs
		l and algori
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/15/2024	Leadership for Educational Equity
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.00	1805 7th St
	,	8th Floor
		Washington DC , TX 20001
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense Check if Austin, TX, officeholder living expense
		Candidate Coaching and Data
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 5/6 Rpt: 18/30	Martinez, Elizabeth R. 00087602
4	Date	5 Payee name
	02/09/2024	Naman, Howell, Smith and Lee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,956.00	10001 Reunion Place
		Ste 600
		San Antonio , TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Attorney Fees
		Automey rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	02/13/2024	Novellion
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$453.57	13423 Blanco Rd.
		#307
		San Antonio , TX 78216
	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 Materials for Campaign
		Waterials for Campaign
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	+
	Date	Payee name
	02/13/2024	Path to Victory
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	136 S. Hancock St.
		Madison , WI 53703
	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 Digital Advertising
		Digital Advertising
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

g Expense ons/ Donations Made B late/Officeholder/Politica d Payment	y - al Committee	Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services The Instruction Guide expla		se s/Contract Labor	Travel in Distric Travel Out of D OTHER (enter a	t strict a category not listed above)
ges Schedule F1:	2 FILER NA	AME			3 Filer ID	(Ethics Commission Filers)
/6 Rpt: 19/30	Martinez	, Elizabeth R.			00087602	
	5 Payee na	me			•	
024	1					
(\$)	7 Payee ad	dress; City; St	ate; Zip Code			
\$1,780.71	8 Burwo	od Lane				
			la.			
			s schedule) (b)		outside of Toyon Con	anlata Sahadula T
DITURE	Advertis	ing Expense				
				_		
e <u>ONLY</u> if direct ure to benefit C/O		Officeholder name	Office sought		Office h	eld
	ate/Officeholder/Politic d Payment ges Schedule F1: /6 Rpt: 19/30 024 \$) \$1,780.71 POSE OFF DITURE	pes Schedule F1: 2 FILER NA Martinez 16 Rpt: 19/30	tate/Officeholder/Political Committee d Payment The Instruction Guide expla ges Schedule F1: 6 Rpt: 19/30 Separation Schedule F1: Advertising Expense Legal Services The Instruction Guide expla Martinez, Elizabeth R. Separation Payee name Prestige Printing The Instruction Guide expla Martinez, Elizabeth R. Separation Payee name Prestige Printing The Instruction Guide expla Martinez, Elizabeth R. Separation Payee name Prestige Printing The Instruction Guide expla Martinez, Elizabeth R. Separation Payee name Prestige Printing The Instruction Guide expla Martinez, Elizabeth R. Separation Payee name Prestige Printing The Instruction Guide expla Martinez, Elizabeth R. Separation Payee name Prestige Printing The Instruction Guide expla Martinez, Elizabeth R. Separation Payee name Prestige Printing The Instruction Guide expla Martinez, Elizabeth R. Separation Payee name Prestige Printing The Instruction Guide expla Martinez, Elizabeth R. Separation Payee name Prestige Printing The Instruction Guide expla Martinez, Elizabeth R. Separation Payee name Prestige Printing The Instruction Guide expla Martinez, Elizabeth R. Separation Payee name Prestige Printing The Instruction Guide expla Martinez, Elizabeth R. Separation Payee name Prestige Printing The Instruction Guide explain The I	The Instruction Guide explains how to complete depayment The Instruction Guide explains how to complete Schedule F1: The Instruction Guide explains how to complete Schedule F1: The Instruction Guide explains how to complete Schedule F1: The Instruction Guide explains how to complete Schedule F1: The Instruction Guide explains how to complete Schedule F1: The Instruction Guide explains how to complete Schedule F1: The Instruction Guide explains how to complete Schedule F1: The Instruction Guide explains how to complete Schedule F1: The Instruction Guide explains how to complete Schedule F1: The Instruction Guide explains how to complete Schedule F1: The Instruction Guide explains how to complete Schedule F1: The Instruction Guide explains how to complete F1: The Instruction G	The Instruction Guide explains how to complete this form. Jes Schedule F1: 76 Rpt: 19/30 Martinez, Elizabeth R. Sepage name Prestige Printing The Payee address; City; State; Zip Code San Antonio , TX 78216 COSE OF DITURE Republic Candidate/Officeholder name CONLY if direct Candidate/Officeholder name Complete this form. Salaries/Wages/Contract Labor Check if Labor Check if Austing Printing Mail	The Instruction Guide explains how to complete this form. See Schedule F1: 2 FILER NAME 3 Filer ID 00087602

