### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi	,	2 Total pages	
		515.07	00087602			19
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
NAME		Elizabeth R.			Date Received	
					ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX	. 07/14/2024	
		Martinez				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 830353					
ADDRESS					Receipt #	Amount
Change of Address	San Antonio, TX 78283					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME		Alexander				
	NICKNAME	LAST			SUFFIX	
		Martinez				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP.	T / SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER ADDRESS	P.O. Box 830353					
(Residence or Business)						
(,	San Antonio, TX 78283					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER	(210) 421-8609					
PHONE	()					
8 REPORT					_	
TYPE	January 15	30th day before	election	Runoff		ampaign treasurer ficeholder only)
	X July 15	8th day before	election	Exceeded modified	Final Report (At	
				reporting limit	J · ·	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	05/19/2024	TH	IROUGH	06/30/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	·		12 OFFICE SOUGHT	(if known)	
				District Judge Pla	ace Bexar Dist	rict 73rd
	1			1		
		GO 1	O PAGE 2			
L Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	S	Vers	ion V4.1.0.d378aba0

### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 19

L

13 C / OH NAME	Martinez, Elizabeth F	ł.	14 Filer ID 00087602	(Ethics Commission Filers
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or offic	ceholder's knowledge 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 THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		<b>\$</b> 0.0
				<b>\$</b> 19,500.0
EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	IS)	<b>•</b> • • • • •
TOTALS				\$ 0.0
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 38,777.9
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	\$ 27,232.8		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS	OF THE LAST DAY	<b>\$</b> 0.0
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		Fliz	abeth R. Martinez	
			f Candidate or Officeho	older
AFFIX NO	TARY STAMP / SEAL AB	OVE		
			Alais als -	
		aid ertify which, witness my hand and seal of office.	, this the	day
Ŭ	, _0, 10 0			
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.d378ab

### FORM JC/OH COVER SHEET PG 3

3 of 19

18 FILER NAI Martinez,	ME Elizabeth R.	19 Filer ID 00087602	(Ethics Commission Filers)
20 SCHEDUL	E SUBTOTALS	<u> </u>	SUBTOTAL AMOUNT
NAME OF	SCHEDULE		SUBTUTAL AWOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		<b>\$</b> 19,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		<b>\$</b> 0.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 31,298.17
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<b>\$</b> 4,343.18
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 1,013.95
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 2,122.61
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

SUBTOTALS - JC/OH

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A(J)1

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/19		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Martinez, Eli	zabeth R.		00087602		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)		
05/29/2024	Clark , Willard (Mr.)		\$2,500.00		
	6 Contributor address; City; State; Zip Code				
	San Antonio , TX 78212				
8 Contributor's F	Principal Occupation	9 Contributor's Job Title			
Attorney		Attorney			
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)		
Mission Injur	y Law				
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)		
06/05/2024	Espinoza , Javier (Mr.)		\$1,000.00		
	Contributor address; City; State; Zip Code				
	San Antonio , TX 78216				
Contributor's F	Principal Occupation	Contributor's Job Title			
Attorney		Attorney			
	employer/law firm	Law firm of contributor's sp	oouse (if any)		
Espinoza & I	Brock, PLLC				
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)		
06/03/2024	Guerra IV, Francisco (Mr.)		\$5,000.00		
	Contributor address; City; State; Zip Code				
	San Antonio , TX 78209-0000				
Contributor's F	Principal Occupation	Contributor's Job Title			
Attorney		Attorney			
	employer/law firm	Law firm of contributor's sp	oouse (if any)		
Guerra LLP					
If contributor is	s a child, law firm of parent(s) (if any)				
Forms provided	hy Texas Ethics Commission www.ethic	s state ty us	Version VA 1.0 d378aba0		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A(J)1

