CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete th	1 Filer ID (Ethics C 00054	ommission Filers)	2 Total pages filed: 56
3 CANDIDATE /	MS / MRS / MR FIR	ST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Arn	nando A.		Date Received
				ELECTRONICALLY FILED
	NICKNAME LAG	······································	CLIEFIX	10/06/2024
	NICKNAME LAS Mando Ma	rtinez	SUFFIX	10/00/2024
	Marido	Tunez		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUI	ITE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 1651			<u></u>
ADDRESS				Receipt # Amount
X Change of Address	Weslaco, TX 78599			Date Processed
"				Date Processed
				Date Imaged
				Date imaged
5 CAMPAIGN	MS / MRS / MR FIRS	ST	MI	
TREASURER		lolfo		
NAME	Di.	10110		
	NICKAIAAAE	 T	CUEEIV	
	NICKNAME LAS	errero	SUFFIX	
	Gue	ellelo		
2 0445404	070557 ADDD500 (NO DO DO)	DI 5405)	ART / OLUTE // OLTY	0717F 7ID 00DF
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX	PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
ADDRESS	1407 Tangerine Drive			
(Residence or Business)				
	Weslaco, TX 78596			
7 CAMPAIGN	AREA CODE PHONE NU	JMBER EXTENSION	.1	
TREASURER		JWIDER EXTENSION	V	
PHONE	(956) 493-7600			
8 REPORT				
TYPE	January 15 X 3	Oth day before election	Runoff	15th day after campaign treasurer
				appointment (officeholder only)
	July 15 81	th day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
			reporting limit	
9 PERIOD	Month Day Year		Month Day	Year
COVERED	07/01/2024	THROUGH	09/26/2024	1
10 ELECTION	ELECTION DATE	l <u> </u>	ELECTION TYPE	
	Month Day Year	Primary	Runoff	Other
	11/05/2024	χ General	Special	
			_	
11 OFFICE	OFFICE HELD (if any)	<u> </u>	12 OFFICE SOUGHT	(if known)
	State Representative District 3	9	State Representa	
			·	
		GO TO PAGE	2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 56

13 C / OH NAME	Martinez, Armando A	. (The Honorable)	14 Filer ID (I	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	holder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 71,871.39			
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00				
		AL EXPENDITURES		\$ 79,402.44			
CONTRIBUTION BALANCE	REPORTING PE			\$ 22,224.30			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 30,065.85			
17 AFFIDAVIT		l swear, or affirm, under penalt	y of perjury, that the acc	ompanying report is			
		true and correct and includes a under Title 15, Election Code.	ll information required to	be reported by me			
		The Honora	ble Armando A. Marti	nez			
		Signature of	Candidate or Officehold	der			
AFFIX NO	TARY STAMP / SEAL ABO	OVE					
Sworn to and subs	cribed before me, by the s	aid	, this the	day			
of	, 20, to ce	ertify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 56				
	8 FILER NAME Martinez, Armando A. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00054543							
20 SCHEDU	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1. X	\$	60,800.00						
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	11,071.39				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4. X	SCHEDULE E: LOANS		\$	1,400.00				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	68,849.75				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$					
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	447.26				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	10,105.43				
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH								
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS								
12.	\$							

	MONET	ARY POLITICAL (S		SCHEDULE A1			
	The Instru	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/56	
2	FILER NAME Martinez, Ar	mando A. (The Honorable)				3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 08/21/2024	5 Full name of contributorBadiozzamani, Reza (Mr.6 Contributor address; City; S	·)	7	Amount of Contribution (\$)	\$5,000.00
		McAllen, TX 78501	1					
8	Principal occu Engineer	pation / Job title (See Instruction	5)		Employer (See Instructions B2Z Engineering, LLC	5)		
	Date 08/22/2024	Full name of contributor Border Health PAC Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	McAllen, TX 78504 pation / Job title (See Instruction:	s)		Employer (See Instructions	<u> </u> ;)		
	Date 09/12/2024	Full name of contributor Brotherhood of Locomotiv Contributor address; City; S Richland Hills, TX 76118					Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instruction	5)		Employer (See Instructions	<u> </u> 5)		
	Date 08/26/2024	Full name of contributor Castillo, Evelyn Contributor address; City; S McAllen, TX 78501	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Lobbyist	pation / Job title (See Instruction:	5)		Employer (See Instructions Pathfinder	5)		
	Date 08/26/2024	Full name of contributor Cobb Fendley PAC Contributor address; City; S Houston, TX 77041	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL (ONS		SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 5/56	
2	FILER NAME Martinez, Ar	mando A. (The Honorable)			3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 09/20/2024	5 Full name of contributorDow Inc. PAC6 Contributor address; City; St			7	Amount of Contribution (\$)	\$1,000.00
		Midland, MI 48674					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor Erben & Yarbrough Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	(2)	Employer (See Instructions	z) 		
	r illicipai occu	pation 7 300 title (See Instructions	9)	Employer (See instructions	·)		
	Date 08/26/2024	Full name of contributor Espinoza, Edwin Contributor address; City; Si	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$2,700.00
		Weslaco, TX 78596					
	Principal occu Attorney	pation / Job title (See Instructions	s)	Employer (See Instructions RGV Law Group	S)		
	Date 08/26/2024	Full name of contributor Garrison, Michael Contributor address; City; Si Allen, TX 75013)		Amount of Contribution (\$)	\$500.00
	Principal occu Engineer	pation / Job title (See Instructions	;)	Employer (See Instructions Self	5)		
	Date 08/21/2024	Full name of contributor Garza, Jacinto Contributor address; City; Si Mercedes, TX 78570	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$5,000.00
	Principal occu Engineer/CE	pation / Job title (See Instructions	s)	Employer (See Instructions L and G Engineering	5)		
	<u> </u>			3 3			

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 6/56	
2	FILER NAME Martinez, Arı	mando A. (The Honorable)		3	Filer ID (Ethics Commission 00054543	n Filers)
4	Date 08/24/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Palmhurst, TX 78573 pation / Job title (See Instructions)	Employer (See Instructions	 		
	Professor	,	UTRGV	•		
	Date 08/19/2024	Full name of contributor out-of-state PAC (ID#: HALFF Associates State PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
		Richardson, TX 75081				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID#: HALFF Associates State PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Richardson, TX 75081				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions RRP Consulting	5)		
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID#: Holcombe, T. Wayne Contributor address; City; State; Zip Code Cypress, TX 77433)		Amount of Contribution (\$)	\$250.00
	Principal occu Partner	pation / Job title (See Instructions)	Employer (See Instructions Gradient	5)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/56	_
2	FILER NAME Martinez, Ar	mando A. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00054543	_
4	Date 08/26/2024	Full name of contributor		7	Amount of Contribution (\$) \$500.00)
•	Dringing! goog	San Antonio, TX 78248	0 Employer (See Instructions			
8	-	pation / Job title (See Instructions)	9 Employer (See Instructions)		=
	Date 08/25/2024	Full name of contributor)		Amount of Contribution (\$) \$5,000.00)
	Principal occu	Weslaco, TX 78596	Employer (See Instructions			_
	Principal occupation / Job title (See Instructions) Doctor Employer (See Instructions Self			,		
	Date 08/22/2024				Amount of Contribution (\$) \$500.00)
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/24/2024	Full name of contributor out-of-state PAC (ID#:_ Mission Fire Fighters for Responsible Governme Contributor address; City; State; Zip Code	ent		Amount of Contribution (\$) \$500.00)
	Principal occu	Mission, TX 78572 pation / Job title (See Instructions)	Employer (See Instructions)		_
	Date 08/26/2024	Full name of contributor X out-of-state PAC (ID#: Contributor address; City; State; Zip Code	C00103549)		Amount of Contribution (\$) \$500.00	=)
	Principal occu	Pasadena, CA 91124	Employer (See Instructions			
	тппырагосси	pation / Job title (See Instructions)	Employer (See Instructions	,		
						_