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) 00087602 Sch: 1/1 Rpt: 20/30 Martinez, Elizabeth R. \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/23/2024 **Prestige Printing** Amount (\$) Payee address; City; State; Zip Code \$1,780.71 8 Burwood Lane 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 feat Check if travel outside of Texas. Complete Schedule T. **Printing Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **Printing Mail Pieces** 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

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:		3 Filer ID (Ethics Commission Filers)							
Sch: 1/5 Rpt: 21/30	Martinez, Elizabeth	R.	00087602						
4 CREDIT CARD ISSUER		ncial institution ase	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					
	\$30.69	01/28/2024							
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, Sta	ate, Zip Code				
	Lubys		911 N Main Ave						
			San Antonio , TX 78212						
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Description						
EXPENDITURE X Political	Food/Beverage Expe		Food at Event						
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 Office	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					
	\$47.61	01/28/2024							
PAYEE	(a) Payee name		(b) Payee address;	City, Sta	ate, Zip Code				
	Vistaprint		275 Wyman St.						
			Waltham , MD 02451						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Printing Business Cards						
X Political	- recreationing Expenses								
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 Office	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					
	\$75.55	02/03/2024							
PAYEE	(a) Payee name	1	(b) Payee address;	City, Sta	ate, Zip Code				
			8822 Wurzbach Rd.						
	Golden Wok								
			San Antonio , TX 78240						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	,	Food for Volunteers after	Blockwalk					
X Political	1 Journe verage Exper	130							
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 Office	e 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

	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	1 Total pages Schedule F4: 2 FILER NAME							
Sch: 2/5 Rpt: 22/30	Martinez, Elizabeth	Martinez, Elizabeth R.						
4 CREDIT CARD ISSUER		ncial institution revious	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				
	\$53.00	02/18/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	United States Posta	al Service	615 E. Houston, Ste. 597					
			San Antonio , TX 78205					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
l <u> </u>	Postage Stamps	or this scriedule)	Postage Stamps - Postca	rds				
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living exper	ıse			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH			1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$169.92	02/17/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	O I		18203 Rim Dr.					
	Staples		#101					
			San Antonio , TX 78257					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Office Overhead/Rent		Printer and Materials					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	ıse			
Complete ONLY if direct	Candidate/Officeholder	name Office	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				
	\$64.94	02/19/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			1630 E. Houston St.					
	A Dream Weaver F	lorist						
			San Antonio , TX 78202					
PURPOSE OF	(a) Category	of this cohodula)	(b) Description					
l <u> </u>	EXPENDITURE (See Categories listed at the top of this schedule) Flowers for Hosts on Meet and Greet			t and Greet				
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living exper	ıse			
Complete ONLY if direct	Candidate/Officeholder	name Office	e 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

	The Insti	ruction Guide explains how	to complete this form.	•	(c	,	
1 Total pages Schedule F4:	3 F	3 Filer ID (Ethics Commission Filers)					
Sch: 3/5 Rpt: 23/30	Martinez, Elizabeth R.			000	087602		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNIT EXPENDITURE CHARGED TO A CARD	s \$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	Card Issuer Paid	d		
	\$74.41	02/19/2024					
7 PAYEE	(a) Payee name HEB		(b) Payee address; 1601 Nogalitos	C	ity, State,	Zip Code	
			San Antonio , TX	78204			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
<u></u>	Food/Beverage Exper		Items for Meet a	nd Greet			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX, officel	nolder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Of	fice held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	Card Issuer Paid	d		
	\$53.72	02/17/2024					
PAYEE (a) Payee name			(b) Payee address;	С	ity, State,	Zip Code	
	Rita's Fiesta Cafe		612 Bandera Rd				
			San Antonio , TX 78228				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		Food for Blockwa	alkers			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin TX office	nolder living evnence		
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	Check if Austin, TX, officeholder living expense ice sought Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	Card Issuer Paid	d		
	\$50.00	02/19/2024					
PAYEE	(a) Payee name	ı	(b) Payee address;	C	ity, State,	Zip Code	
			24175 IH10 Wes	st			
	Starbucks						
			San Antonio , TX	(78257			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	GCs for event				
X Political	Lyciit Exhelise						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX, officel	nolder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Of	fice held		

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

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4: 2 FILER NAME					cs Commiss	sion Filers)	
Sch: 4/5 Rpt: 24/30	Martinez, Elizabeth	00087602					
4 CREDIT CARD ISSUER		ncial institution revious	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			
	\$40.00	02/01/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Bexar County Your	ng Dems	P.O. Box 12534				
	() 5		San Antonio , TX 78212				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Ticket to Valentines Even	.+			
X Political	Event Expense	,	ricket to valentines even	ı			
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		, officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	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			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.					
Complete ONLY if direct	Candidate/Officeholder	·	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			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.					
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 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 Salaries/Mange/Control Labor