The Instrue	ction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/19
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Martinez, Eli	zabeth R.		00087602
	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/29/2024	Hill , Justin (Mr.)		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	San Antonio , TX 78216		
	Principal Occupation	9 Contributor's Job Title	
Attorney	and the set of the set	Attorney	
10 Contributor's e Hill Law Firm		11 Law firm of contributor's sp	ouse (if any)
		Lynzee Hill	
	s a child, law firm of parent(s) (if any)		
Data			
Date 06/06/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$1,000.00
00/00/2024	Langley & Banack Inc.		\$1,000.00
	Contributor address; City; State; Zip Code		
	San Antonio , TX 78212		
Contributorio		Contributor's Job Title	
Contributors P	Principal Occupation		
Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/19/2024	Lubel , Lance (Mr.)	<i>_</i>	\$1,500.00
	Contributor address; City; State; Zip Code		
	San Antonio , TX 78212		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
Lubel Voyles	s, LLP		
If contributor is	s a child, law firm of parent(s) (if any)	•	
<u> </u>			
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V4.1.0.d378aba0

## MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A(J)1

The Instruction Guide explains how to complete	this form.	1 Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/19
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Martinez, Elizabeth R.		00087602
4 Date 5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of Contribution (\$)
06/13/2024 Maloney III, John (Mr.)		\$2,500.00
6 Contributor address; City; State; Zip Code		
San Antonio , TX 78212		
8 Contributor's Principal Occupation	9 Contributor's Job Title	
Attorney	Attorney	
10 Contributor's employer/law firm	11 Law firm of contributor's sp	pouse (if any)
Law Offices of Pat Maloney		
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PA	C (ID#: )	Amount of Contribution (\$)
06/04/2024 Toscano , Andrew (Mr.)	C (ID#:)	\$5,000.00
		\$3,000.00
Contributor address; City; State; Zip Code		
San Antonio , TX 78201		
Contributor's Principal Occupation	Contributor's Job Title	
Attorney	Attorney	
Contributor's employer/law firm	Law firm of contributor's sp	bouse (if any)
Gene Toscano Inc.		
If contributor is a child, law firm of parent(s) (if any)		

LOANS (J	UDICIAL)			SCHEDULE E	(J)
The Instructio	n Guide explains how to complete this f	orm.		iges Schedule E(J): 1 Rpt: 7/19	
2 FILER NAME Martinez, Elizabeth R.			3 Filer ID 000876	(Ethics Commission Fi 602	lers)
4 TOTAL OF UNITEMIZED LOANS				\$	0.00
5 Date of loan	7 Name of lender Out-of-state PA	C (ID#:	)	9 Loan Amount (\$)	
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate	
				<b>11</b> Maturity Date	
12 Lender's Principal	Occupation	13 Lender's Job Title			
14 Lender's Employe	/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	ateral	18 Check if personal funds we	ere deposited	d into political account (See Instructions)	
19 GUARANTOR INFORMATION	20 Name of guarantor	l		22 Amount Guaranteed	1 (\$)
not applicable	21 Guarantor address; City; State;	Zip Code			
23 Guarantor's Princi	oal Occupation	<b>24</b> Guarantor's Job Title			
25 Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)		
27 If guarantor is child	d, law firm of parent(s) (if any)				