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE	A1	
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 8/56	
2	FILER NAME Martinez, Ar	mando A. (The Honorable)		3	Filer ID (Ethics Commission Fi 00054543	lers)
4	Date 08/26/2024	5 Full name of contributor out-of-state PAC (ID RS&H PAC Texas 6 Contributor address; City; State; Zip Code	RS&H PAC Texas		Amount of Contribution (\$) \$	500.00
8	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID Raba-Kistner PAC, Inc. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	500.00
	Principal occu	San Antonio, TX 78269 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID Ramirez, Rene (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504	<u> </u> 		Amount of Contribution (\$) \$1,	000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Pathfinder)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID Ramos Health Care Consulting LLC Contributor address; City; State; Zip Code Weslaco, TX 78596	#:)		Amount of Contribution (\$) \$2	500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID STC Infrastructure PAC Contributor address; City; State; Zip Code Dallas, TX 78235	<u> </u>		Amount of Contribution (\$)	500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
			•			

	MONET	ARY POLITICAL (S		SCHEDULE A1			
	The Instru	ction Guide explains hov	to complete this f	orr	m.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/56	
2	FILER NAME Martinez, Arı	mando A. (The Honorable)				3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 08/14/2024	5 Full name of contributor Saenz, Jorge6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$2,500.00
		Weslaco, TX 78596						
8	Principal occu Doctor	pation / Job title (See Instructions	5)	9	Employer (See Instructions Self	s)		
	Date 08/26/2024	Full name of contributor Saldana, Amanda Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$500.00
	Principal occu	McAllen, TX 78577 pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u> s)		
	Lobbyist	(000	•		Pathfinder	,		
	Date 08/26/2024	Full name of contributor Spammer, Joaquin Contributor address; City; S	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$5,000.00
		Mission, TX 78572						
		pation / Job title (See Instructions I Warehouses	5)		Employer (See Instructions Self	s)		
	Date 08/22/2024	Full name of contributor Summers, Randy Contributor address; City; S Weslaco, TX 78596)		Amount of Contribution (\$)	\$500.00
	Principal occu Realtor	pation / Job title (See Instructions	5)		Employer (See Instructions Davis Real Estate	5)		
	Date 09/20/2024	Full name of contributor Texas AFL-CIO, State Co Contributor address; City; S Austin, TX 78711					Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUI	LE A1
	The Instru	ction Guide explains how to comp	plete this form	n.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 10/56	
2	FILER NAME Martinez, Ar	nando A. (The Honorable)			3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 09/18/2024	 Full name of contributor out-of-s Texas DENPAC Contributor address; City; State; Zip Co 	tate PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
_	<u> </u>	Austin, TX 78704					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 09/13/2024	Full name of contributor out-of-s Texas Farm Bureau Agfund, Inc I Contributor address; City; State; Zip Co Waco, TX 76702)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/02/2024	Full name of contributor out-of-s Texas Optometric PAC Contributor address; City; State; Zip Co	de)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78705 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/12/2024	Texas State Teachers Assoc. PAC	state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/20/2024	Texas Trial Lawyers Assoc.	de)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			I				

	MONEI	ARY POLITICAL CONTRIBUTION	JNS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/56
2	FILER NAME Martinez, Ar	mando A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00054543
4	Date 09/20/2024	 Full name of contributor x out-of-state PAC (ID#: The AEP Company-Texas-Committee for Resp Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$2,500.00
8	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)	9 Employer (See Instructions	(s)
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID#: Thurber, William Todd Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$500.00
	Principal occu Engineer	Bellaire, TX 77401 pation / Job title (See Instructions)	Employer (See Instructions Jacobs Engineering Gro	
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#: Trepac/Texas Association of Realtors PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2,500.00
	Principal occu	Austin, TX 78768 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
	Date 07/03/2024	Full name of contributor X out-of-state PAC (ID#: UnitedHealth Group Inc., PAC Contributor address; City; State; Zip Code Washington, DC 20004	C00274431)	Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions] (c)
	Date 08/24/2024	Full name of contributor out-of-state PAC (ID#: Villanueva, Paula Contributor address; City; State; Zip Code Weslaco, TX 78596		Amount of Contribution (\$) \$1,500.00
	Principal occu Waste/Oowr	pation / Job title (See Instructions)	Employer (See Instructions All Valley Waste, LLC	I ;)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 12/56
2 FILER NAME Martinez. Ar	rmando A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00054543
4	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$	
5 Date 08/24/2024	 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of contribution (\$) 9 In-kind contribution description \$700.00 Water for Skeet Shoot Campaign Fundraiser	
	McAllen, TX 78503		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)
Engineer		HALFF & Associat	es
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u>l</u>	
Date 08/24/2024	Full name of contributor out-of-state PAC (ID#: HALFF Associates State PAC Contributor address; City; State; Zip Code		Amount of contribution (\$) description \$2,492.85 Breakfast Tacos and BBQ for Skeet Shoot Campaign Fundraiser
	Richardson, TX 75081		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l	
Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Ramirez, Rene (Mr.) Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$2,587.18 Campaign Yard Signs
	McAllen, TX 78504		Check if travel outside of Texas. Complete Schedule T.
Principal occu Lobbyist	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Pathfinder	
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 13/56 3 Filer ID (Ethics Commission Filers) FILER NAME Martinez, Armando A. (The Honorable) 00054543 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor Date out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description 08/24/2024 Ramirez, Rene (Mr.) \$1,291.36 Prizes for Skeet Shoot 7 Contributor address; City; State; Zip Code Campaign Fundraiser McAllen, TX 78504 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Pathfinder Lobbyist 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor Date Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 08/24/2024 Salinas, JD \$4,000.00 Skeet Shoot Set-Up and Contributor address; City; State; Zip Code Supplies for Campiagn **Fundraiser** San Antonio, TX 78572 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Governmental Affairs Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

LOANS	SCHEDULE E
The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 14/56
2 FILER NAME Martinez, Armando A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00054543
4 TOTAL OF UNITEMIZED LOANS	\$
5 Date of loan	9 Loan Amount (\$) \$1,400.0
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code	10 Interest Rate
No Weslaco, TX 78596	11 Maturity Date 08/06/2025
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instruction Self	ns)
14 Description of Collateral X None 15 Check if personal funds w	vere deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 17 Name of guarantor	19 Amount Guaranteed (\$)
x not applicable 18 Guarantor address; City; State; Zip Code	
20 Principal occupation 21 Employer (See Instruction	ns)