Candidate/Officeholder/Politica	-	ices Sal ruction Guide explains how		THER (enter a category not liste	ed above)	
1 Total pages Schedule F4:		Tuction Guide explains now	to complete this form.	3 Filer ID (Ethics Comr	niccion Eilore)	
Sch: 5/5 Rpt: 25/30	Martinez, Elizabeth	R.		00087602	ilission Fileis)	
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED	1.		
ISSUER	TD Bank	USA, N.A	EXPENDITURES CHARGED TO A CREDIT	. \$		
			CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
	\$20.75	01/30/2024				
7 PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, State	e, Zip Code	
			4522 Fredericksburg Rd.			
	Target					
			San Antonio , TX 78201			
8 PURPOSE OF	(a) Category	601	(b) Description			
EXPENDITURE	(See Categories listed at the top Supplies for Interview		Supplies for Interviews			
X Political						
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 Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
	\$31.52	01/27/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State	e, Zip Code	
	Target		3227 SE Military Dr.			
	raiget					
DUDDOOF OF	(a) Catagoni		San Antonio , TX 78223			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Supplies for Interviews			
X Political	Supplies for Interview	S	Supplies for interviews			
Non-Political	(a) Charle if traval autaids	of Texas. Complete Schedule T.	Check if Augtin TV	office holder living evenence		
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	<u> </u>	e sought	officeholder living expense Office held		
expenditure to benefit C/OH	Garialdate/Giliceriolaer	That is a second of the second	c sought	Office field		
experience to borione eyerr						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Poll y - Gift/Awards/Memorials Expense Prin	ce Overhead/Rental Expense ing Expense ting Expense aries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card F dyment	The Instruction Guide explains how	to complete this form.	
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/4 Rpt: 26/30	Martinez, Elizabeth R.		00087602
4	Date	5 Payee name		
	02/19/2024	A Dream Weaver Florist		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$64.94			
	Reimbursement from			
	political contributions intended	San Antonio , TX 78202		
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	Gift/Awards/Memorials Expense		Check if Austin, TX, officeholder living expense
	EXPENDITURE		Flowers for Hosts	s on Meet and Greet
9		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
	Date	Payee name		
	02/01/2024	Bexar County Young Dems		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$40.00	P.O. Box 12534		
	X Reimbursement from political contributions			
	intended	San Antonio , TX 78212		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
	-		Ticket to Valentin	nes Event
		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
H		1		
	Date	Payee name		
	02/03/2024	Golden Wok		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$75.55	8822 Wurzbach Rd.		
	Reimbursement from political contributions			
	intended	San Antonio , TX 78240		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
			Food for Blockwa	alkers
L				
		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
\vdash				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla		Expense Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed	d above)
1	Total pages Schedule G:	2 FILER NAM	IE			3 Filer ID (Ethics Commis	sion Filers)
	Sch: 2/4 Rpt: 27/30	Martinez, I	Elizabeth R.			00087602	
4	Date	5 Payee name	<u> </u>			l	
	02/19/2024	HEB					
6	Amount (\$)	7 Payee addr	ess; City; St	ate; Zip C	ode		
	\$74.41	1601 Noga	•				
	Reimbursement from political contributions intended	San Anton	io , TX 78204				
8	PURPOSE	(a) Category (See Categories listed at the top of this	s schedule)	(b) Description	Check if travel outside of Texas. Com	
	OF EXPENDITURE	Food/Beve	erage Expense		L	Check if Austin, TX, officeholder living	expense
					Food and Drinks	for Meet and Greet	
_					<u> </u>		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Office held	
	Date	Payee nam	e				
	01/28/2024	Lubys					
	Amount (\$)	Payee addr	ess; City; St	ate; Zip C	ode		
	\$30.69	911 N Ma	in Ave				
	Reimbursement from political contributions						
	intended	San Anton	io , TX 78212				
	PURPOSE	Category (See Categories listed at the top of this	s schedule)	Description	Check if travel outside of Texas. Com	plete Schedule T.
	OF EXPENDITURE	Food/Beve	erage Expense			Check if Austin, TX, officeholder living	expense
					Food at Event		
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Office	eholder name		Office sought	Office held	
	Date	Payee nam	e				
	02/17/2024	Rita's Fies	ta Cafe				
	Amount (\$)	Payee addr	ess; City; St	ate; Zip C	ode		
	\$53.72	612 Bande	era Rd.				
	Reimbursement from political contributions intended	San Anton	io , TX 78228				
	PURPOSE	Category (See Categories listed at the top of this	s schedule)	Description	Check if travel outside of Texas. Com	plete Schedule T.
	OF EXPENDITURE	Food/Beve	erage Expense			Check if Austin, TX, officeholder living	expense
					Food for Blockwa	alkers	
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Office	eholder name		Office sought	Office held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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		mmittee Legal Services Salaries/N The Instruction Guide explains how to co	Nages/Contract Labor		OTHER (en	nter a category not listed above)		
		_		· · · · · · · · · · · · · · · · · · ·					
1	, -	2	FILER NAME		3	Filer ID	(Ethics Commission Filers)		
	Sch: 3/4 Rpt: 28/30		Martinez, Elizabeth R.			0008760	02		
4	Date	5	Payee name						
	02/17/2024		Staples						
6	Amount (\$)	7	Payee address; City; State; Zip Co	nde					
٠	\$169.92	ľ	18203 Rim Dr.	ouc					
	,								
	Reimbursement from political contributions		#101						
	intended		San Antonio , TX 78257						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	CI	heck if travel	outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Printer and Supplies		CI	heck if Austin	n, TX, officeholder living expense		
	LXI LINDITORL	Printer ar		Printer and Suppl	and Supplies				
9	Complete ONLY if direct	Cai	ndidate/Officeholder name	Office sought			Office held		
	expenditure to benefit								
	C/OH								
	Date		Payee name						
	02/19/2024		Starbucks						
	Amount (\$)	H	Payee address; City; State; Zip Co	ode					
	\$50.00	24175 IH10 West							
	X Reimbursement from political contributions		O A						
	intended		San Antonio , TX 78257						
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	Description	4		outside of Texas. Complete Schedule T.		
	EXPENDITURE		Event Expense	<u> </u>	C	heck if Austin	ı, TX, officeholder living expense		
				GC for Event					
		Cai	ndidate/Officeholder name	Office sought			Office held		
	expenditure to benefit C/OH								
		_							
	Date		Payee name						
	01/30/2024		Target						
	Amount (\$)		Payee address; City; State; Zip Co	ode					
	\$20.75		4522 Fredericksburg Rd.						
	Reimbursement from								
	X political contributions intended		San Antonio , TX 78201						
	DUDDOCE	┝		Description	1 🔾	book if troval	outside of Texas. Complete Schedule T.		
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	Description	4		n, TX, officeholder living expense		
EXPENDITURE			Supplies for Interviews Supplies for Interviews Supplies for Interviews						
				Supplies for fritery	VIE	:005			
	0 1. 5	_	N. J. 1000 J. 1. 1.				0" 11:		
	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeholder name	Office sought			Office held		
	C/OH								