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Re Fees Office Overhead/Rer Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Con The Instruction Guide explains how to complete t	ntal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District tract Labor OTHER (enter a category not listed above)				
1	Total pages Cabadula F1		i				
T	Total pages Schedule F1: Sch: 1/7 Rpt: 8/19	Martinez, Elizabeth R.	3 Filer ID       (Ethics Commission Filers)         00087602				
4	Date	Payee name	•				
	05/24/2024	3D Signs					
6	Amount (\$) \$779.40	Payee address; City; State; Zip Code 7986 1st Street Somerset, TX 78069					
8	PURPOSE	(b) De	scription				
0	OF	Printing Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gnage for Polling Locations				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	05/23/2024	Alamo Mailing					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$6,137.53	13114 Lookout Run San Antonio , TX 78233					
	PURPOSE OF EXPENDITURE	Advertising Expense	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ailings				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/19/2024	Anedot					
	Amount (\$) \$60.30	Payee address; City; State; Zip Code 1920 McKinnney Ave. 7th Floor Dallas, TX 75201					
	PURPOSE OF EXPENDITURE	Fees	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ocessing Fees				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	POLITICAL EXI CONTRIBUTIO	PENDITURES FROM POLITICAL	SCHEDULE F1
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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 F1: Sch: 2/7 Rpt: 9/19	2 FILER NAME Martinez, Elizabeth R.	3 Filer ID (Ethics Commission Filers) 00087602
4	Date 06/13/2024	5 Payee name Anedot	
6	Amount (\$) \$100.30	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>1920 McKinnney Ave.</li> <li>7th Floor</li> <li>Dallas, TX 75201</li> </ul>	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense <b>EES</b>
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/05/2024	Payee name Anedot	
	Amount (\$) \$40.30	Payee address; City; State; Zip Code 1920 McKinnney Ave. 7th Floor Dallas, TX 75201	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense <b>EES</b>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 05/29/2024	Payee name Anedot	
	Amount (\$) \$100.30	Payee address; City; State; Zip Code 1920 McKinnney Ave. 7th Floor Dallas, TX 75201	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense <b>EES</b>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS						
EXPENDITURE CATEG	ORIES FOR BOX 8(a)					
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	Solici Trans Trave Trave OTHE				
	EXPENDITURE CATEG Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				

sitation/Fundraising Expense sportation Equipment & Related Expense el in District

SCHEDULE F1

		Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor   The Instruction Guide explains how to complete this form.				Travel Out of District OTHER (enter a category not listed above)		
	i		explains how to	compl	ete this form.	_		
Total pages Schedule F1:	2 FILER NAME	=				3	Filer ID (Ethics Commission Filer	s)
Sch: 3/7 Rpt: 10/19	Martinez, E	lizabeth R.					00087602	
Date	5 Payee name							
05/29/2024	Anedot							
Amount (\$)	7 Payee addre	ss; City;	State; Zip	Code				
\$40.30	1920 McKir	nney Ave.						
	7th Floor							
	Dallas, TX	75201						
PURPOSE				(h)	Description			
OF	Fees	ee Categories listed at the top	of this schedule)		-	outs	ide of Texas. Complete Schedule T.	
EXPENDITURE	F663						, officeholder living expense	
					Processing F	ee	S	
Complete ONLY if direct		iceholder name	Office s	ought			Office held	
expenditure to benefit C/O	Н							
Date	Payee name							_
05/27/2024	-	Elizabeth (Mrs.)						
Amount (\$)	Payee addre		State; Zip	Code				
\$5,000.00	PO Box 83	-	otato, 2.p					
\$0,000.00								
	San Antoni	o, TX 78214						
PURPOSE	(a) Category	ee Categories listed at the top	of this schedule)	(b)	Description			
OF		yment/Reimburseme			·	outs	ide of Texas. Complete Schedule T.	
EXPENDITURE							, officeholder living expense	
					Reimbursem	ent	: Loan (5/1/2023) - Report 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office s	ought			Office held	
expenditure to benefit ero								
Date	Payee name							
05/27/2024	Martinez , E	Elizabeth (Mrs.)						
Amount (\$)	Payee addre	ss; City;	State; Zip	Code				
\$5,000.00	PO Box 83	0353						
	San Antoni	o, TX 78214						
PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description			
OF EXPENDITURE	Loan Repa	yment/Reimburseme	ent				ide of Texas. Complete Schedule T.	
							, officeholder living expense ement 2/1/2024 - Report 4	
					LUAN REIMDL	JI SE	ement 2/1/2024 - Report 4	
			017					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Off	iceholder name	Office s	ouant			Office held	
	Н							