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		
1	Total pages Schedule F1: Sch: 1/38 Rpt: 15/56	2 FILER NAME Martinez, Armando A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00054543
4	Date	5 Payee name
	07/01/2024	AIM Media
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	1906 E. Tyler
	,	, ,
		Harlingen, TX 78550
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LXI LIIDITORE	Check if Austin, TX, officeholder living expense
		Sponsorship: Weslaco Lady Panthers Softball
		Booklet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/24/2024	ActBlue Texas
_	Amount (\$)	Payee address; City; State; Zip Code
	• ,	
	\$3.95	P. O. Box 441146
		Somerville, MA 02144
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Contribution Processing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	08/14/2024	Alvarado, Jorge
	Amount (\$)	
	\$100.00	1603 Kantunil Street
		Alton, TX 78513
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		GOTV
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wangs/Contract Labor

	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: 2/38 Rpt: 16/56	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	09/23/2024	Alvarado, Jorge
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1603 Canton
		Alton, TX 78513
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		GOTV
		3011
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨		
l	Date	Payee name
	08/27/2024	American Legion Post 172
l	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	321 S. Ohio
		Mercedes, TX 78570
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Convention Program Ad
L		
l	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	08/19/2024	Amigos del Valle, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	212 W. 18th Street
		Mission, TX 78572
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Sponsorship King and Queen Event
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft G/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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	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: 3/38 Rpt: 17/56	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	08/12/2024	Ancisco, Thelma (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1601 S. Bridge, Apt. #15
		Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		COTV
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Payee name
	09/23/2024	Avila, Sara
_	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	2726 Callalily Drive
	Ψ-00.00	2720 Gallally Bille
		Donna, TX 78537
┡	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GOTV
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialiture to beriefit C/Oi	
	Date	Payee name
	09/13/2024	Brand Boosters Co. LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,484.18	3607 S. L. LN
l		
		McAllen, TX 78503
	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 Campaign Merchandise
		Campaign werenandise
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	I Committee	Gift/Awards/Memorials E Legal Services The Instruction Guid	Sala	_	s/Contract Labor	Travel Out of Di OTHER (enter a	strict a category not listed above)
Ļ	T.1 C.1.1.=:	a =:: == :		uc expiailis iluw l	Comp	icie una ioini.	la =:: :-	(Editor Occupitation Editor)
1	Total pages Schedule F1:						3 Filer ID	(Ethics Commission Filers)
	Sch: 4/38 Rpt: 18/56		ez, Armando A. (The F	lonorable)			00054543	
4	Date	5 Payee n						
	08/14/2024	Caballe	ero, Abel					
6	Amount (\$)	7 Payee a	ddress; City;	State; Zip	Code			
	\$200.00	264 W.	Mile 13N					
		Weslac	co, TX 78596					
8	PURPOSE	(a) Categor	y (See Categories listed at the	top of this schedule)	(b)	Description		
	OF EXPENDITURE		s/Wages/Contract Lab				outside of Texas. Con	
	LAFLINDITURE					_	, TX, officeholder livin	
						Putting Up Ca	ampaign Signs	
9	Complete ONLY if direct expenditure to benefit C/OI		e/Officeholder name	Office	sought		Office h	eld
L	capenditure to benefit C/OI							
	Date	Payee n	ame				<u> </u>	
	09/19/2024	Cano, A	Albert					
	Amount (\$)	Payee a	ddress; City;	State; Zip	Code			
	\$250.00	1418 S	. Texas Blvd.					
		Weslac	co, TX 78596					
	PURPOSE OF		y (See Categories listed at the		(b)	Description		
	EXPENDITURE	Salarie	s/Wages/Contract Lab	oor			outside of Texas. Con	
						GOTV	, TX, officeholder livin	y expense
						3017		
\vdash	Complete ONLY if direct	Candidate	e/Officeholder name	Office	sought		Office h	eld
	expenditure to benefit C/OI		Somemone Hame	Onice	Jougill		Office II	oiu
H	Data							
	Date	Payee n						
	09/17/2024	Cano, I						
	Amount (\$)	Payee a		State; Zip	Code			
	\$300.00	713 Fa	nnin Street					
		Weslac	co, TX 78596					
	PURPOSE	(a) Categor	y (See Categories listed at the	top of this schedule)	(b)	Description		
	OF EXPENDITURE	Salarie	s/Wages/Contract Lat	oor		<u></u>	outside of Texas. Con	
						ш	, TX, officeholder livin	g expense
						GOTV		
	Complete ONLY !f allower	Constitute	o/Officebolder =	Off.	00::5:1::		Off:1	ald
	Complete ONLY if direct expenditure to benefit C/OI		e/Officeholder name	Office	sought		Office h	eıa

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 5/38 Rpt: 19/56	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	09/23/2024	Cantu, Maricho
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	810 N. Oblate
		San Juan, TX 78589
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense GOTV
		GOTV
_	Operation ONLY if allowed	Our stide to 10 ff as health are are a second to the secon
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/23/2024	Carrera Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	136 Paseo del Prado
		Edinburg, TX 78542
	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 GOTV
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/10/2024	Castaneda, Diana
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1930 E. Mile 2 N.
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		COTY
		GOTV
	Complete ONLY if allowers	Condidate/Officeholder name Office sought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/38 Rpt: 20/56	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	08/30/2024	Castaneda, Jaime
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	9205 Palm Grove
		Mercedes, TX 78570
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		GOTV
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	08/28/2024	Castillo , Joe
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	107 Pena Ave.
	φοσο.σσ	1011 Charve.
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense GOTV
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	09/20/2024	Castorena, Guadalupe
		·
	Amount (\$) \$250.00	Payee address; City; State; Zip Code P. O. Box 2026
	φ230.00	F. O. BOX 2020
		Donna, TX 78537
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		GOTV
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	п

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 7/38 Rpt: 21/56	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	09/17/2024	Chavez, Delma
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	800 S.Border Ave.
		Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense GOTV
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Payee name
	09/25/2024	Chavez, Juana
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	2008 Champion
		Donna, TX 78537
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder living expenses.
		Check if Austin, TX, officeholder living expense GOTV
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	08/09/2024	City of Donna
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	307 S. 12th St.
	Ψ400.00	307 3. 120130.
		Donne TV 70527
		Donna, TX 78537
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Permit for Campaign Signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

t Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	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 Filer	s)
	Sch: 8/38 Rpt: 22/56	Martinez, Armando A. (The Honorable) 00054543	
4	Date	5 Payee name	
	08/09/2024	City of Weslaco	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	255 S. Kansas Ave.	
		Weslaco, TX 78596	
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.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Permit for Campaign Signs	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		
L	Date	T _	
	Date	Payee name City of Washes	
	07/22/2024	City of Weslaco	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$73.51	255 S. Kansas Ave.	
		Weslaco, TX 78596	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Utilities: Garbage, Sewage, and Water	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	08/16/2024	City of Weslaco	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$77.53	255 S. Kansas Ave.	
		Weslaco, TX 78596	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Utilities: Garbage, Sewage, and Water	
L	Complete CNUV''.	Condidate/Officeholder north	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	•		