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			g Expense es/Wages/Contract Labor complete this form.		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: 4/4 Rpt: 29/30	_	Martinez, Elizabeth R.		ľ	00087602
	<u> </u>		ivalulez, Elizabetii K.			00087002
4	Date	5	Payee name			
	01/27/2024		Target			
6	Amount (\$)	7	Payee address; City; State; Zip	Code		
	\$31.52		4522 Fredericksburg Rd.			
	Reimbursement from political contributions intended		San Antonio , TX 78201			
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		Supplies for Interview			Check if Austin, TX, officeholder living expense
	EXPENDITURE			Supplies for Inte	rvie	ew
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name	Office sought		Office held
	Date		Payee name			
	02/17/2024		United States Postal Service			
	Amount (\$)		Payee address; City; State; Zip	Code		
	\$53.00		615 E. Houston, Ste. 597	0000		
			old E. Houston, Ste. 397			
	X Reimbursement from political contributions intended		San Antonio , TX 78205			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description		Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Postage for Postcards			Check if Austin, TX, officeholder living expense
EXI ENDITORE				Postage for Post	tca	rds
	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
	Date	Γ	Payee name			
	01/28/2024		Vistaprint			
	Amount (\$)	\vdash	Payee address; City; State; Zip	Code		
	\$47.61		275 Wyman St.	0000		
			275 Wyman St.			
	X Reimbursement from political contributions					
	intended		Waltham , MD 02451			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description		Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense			Check if Austin, TX, officeholder living expense
	Z. LIDITOIL			Business Cards		
	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit			3 ·		
	C/OH					

C	DUTSTAN	SCHEDULE L					
Т	he Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 30/30				
	ILER NAME ¶artinez, Elizab	eth R.	3 Filer ID (Ethics Commission Filers) 00087602				
	LENDER INFORMATION	4 Name of lender Martinez, Elizabeth	•				
		5 Lender address; City; State; Zip Code					
		San Antonio, TX 78214					
G IN	SUARANTOR NFORMATION	6 Name of guarantor					
>	not applicable	7 Guarantor address; City; State; Zip Code					