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POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment						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 F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 4/7 Rpt: 11/19		Martinez, Elizabe	th R.					00087602	
4	Date 05/29/2024		Payee name Martinez , Elizabeth (Mrs.)							
6	Amount (\$)	7	Pavee address:	City:	State:	Zin Cod	٩			
Ū	\$736.21		7 Payee address; City; State; Zip Code PO Box 830353 San Antonio, TX 78214							
8	PURPOSE	(a)					b) Description			
0	OF	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Reimbursement</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Political Expenditures from Personal Funds - with Reimbursement from political contributions - Rpt</li> </ul> </li> </ul>							expense Personal Funds - with	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officehold	er name	Offi	ice soug	ht		Office he	eld
	Date		Payee name							
	05/29/2024		Martinez , Elizabe	eth (Mrs.)						
	Amount (\$)		Payee address;	City;	State;	Zip Cod	e			
	\$1,167.24		PO Box 830353 San Antonio, TX	78214						
	PURPOSE OF EXPENDITURE		Category <sub>(See Categ</sub> Reimbursement	ories listed at the top of	this schedu	ule) (	Check if Austir Political Expe	ı, тх, endi		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Offi	ice soug	ht		Office he	eld
-	Date		Payee name							
	05/29/2024		Martinez , Elizabe	eth (Mrs.)						
	Amount (\$) \$828.10	1	Payee address; PO Box 830353	City;	State; 2	Zip Cod	e			
			San Antonio, TX	78214						
	PURPOSE OF EXPENDITURE		Category <sub>(See Categ</sub> Reimbursement	ories listed at the top of	f this schedu	ule)	Check if Austir Political Expe	ı, тх, endi		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officehold	er name	Offi	ice soug	ht		Office he	eld

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awai mittee Legal Se	/erage Expense /ds/Memorials Expense	9	Office Over Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	ILER NAME						3	Filer ID	(Ethics Commission File	ers)
	Sch: 5/7 Rpt: 12/19		Martinez, Elizabet	h R.						00087602		
4	Date 05/29/2024		<sup>p</sup> ayee name Martinez , Elizabe	th (Mrs.)								
6	Amount (\$) \$317.29	1	Payee address; City; State; Zip Code PO Box 830353 San Antonio, TX 78214									
8	PURPOSE OF EXPENDITURE		<ul> <li>(a) Category (See Categories listed at the top of this schedule) Reimbursement</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Political Expenditures from Personal Funds - with Reimbursement from political contributions - Rpt 4</li> </ul> </li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	er name	Of	ffice sou	ght			Office he	eld	
	Date	I	<sup>D</sup> ayee name									
	05/29/2024	1	Martinez , Elizabe	th (Mrs.)								
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$2,613.55		PO Box 830353 San Antonio, TX 7	8214								
	PURPOSE OF EXPENDITURE		Category <sub>(See Catego</sub> Reimbursement	ries listed at the top of	this scheo	dule)		Check if Austin	, TX, endi			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	er name	Of	ffice sou	ght			Office he	eld	
	Date		Payee name									
	05/22/2024		Path to Victory									
	Amount (\$) \$2,000.00	I	Payee address; 136 S. Hancock S	-	State;	Zip Co	de					
		1	Madison , WI 5370	)3								
	PURPOSE OF EXPENDITURE		Category (See Catego Advertising Expen		this scheo	dule)				de of Texas. Com officeholder living	plete Schedule T. expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	er name	Of	ffice sou	ght			Office he	eld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comm Credit Card Payment		Fees     Office Overhead/Rental Expense     T       Food/Beverage Expense     Polling Expense     T       By -     Gift/Awards/Memorials Expense     Printing Expense     T       cal Committee     Legal Services     Salaries/Wages/Contract Labor     C					Travel in District Travel Out of Dis	quipment & Related Expense	
	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 6/7 Rpt: 13/19		Martinez, Elizabeth R					00087602	
4	Date	5	Payee name						
	05/29/2024		Prestige Printing						
6	Amount (\$)	7	Payee address; City	; State;	Zip Co	de			
	\$2,344.70		8 Burwood Lane						
			San Antonio , TX 782	16					
8	PURPOSE	(a)				(b) Decoription			
ľ	OF	(a)	Category (See Categories li Printing Expense	sted at the top of this sche	edule)	(b) Description	el outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE							, officeholder living	
						Mailers			
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder na	me O	)ffice sou	ght		Office he	eld
	Date		Payee name						
	05/29/2024		Prestige Printing						
	Amount (\$)		Payee address; City	; State;	Zip Co	de			
	\$1,767.72		8 Burwood Lane		•				
	·-,· · · · · -								
			San Antonio , TX 782	16					
	PURPOSE OF	(a)	Category (See Categories li	sted at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Printing Expense					ide of Texas. Com	
	Check if Austin, TX, officeholder living expense Printing Mailers							j expense	
						· · · · · · · · · · · · · · · · · · ·			
_	Complete ONLY if direct		andidate/Officeholder na	me O	)ffice sou	aht		Office he	eld
	expenditure to benefit C/OI					5			
_	Data								
	Date 05/20/2024		Payee name Texting for Less						
			_	<b>2</b>					
	Amount (\$)		Payee address; City	; State;	Zip Co	de			
	\$891.79		354 State St Ste 201						
			Hackensack, NJ 0760	1					
	PURPOSE	(a)	Category (See Categories li	sted at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Fees					ide of Texas. Com	
								, officeholder living	) expense
						Texting Fee	:5		
					NGC -			0//	- 1-1
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder na	.me O	Office sou	gnt		Office he	910
	·								