SCHEDULE F1

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

Event Expense 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

	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: 9/38 Rpt: 23/56	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	09/13/2024	City of Weslaco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.80	255 S. Kansas Ave.
		Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Utilities: Garbage, Sewage, and Water
		Stillies. Sarbage, Sewage, and Water
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Date	Payee name
	09/10/2024	Payee name Deluxe
	Amount (\$)	Payee address; City; State; Zip Code
	\$705.75	801 S. Marquette Ave.
		Minneapolis, MN 55402
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Checks
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 09/17/2024	Payee name Diaz, Mark
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$970.00	1408 Tangerine Drive
		Weslaco, TX 78596
	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.
		Campaign T-Shirts and Material
		Campaign 1-5miles and Material
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		

SCHEDULE F1

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

Event Expense 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Total manage Coloradula 54		·o)
1	Total pages Schedule F1:		5)
	Sch: 10/38 Rpt: 24/56	Martinez, Armando A. (The Honorable) 00054543	
4	Date	5 Payee name	
	09/26/2024	Espinosa, Noelia	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$40.00	170 W. Sioux Rd.	
	, , , , ,		
		Pharr, TX 78577	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
		Fundiaiser for Medical Expenses	
Ļ	0 1. 0		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
	08/14/2024	Farias, Lionel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	810 S. Bridge	
	,		
		Worldon TV 79506	
		Weslaco, TX 78596	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Putting Up Campaign Signs	
		Taking Op Campaign Signs	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		
	Date	Payee name	
	08/22/2024	Farias, Lionel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	810 S. Bridge	
		Weslaco, TX 78596	
H	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Lahor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		GOTV	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

l	Credit Card Payment	The Instruction Guide explains how to con	plete this	s form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission F	ilers)
	Sch: 11/38 Rpt: 25/56	Martinez, Armando A. (The Honorable)		00054543	
4	Date	5 Payee name			
	08/29/2024	Farias, Lionel			
6	Amount (\$)	7 Payee address; City; State; Zip Coo	Э		
	\$200.00	810 S. Bridge			
		Weslaco, TX 78596			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Desc	ription	
	OF EXPENDITURE	Salaries/Wages/Contract Labor		neck if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE		GOT	neck if Austin, TX, officeholder living expense	
			GOT	V	
9	Complete ONLY if direct	Candidate/Officeholder name Office souc	nt	Office held	
"	expenditure to benefit C/O		IL	Office field	
_	Data				
	Date	Payee name			
	08/12/2024	Flores, Jay (Mr.)			
	Amount (\$)	Payee address; City; State; Zip Coo	Э		
	\$500.00	1506 Westmont Drive, Apt. C			
		Weslaco, TX 78596			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Desc	•	
				and if traval autoids of Tayon, Complete Cabadula T	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	\Box	neck if travel outside of Texas. Complete Schedule T.	
		Salaries/Wages/Contract Labor	CI	neck if Austin, TX, officeholder living expense	
		Salaries/Wages/Contract Labor	\Box	neck if Austin, TX, officeholder living expense	
	EXPENDITURE		GOT	neck if Austin, TX, officeholder living expense	
		Candidate/Officeholder name Office soug	GOT	neck if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	GOT	neck if Austin, TX, officeholder living expense	
_	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	GOT	neck if Austin, TX, officeholder living expense	
_	Complete ONLY if direct expenditure to benefit C/OhDate 08/22/2024	Candidate/Officeholder name Office sough Payee name Flores, Jay (Mr.)	GOT	neck if Austin, TX, officeholder living expense	
=	Complete ONLY if direct expenditure to benefit C/OFDate 08/22/2024 Amount (\$)	Candidate/Officeholder name Payee name Flores, Jay (Mr.) Payee address; City; State; Zip Coo	GOT	neck if Austin, TX, officeholder living expense	
_	Complete ONLY if direct expenditure to benefit C/OhDate 08/22/2024	Candidate/Officeholder name Office sough Payee name Flores, Jay (Mr.)	GOT	neck if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OFDate 08/22/2024 Amount (\$)	Candidate/Officeholder name Payee name Flores, Jay (Mr.) Payee address; City; State; Zip Cod 1506 Westmont Drive, Apt. C	GOT	neck if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/Off Date 08/22/2024 Amount (\$) \$500.00	Candidate/Officeholder name Payee name Flores, Jay (Mr.) Payee address; City; State; Zip Cod 1506 Westmont Drive, Apt. C Weslaco, TX 78596	GOT	neck if Austin, TX, officeholder living expense V Office held	
	Complete ONLY if direct expenditure to benefit C/Ol Date 08/22/2024 Amount (\$) \$500.00	Candidate/Officeholder name Payee name Flores, Jay (Mr.) Payee address; City; State; Zip Cod 1506 Westmont Drive, Apt. C Weslaco, TX 78596 (a) Category (See Categories listed at the top of this schedule)	GOT nt	neck if Austin, TX, officeholder living expense Office held cription	
	Complete ONLY if direct expenditure to benefit C/Off Date 08/22/2024 Amount (\$) \$500.00	Candidate/Officeholder name Payee name Flores, Jay (Mr.) Payee address; City; State; Zip Cod 1506 Westmont Drive, Apt. C Weslaco, TX 78596	GOT nt D) Desc	ription neck if ravel outside of Texas. Complete Schedule T.	
	Complete ONLY if direct expenditure to benefit C/OFDate 08/22/2024 Amount (\$) \$500.00	Candidate/Officeholder name Payee name Flores, Jay (Mr.) Payee address; City; State; Zip Cod 1506 Westmont Drive, Apt. C Weslaco, TX 78596 (a) Category (See Categories listed at the top of this schedule)	GOT nt D) Desc	Office held Office held oription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OFDate 08/22/2024 Amount (\$) \$500.00	Candidate/Officeholder name Payee name Flores, Jay (Mr.) Payee address; City; State; Zip Cod 1506 Westmont Drive, Apt. C Weslaco, TX 78596 (a) Category (See Categories listed at the top of this schedule)	GOT GOT nt C C C C C C C C C C C C C	Office held Office held oription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OFDate 08/22/2024 Amount (\$) PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name Flores, Jay (Mr.) Payee address; City; State; Zip Coo 1506 Westmont Drive, Apt. C Weslaco, TX 78596 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	GOT nt D) Desc GOT GOT	Office held Office held oription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OFDate 08/22/2024 Amount (\$) \$500.00	Candidate/Officeholder name Payee name Flores, Jay (Mr.) Payee address; City; State; Zip Coo 1506 Westmont Drive, Apt. C Weslaco, TX 78596 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office soug	GOT nt D) Desc GOT GOT	Office held Office held ription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/Ol Date 08/22/2024 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Payee name Flores, Jay (Mr.) Payee address; City; State; Zip Coo 1506 Westmont Drive, Apt. C Weslaco, TX 78596 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office soug	GOT nt D) Desc GOT GOT	Office held Office held ription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/Ol Date 08/22/2024 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Payee name Flores, Jay (Mr.) Payee address; City; State; Zip Coo 1506 Westmont Drive, Apt. C Weslaco, TX 78596 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office soug	GOT nt D) Desc GOT GOT	Office held Office held ription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	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: 12/38 Rpt: 26/56	Martinez, Armando A. (The Honorable)	00054543
4	Date	5 Payee name	•
	09/25/2024	Garcia, Anita	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00	1902 Ridley	
		Donna, TX 78537	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	el outside of Texas. Complete Schedule T.
		GOTV	in, TX, officeholder living expense
		0017	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		Cindo neid
_	Date	Payee name	
	09/23/2024	Garcia, Hermilia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	204 Easy Street	
	Ψ500.00	204 Eddy Street	
		San Juan, TX 78589	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if trave	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Eabor	in, TX, officeholder living expense
		GOTV	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit eroi		
	Date	Payee name	
	09/20/2024	Garza, Belinda	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$400.00	205 Ash Street	
		Donna, TX 78537	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/ Wages/Contract Eabor	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		GOTV	iii, 17, oiliceriolider livilig expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
ı			