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	UNPAID INCU	RRED OBLIGATIONS		SCHEDULE F2
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense / - Gift/Awards/Memorials Expe I Committee Legal Services	ATEGORIES FOR BOX 10( Loan Repayment/Reimt Office Overhead/Rental Polling Expense nse Printing Expense Salaries/Wages/Contrar explains how to complete this	ursement         Solicitation/Fundraising Expense           Expense         Transportation Equipment & Related Expense           Travel in District         Travel Out of District           t Labor         OTHER (enter a category not listed above)
	Total pages Schedule F2: Sch: 1/1 Rpt: 15/19	2 FILER NAME Martinez, Elizabeth R.		3     Filer ID     (Ethics Commission Filers)       00087602
4	TOTAL OF UNITEMIZ	ZED UNPAID INCURRED OBLI	GATIONS	\$
	Date 06/30/2024	6 Payee name Kosub Consulting, LLC		·
7	Amount (\$) \$3,500.00	8 Payee address; City; 15025 Cadillac Drive San Antonio , TX 78248-0000	State; Zip Code	
9	TYPE OF EXPENDITURE	X Political	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Consulting Expense		ption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense ulting
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/O	L Candidate/Officeholder name H	Office sought	Office held
	Date 06/30/2024	Payee name Novellion		
	Amount (\$) \$843.18	Payee address; City; 13423 Blanco Rd. #307 San Antonio , TX 78216	State; Zip Code	
	TYPE OF EXPENDITURE	X Political	Non-Political	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Consulting Expense		ption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense tions/ Website
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By	/- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Office Overhead/Rental Expense Transportation Equipment & Related Exp Polling Expense Travel in District				
Candidate/Officeholder/Politica	0		ow to complete this form.	OTHER (enter a catego	ry not listed at	oove)		
<b>1</b> Total pages Schedule F4:		· ·	· · ·	3 Filer ID (Ethi	ics Commise	sion Filers)		
Sch: 1/1 Rpt: 16/19	Martinez, Elizabeth	R.		00087602				
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZE	D				
ISSUER	Chas	e Bank	EXPENDITURES CHARGED TO A CRED CARD	<b>\$</b>				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid				
	\$190.50	05/25/2024	05/30/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			821 W. Commerce					
	Golden Star							
			San Antonio , TX 78207	7-0000				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Food/Beverage Expe		FOOD IOF BIOCKWAIKETS	Food for Blockwalkers				
X Political								
Non-Political		of Texas. Complete Schedule		TX, officeholder living exp	Jense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder		fice sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid				
	\$593.45	05/28/2024	06/04/2024					
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code		
			4302 Hyatt Place Dr.					
	Texas Dog Co.							
			San Antonio , TX 78230					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	Watch Darty				
X Political	Food/Beverage Expe	nse	Beverage Expenses for Watch Party					
Non-Political		(T						
Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	fice sought	TX, officeholder living exp Office held	Jense			
expenditure to benefit C/OH			noo oodgiii					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid				
	\$230.00	05/19/2024	05/30/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Cood Time Oberlin	_	2922 Broadway					
	Good Time Charlies	5						
			San Antonio , TX 78209	)				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Food for Blockwalkers					
X Political	Food/Beverage Expe							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	TX, officeholder living exp	Jense			
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held				
expenditure to benefit C/OH								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing E	bayment/Reimbursement     Solicitation/Fundraising Expense       erhead/Rental Expense     Transportation Equipment & Related Expense       kpense     Travel in District       kpense     Travel Out of District       Vages/Contract Labor     OTHER (enter a category not listed above)					
1 Total pages Schedule G: Sch: 1/3 Rpt: 17/19	2 FILER NAME Martinez, Elizabeth R.	<b>3</b> Filer ID (Ethics Commission Filers) 00087602					
4 Date 05/20/2024	5 Payee name Avila , Henry (Mr.)						
6 Amount (\$) \$466.00 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3126 Anarose Lane San Antonio , TX 78211						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sign Placement					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held					
Date 05/23/2024	Payee name Avila , Henry (Mr.)						
Amount (\$) \$70.00 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3126 Anarose Lane San Antonio , TX 78211						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sign Reinstall - Igo Library					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held					
Date 05/29/2024	Payee name Avila , Henry (Mr.)						
Amount (\$) \$400.00							
X Reimbursement from political contributions intended	San Antonio , TX 78211						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T.					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held					