SCHEDULE F1

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

Fees Office Overhead,
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Waces/

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	
	Sch: 13/38 Rpt: 27/56	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	08/12/2024	Garza, Luciano
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	35115 Pecan Grove Drive
		Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		DNC Sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/25/2024	Garza, Luciano
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	35115 Pecan Grove Drive
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		GOTV
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	
	Date	Payee name
L	09/17/2024	Garza, Rudy
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	320 S. Indiana
		Mercedes, TX 78570
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFLINDITORE	Candidate/Officeholder/Political Committee
		Fundraiser: Raffle Tickets for Medical Expenses
	Complete ONII V if allows:	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		
	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: 14/38 Rpt: 28/56	Martinez, Armando A. (The Honorable) 00054543	
4	Date	5 Payee name	_
	08/26/2024	Gonzales, Jaime	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$250.00	1622 Oak Ridge Drive	
		Mercedes, TX 78570	
8	PURPOSE		_
o	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		GOTV	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	09/24/2024	Goodman Campaigns LLC	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$650.00	211 E. 7th Street	
	+333.33	Ste. 620	
		Austin, TX 78701	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes, Complete Schedule T	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Fundraising Services	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	08/15/2024	HEB - Weslaco	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.32	310 N. Westgate Dr.	
	¥		
		Weslaco, TX 78596	
	DUDDOCE	To.	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Water for District Office	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	-	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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	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: 15/38 Rpt: 29/56	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	08/22/2024	Insta Signs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$113.66	617 S. Texas Blvd.
		Weslaco, TX 78596
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
		Campaign Banner
		Campaign Dainei
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Payee name
	09/16/2024	Knights of Columbus
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2623 N. Texas Blvd.
	Ψ100.00	2020 N. TONGS BIVG.
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Tanarason Name Holes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/12/2024	Lamar Companies
	Amount (\$)	Payee address; City; State; Zip Code
	\$9,608.00	P. O. Box 746966
	40,000.00	
		Atlanta, GA 30374
	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.
		Campaign Billboard
		Sampaigh Sillsbard
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 16/38 Rpt: 30/56	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	07/31/2024	Lone Star National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.99	P. O. Box 1127
L		Pharr, TX 78577
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	08/02/2024	Lone Star National Bank
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.99	P. O. Box 1127
		Pharr, TX 78577
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	08/05/2024	Lone Star National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.99	P. O. Box 1127
	Ψ33.39	F. O. BOX 1127
		Dhaw TV 70577
		Pharr, TX 78577
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Ranking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

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

Event Expense Loan Repayment/Retin Fees Office Overhead/Renti Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Lead Services Salaries/Waces/Contr.

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Toal Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	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: 17/38 Rpt: 31/56	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	08/09/2024	Lone Star National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	P. O. Box 1127
		Pharr, TX 78577
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fee
		166
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	08/11/2024	Lone Star National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.55	P. O. Box 1127
		Pharr, TX 78577
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fee
		166
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	5 .	
	Date	Payee name
	09/10/2024	Lone Star National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	P. O. Box 1127
		Pharr, TX 78577
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fee
		Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
_				
1	Total pages Schedule F1: Sch: 18/38 Rpt: 32/56	2 FILER NAME Martinez, Armando A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00054543		
4	Date	5 Payee name		
	09/17/2024	Lopez, Berta		
	09/11/2024	Lopez, berta		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$500.00	6036 N. Mile 6 1/2		
		Weslaco, TX 78596		
L				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		GOTV		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
H	Date	Payee name		
	07/02/2024	Magic Valley Electric Coop		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$280.92	1 3/4 Miles East Business 83		
		Mercedes, TX 78570		
		a. I		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Utilities: Electric		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
	Date	Payee name		
	07/30/2024	Magic Valley Electric Coop		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$278.27	1 3/4 Miles East Business 83		
		Mercedes, TX 78570		
	DUDDOCE			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Utilities: Electric		
		Otilides. Liebtile		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 19/38 Rpt: 33/56	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	09/03/2024	Magic Valley Electric Coop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.14	1 3/4 Miles East Business 83
		Mercedes, TX 78570
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Utilities: Electric
		Stillies. Liestin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	08/30/2024	Mancha Screen Print and Embroidery
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,783.88	4120 Pecan Blvd., Ste. 10-20
		McAllen, TX 78501
	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.
		Campaign Shirts
		Campaign Child
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	09/10/2024	Mancha Screen Print and Embroidery
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,421.32	4120 Pecan Blvd., Ste. 10-20
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Campaign Shirts and Merchandise
	Complete ONLY if allower	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES 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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	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: 20/38 Rpt: 34/56	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	09/20/2024	Martinez, Alejandra
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	4908 Amelia Lane
		Donna, TX 78537
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor 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 sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	09/25/2024	Martinez, Ana
_	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1904 Ridley
	Ψ200.00	100 1 11141.09
		Donna, TX 78537
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/ wages/Contract Labor Check if Austin, TX, officeholder living expense
		GOTV
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/Oi	
	Date	Payee name
	07/02/2024	Martinez, Armando (Rep.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P. O. Box 1651
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Prior Period Schedule G
		Their chied deficulte of
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Event Expense 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