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing F	bayment/Reimbursement         Solicitation/Fundraising Expense           verhead/Rental Expense         Transportation Equipment & Related Expense           xpense         Travel in District           xpense         Travel Out of District           Wages/Contract Labor         OTHER (enter a category not listed above)		
1 Total pages Schedule G: Sch: 2/3 Rpt: 18/19	2 FILER NAME Martinez, Elizabeth R.	<b>3</b> Filer ID (Ethics Commission Filers) 00087602		
4 Date 05/25/2024	5 Payee name DeLuna, Patricia (Mrs.)			
6 Amount (\$) \$172.66 Reimbursement from political contributions intended	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>9383 Old Tezel Rd.</li> <li>San Antonio , TX 78254</li> </ul>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T.		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
Date	Payee name			
05/25/2024	Golden Star			
Amount (\$) \$190.50 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 821 W. Commerce San Antonio , TX 78207-0000			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Blockwalkers		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	expenditure to benefit			
Date 05/19/2024	Payee name Good Time Charlies			
Amount (\$) \$230.00	Payee address;     City;     State;     Zip Code       2922 Broadway     2922 Broadway			
X Reimbursement from political contributions intended	San Antonio , TX 78209			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Blockwalkers		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I	payment/Reimbursement verhead/Rental Expense Expense Wages/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: Sch: 3/3 Rpt: 19/19	2 FILER NAME Martinez, Elizabeth R.		3 Filer ID (Ethics Commission Filers) 00087602	
4	Date 05/28/2024	5 Payee name Texas Dog Co.			
6	Amount (\$) \$593.45 Reimbursement from	7 Payee address;       City;       State; Zip Code         4302 Hyatt Place Dr.       State;       State; Zip Code			
	X political contributions intended	San Antonio , TX 78230			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description [ Beverage Exper	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought	Office held	