	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: 21/38 Rpt: 35/56	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	07/18/2024	Martinez, Armando (Rep.)
6	Amount (\$) \$800.00	7 Payee address; City; State; Zip Code P. O. Box 1651 Weslaco, TX 78596
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Prior Period Schedule G
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/21/2024	Martinez, Armando (Rep.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P. O. Box 1651
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Prior Perod Schedule G
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/18/2024	Martinez, Armando (Rep.)
	Amount (\$) \$500.00	Payee address; City; State; Zip Code P. O. Box 1651
		Weslaco, TX 78596
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Prior Period Schedule G
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Reimbursement Solicitation/Fundraising Expense
Rental Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 22/38 Rpt: 36/56	Martinez, Armando A. (The Honorable)	00054543
4	Date	5 Payee name	
	09/26/2024	Martinez, Armando (Rep.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	P. O. Box 1651	
		Weslaco, TX 78596	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Prior Period Schedule G
			Thorrenou scriedule s
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Cinico Hold
	Date	Davisa nama	
	09/19/2024	Payee name Martinez, Armando (Rep.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6,000.00	P. O. Box 1651	
	φ0,000.00	F. O. BOX 1031	
		Woolege TV 70506	
		Weslaco, TX 78596	
	PURPOSE OF	,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Loan Repayment/Reimbursement	Check if Austin, TX, officeholder living expense
			Prior Period Schedule G
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	09/19/2024	Martinez, Armando (Rep.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	P. O. Box 1651	
		Weslaco, TX 78596	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Prior Period Schedule G
			Filor Feriou Scriedule G
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Onice field
_			

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Expense
Printing Expense
Salaries/Mangs/Contract Labor

	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: 23/38 Rpt: 37/56	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	09/26/2024	Martinez, Armando (Rep.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7,000.00	P. O. Box 1651
		Weslaco, TX 78596
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Prior Period Schedule G
		This is chied deficulted
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	the state of the s
┡		
	Date	Payee name
L	08/22/2024	Martinez, Omar
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	3110 S. Amanda Street
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		GOTV
L	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
⊨		
	Date	Payee name
L	07/25/2024	Medrano, Selina
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1303 E. Pike Ave.
		Pharr, TX 78577
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		DNC Sponsorship
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft G/O	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
_	Sch: 24/38 Rpt: 38/56	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	08/05/2024	Medrano M.D., Jaime
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	415 S. Airport Drive
		Suite C
		Weslaco, TX 78596
8	PURPOSE	
١	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		School Back Pack Drive
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/12/2024	Mejia, Edward
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	721 E. Los Torritos
	Ψ200.00	721 E. 200 TOTALOS
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense GOTV
		GOTV
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/30/2024	Mejia, Edward
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	721 E. Los Torritos
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	-	COTY
		GOTV
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/OI	·
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- I Committee	Gift/Awards/Memorials Ex Legal Services The Instruction Guid	S		ges/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
_	Total pages Cabadula Ed.	2 FUED N				p.000 0110 1011111	2 Filor ID	(Ethios Commission Filers)
	Total pages Schedule F1:						3 Filer ID	(Ethics Commission Filers)
	Sch: 25/38 Rpt: 39/56	Martinez	z, Armando A. (The H	onorable)			00054543	
4	Date	5 Payee na	ıme					
	07/03/2024	Mercede	es Tigers Football					
6	Amount (\$)	7 Payee ac	Idress; City;	State;	Zip Cod	e		
	\$250.00		orida Ave	,				
								
		Moranel	20 TV 70E70					
		iviercede	es , TX 78570					
8	PURPOSE	(a) Category	(See Categories listed at the	top of this schedu	ule)	b) Description		
	OF EXPENDITURE	Advertis	ing Expense				outside of Texas. Com	
							n, TX, officeholder living	nip for Constituent
						Football P10g	grain Spunsuisi	iib ioi Coustifficial
Ļ					L			
9	Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	Off	ice sougl	ht	Office he	eld
L		<u> </u>						
	Date	Payee na	ıme					
	07/15/2024	Mercede	es Tigers Football					
	Amount (\$)	Payee ac	Idress; City;	State;	Zip Cod	<u></u> е		
	\$250.00		orida Ave	•				
	Ψ200.00							
		May1	00 TV 70570					
			es , TX 78570					
	PURPOSE OF		(See Categories listed at the	top of this schedu	ule) (b) Description		
	EXPENDITURE	Advertis	ing Expense			<u> </u>	outside of Texas. Com	
						ш	n, TX, officeholder living aram Snonsorsh	nip for Constituent
						i ootball Filog	grain oponsorsi	iip ioi ooristituelit
L	Complete CNII V !f =!!	Complied - 4	/Officeholder pro-		ioo aassa '	ht	0461	-1d
	Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	Offi	ice sougl	TIL	Office he	eiu
	Date	Payee na	ıme					
	09/24/2024	Mid Vall	ey Retired Teachers					
	Amount (\$)	Payee ad	Idress; City;	State;	Zip Cod	e		
	\$100.00	812 S. C	Dregon Ave.					
	, == ,5		J					
		Woolaac	N TV 79506					
			o, TX 78596					
	PURPOSE OF		(See Categories listed at the t	top of this schedu	ule) (b) Description	outside of T C	plata Cabadula T
	EXPENDITURE	Advertis	ing Expense			<u> </u>	outside of Texas. Com n, TX, officeholder living	
						Ad for Progra		, 0.,00.100
						, a loi i logic	A	
_	Complete ONLY if direct	Candidata	Officeholder name		ioo coust	ht	Office h	ald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name	Offi	ice sougl	III.	Office he	tiu
	· · · · · · - · -							

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

nt Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	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: 26/38 Rpt: 40/56	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	09/25/2024	Milano's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$390.77	2900 West Pike
		Weslaco, TX 78596
8	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
		Pasta Night for WHS Volleyball Team
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/21/2024	Montemayor Pest Control
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.50	P. O. Box 2704
		Harlingen, TX 78551
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Pest Control for District Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/25/2024	Montemayor Pest Control
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.50	P. O. Box 2704
		Harlingen, TX 78551
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Pest Control for District Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
1		

SCHEDULE F1

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

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 OTHER (enter a category not listed above)

	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: 27/38 Rpt: 41/56	Martinez, Armando A. (The Honorable)	00054543
4	Date	5 Payee name	-
	09/23/2024	Munoz, Linda	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$400.00	210 S. 26th Street	
		Donna, TX 78537	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	iption
	OF EXPENDITURE	Salaries/Wages/Contract Labor	eck if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL		eck if Austin, TX, officeholder living expense
		GOT	V
_	Complete ONII V if direct	Condidate/Officeholder neget	Office heald
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/23/2024	Murillo, Caridad	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	206 W. 3rd	
		San Juan, TX 78589	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	iption
	OF EXPENDITURE	Salaries/Wages/Contract Eabor	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
		│	
			•
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	
	Date	Payee name	
	08/23/2024	Office Depot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$56.05	1406 West Expressway 83	
	Ψ00.00	1400 West Expressivay 66	
		Weslaco, TX 78596	
	D. 100.00		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Office Overhead (Depte) Expanse.	IPTION eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nertial Expense	eck if Austin, TX, officeholder living expense
		Office	e Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	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: 28/38 Rpt: 42/56	Martinez, Armando A. (The Honorable)		00054543	
4	Date	5 Payee name			
	09/20/2024	Office Depot			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$90.85	1406 West Expressway 83			
		Weslaco, TX 78596			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense		side of Texas. Com	
	EXPENDITORE			, officeholder living	g expense
		Office Sup	plies		
_	Operation ONE V if dispose	Our distance (Office head are not as a constitution of the constit		O#: I-	-1-1
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eia
	Date	Payee name			
	08/29/2024	Ozuna, Marisa			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$150.00	2014 Jay Drive			
		Donna, TX 78537			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense		side of Texas. Com	
		, <u> </u>		a, officeholder living oxing Tourna	
		Оролоотоп	p. D	oxing rount	amone
_	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
	Date	Payee name			
	09/13/2024	PSJA Education Foundation			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$500.00	P. O. Box 769			
	Ψ300.00	1. C. BOX 703			
		Pharr, TX 78577			
		·			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if tra	val outs	side of Texas. Com	inlete Schedule T
	EXPENDITURE	/ dvertising Expense		, officeholder living	
		Gala Spon	sorsł	nip	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
_					

SCHEDULE F1

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

	Contributing/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/38 Rpt: 43/56	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	07/23/2024	PSJA Memorial Quarterback Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	800 South Alamo Road
		Pharr, TX 78577
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZIIDII GRZ	Candidate/Officeholder/Political Committee
		Youth Football Camp
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/16/2024	PSJA Wolverines Quarterback Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	800 S. Alamo Rd.
		Alama TV 70516
		Alamo, TX 78516
	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
		Program Ad
		ŭ
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Dayon nama
	09/26/2024	Payee name Perez, Betty
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	307 N. Pino
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		3017
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing E Legal Services Salaries/N

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
		· · · · · · · · · · · · · · · · · · ·		
1	Total pages Schedule F1:			
	Sch: 30/38 Rpt: 44/56	Martinez, Armando A. (The Honorable) 00054543		
4	Date	5 Payee name		
	09/10/2024	Reyes, Norma (Ms.)		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$1,000.00	3457 PFC Pedro Martinez Road		
		Mercedes, TX 78570		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor		
	EXPENDITORE	Check if Austin, TX, officeholder living expense		
		GOTV		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
	Date	Payee name		
	09/24/2024	Rico Elementary		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$500.00	2202 N. International Blvd.		
		Weslaco, TX 78596		
	DUDD005			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Fundraiser: Back to School		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·		
	D .			
	Date	Payee name		
	09/25/2024	Rico Elementary		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$60.00	2202 N. International Blvd.		
		Weslaco, TX 78596		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	Contributions/Donations Made By		
	EXPENDITURE	Candidate/Officeholder/Political Committee		
		Popcorn Fundraiser		
L				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 31/38 Rpt: 45/56	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	08/12/2024	Saldana, Tony
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	202 E. Eagle
		San Juan, TX 78589
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense GOTV
		COTV
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	·	
	Date	Payee name
	08/26/2024	Saldana, Tony
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	202 E. Eagle
		San Juan, TX 78589
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense GOTV
		GOTV
	Commission ONII V if alignent	Condidate/Office helder no year Office accords
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	09/13/2024	Saldana, Tony
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	202 E. Eagle
		San Juan, TX 78589
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense GOTV
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Travel in D Travel Out Ontract Labor OTHER (e

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	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: 32/38 Rpt: 46/56	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	07/02/2024	Smith Security Group
6	Amount (\$) \$37.83	7 Payee address; City; State; Zip Code 107 Chaparral
L		Weslaco, TX 78596
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Security Sytem for District Office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/02/2024	Smith Security Group
	Amount (\$) \$37.83	Payee address; City; State; Zip Code 107 Chaparral
		Weslaco, TX 78596
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Security System for District Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/04/2024	Payee name Smith Security Group
	Amount (\$) \$37.83	Payee address; City; State; Zip Code 107 Chaparral
		Weslaco, TX 78596
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Security System for District Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 33/38 Rpt: 47/56	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	08/26/2024	South District Elks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1203 N. Expressway 83, Unit 527
		Harlingen, TX 78522
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
		Sponsorship: Golf Tournament
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	09/24/2024	St. Joseph Catholic Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	306 S. Salinas Street
	φυυ.υυ	300 S. Sallias Sueet
		D TV 70507
		Donna, TX 78537
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-1
-	Date	Payee name
	09/24/2024	Suspiros Cakes
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	502 E. Exp. 83, Ste. 0
	Ψ000.00	302 Ε. ΕΧβ. 30, Stc. 3
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Cake Donation to Rico Elementary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 34/38 Rpt: 48/56	Martinez, Armando A. (The Honorable) 00054543	
4	Date	5 Payee name	
	09/24/2024	Trevino, Adriana	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00	4908 Amelia Lane	
		Donna, TX 78537	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense GOTV	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
١	expenditure to benefit C/O		
\vdash	Date	Payee name	
	09/25/2024	Payee name Trevino, Frank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$400.00	507 S. 21st Street	
		Donna, TX 78537	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		GOTV	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	07/15/2024	United States Post Office	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$182.00	109 N. Border	
	¥202.00	200 111 201001	
		Weslaco, TX 78596	
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Annual Renewal for Post Office Box	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experiulture to periorit G/OTT		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter	a category not listed ab	ove)
				The Instruction G	uide explains i	now to co	mpie	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 35/38 Rpt: 49/56		Martinez, Ar	mando A. (The	e Honorable))				00054543		
4	Date	5	Payee name									
	07/18/2024		Valley Troph	nies								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$21.04		529 S. Texa	s Blvd.								
			Weslaco, T	K 78596								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF			/Memorials Exp		ouu.o,			outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livin	g expense	
								Plaque Engra	avin	ıg		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	П										
	Date		Payee name									
	08/22/2024		Valley Troph	nies								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$125.79		529 S. Texa	s Blvd.								
			Weslaco, T	K 78596								
_	PURPOSE	⊢		e Categories listed at		11>	(b)	Description				
	OF	(")		e Categories listed at Memorials Exp		eaule)	(~)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Oner wards	Wiemonais Exp	JC113C			Check if Austin,	, TX,	officeholder livin	g expense	
								Traveling Tro	phy	/		
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	08/05/2024		WPC Band	Boosters								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$200.00		1005 W. Pik	e Blvd.								
			Weslaco, T	K 78596								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations M		,			outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITORE		Candidate/C	Officeholder/Po	litical Comm	ittee		—	, TX,	officeholder livin	g expense	
								Fundraiser				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	C	Office sou	ght			Office h	eld	
	experience to beliefit 6/01											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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		nmittee	Legal Services The Instruction G	•		/ages	/Contract Labor		OTHER (enter a	a category not listed a	bove)
_		_			ulue explains i	IOW to CO	IIIPIE	ete tilis iorili.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 36/38 Rpt: 50/56		Martinez, Ar	mando A. (The	e Honorable)					00054543		
4	Date	5	Payee name									
	08/22/2024		Wal-Mart									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$69.01		1310 N. Tex	as Blvd.								
			Weslaco, T>	/ 70506								
Ļ		<u> </u>				ī						
8	PURPOSE OF			e Categories listed at		edule)	(b)	Description				
	EXPENDITURE		Office Overh	nead/Rental Ex	pense					officeholder livin	nplete Schedule T.	
								Office Supplie		onicendaei iiviii	g expense	
								Отгос Саррис	00			
Ļ	Commission ONII V if disposit	<u> </u>	San di data /Offic			·#:	a la t			Office b	ald	
9	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offic	ceholder name	O	office sou	gnt			Office h	eia	
	<u> </u>											
	Date		Payee name									
	07/23/2024		Weslaco Ath	nletic Booster C	Club							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$350.00		1005 Pike B	lvd.								
			Weslaco, T	78506								
_	DUDDOGE	_					<i>(</i> 1-)					
	PURPOSE OF			e Categories listed at	the top of this sche	edule)	(a)	Description	outoi	do of Toyon Con	anlata Sahadula T	
	EXPENDITURE		Advertising I	Expense				=		officeholder livin	nplete Schedule T. a expense	
								Football Prog			3 - 1	
								3	,			
_	Complete ONLY if direct		:andidate/Offic	ceholder name	0	office sou	aht			Office h	eld	
	expenditure to benefit C/O		ranalatio o me	seriolaer riarrie	Ü	11100 000	9			01110011	o.u	
		_										
	Date	l	Payee name									
	07/23/2024		Weslaco Ea	st Booster Clul	0							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$320.00		810 Pleasar	ntview Dr.								
			Weslaco, T	< 78596								
	PURPOSE	(a)	Category (50	e Categories listed at	the top of this sobo	adula)	(b)	Description				
	OF		Advertising I		the top of this scrie	edule)	(- ,		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		, tavortioning i	<u> Диропоо</u>				Check if Austin,	, TX,	officeholder livin	g expense	
								Football Prog	ıran	n Ad		
	Complete ONLY if direct		andidate/Offic	ceholder name	0	office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 37/38 Rpt: 51/56	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	08/22/2024	Weslaco High School
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$154.00	1005 W. Pike Blvd.
		Weslaco, TX 78596
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 Volleyball Sponsorship
		Volicyball Sportsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	08/22/2024	Weslaco Mid Valley Lions Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	611 W. 11th St.
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZHOHORZ	Candidate/Officeholder/Political Committee
		Fundraiser: BBQ Plates
	Compulate ONLY if direct	Condidate/Officeholder name Office county
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/23/2024	Weslaco Mid Valley Lions Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	611 W. 11th St.
		Weslaco, TX 78596
	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.
		Colf Tournament Team Spansorship
		Golf Tournament Team Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

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

	Candidate/Officenoider/Politica 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: 38/38 Rpt: 52/56	Martinez, Armando A. (The Honorable) 00054543						
4	Date	5 Payee name						
	09/23/2024	Weslaco Mid Valley Lions Club						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$400.00	611 W. 11th St.						
		Weslaco, TX 78596						
8	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 Fundraiser: Bowling Team Sponsor						
		Fundraiser. Downing Team Sponsor						
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
9	Complete ONLY if direct expenditure to benefit C/Ol							
⊨								
	Date	Payee name						
L	07/17/2024	Weslaco Municipal Police Union						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$300.00	P. O. Box 1224						
		Edcouch, TX 78538						
	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						
		Fundraiser: Hole Sponsorship						
dash	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
l								

EXPENDITURES MADE BY CREDIT CARD

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

Candidate/Officeriolder/Folitica		ເction Guide explains how		-	TIEN (enter a category	not iisteu at	ove)
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 1/1 Rpt: 53/56	Martinez, Armando A	A. (The Honorable)			00054543		
4 CREDIT CARD ISSUER	Name of financ American	cial institution	5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(C) Date(s) Credit Card Issuer	Paid		
	\$210.90	09/17/2024					
7 PAYEE	(a) Payee name U-Haul) Payee address; 001 S I-35	City,	State,	Zip Code
				uctin TV 70744			
8 PURPOSE OF	(a) Category		_	ustin, TX 78744) Description			
EXPENDITURE X Political	(See Categories listed at the top of Fees	f this schedule)	1	torage Unit for Austin Ap	artment House	hold God	ods
Non-Political	(c) Check if travel outside of	Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder r	name Office	e so	ought	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$25.46	(b) Date of Charge 08/01/2024	``) Date(s) Credit Card Issuer 8/17/2024	· Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	GoDaddy		S	4455 N. Hayden Street ite. 219 cottsdale, AZ 85260			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Fees	f this schedule)	(b) Description Vebsite Fee			
Non-Political	(C) Check if travel outside of	Texas. Complete Schedule T.	-	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder r	name Office	e so	ought	Office held		
PAYMENT	(a) Amount Charged \$210.90	(b) Date of Charge 08/18/2024) Date(s) Credit Card Issuer 9/04/2024	· Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	U-Haul			001 S I-35			
PURPOSE OF	(a) Category		_	ustin, TX 78744) Description			
EXPENDITURE —	(See Categories listed at the top of Fees	f this schedule)	1	torage Unit for Austin Ap	artment House	hold God	ods
X Political	() [——————————————————————————————————————			
Non-Political	(7)	Texas. Complete Schedule T.	0.00		Office hold	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder r	name Office	e S0	ougni	Office held		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
_	T	la ======				To en la venir a la la en la la en l
1		2 FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 1/3 Rpt: 54/56	Martinez, A	rmando A. (The Honorabl	e)		00054543
4	Date	5 Payee name				
	08/17/2024	American E	Express			
6	Amount (\$)	7 Payee addre	ss; City; Stat	e; Zip C	ode	
	\$25.46	P. O. Box 6	•	, ,		
	Reimbursement from					
	X political contributions	Dallas TV	75005			
	intended	Dallas, TX	75205			
8	PURPOSE OF	(a) Category (s	ee Categories listed at the top of this s	chedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card	l Payment		l l	Check if Austin, TX, officeholder living expense
					Payment	
9		Candidate/Office	holder name		Office sought	Office held
	expenditure to benefit C/OH					
	Date	Payee name				
	09/17/2024	American E	express			
	Amount (\$)	Payee addre	ss; City; Stat	e; Zip C	ode	
	\$210.90	P. O. Box 6	50448			
	Reimbursement from					
	X political contributions intended	Dallas, TX	75265			
					1	
	PURPOSE OF	1	ee Categories listed at the top of this s	chedule)	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE	Credit Card	Payment		l Day was a set	Check if Additif, 174, diffeendate living expense
					Payment	
		<u> </u>				
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought	Office held
	C/OH					
	Dete	T _				
	Date	Payee name				
	07/25/2024	Citibank - N	lastercard			
	Amount (\$)	Payee addre	ss; City; Stat	e; Zip C	ode	
	\$2,001.01	P. O. Box 7	8045			
	Reimbursement from					
	X political contributions intended	Phoenix, A	Z 78062-8045			
	PURPOSE	Category (s	ee Categories listed at the top of this s	chedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Credit Card		,		Check if Austin, TX, officeholder living expense
	EXPENDITURE		uyo		Payment for Price	— or Period Charges
						~
	Complete ONLY if direct	Landidate/Office	holder name		Office sought	Office held
	expenditure to benefit	Carraidate/Office	noider nume		Office Sought	Office field
	C/OH					

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Expense Travel Out of District //Wages/Contract Labor OTHER (enter a category not listed above)
_			· .
1	. 3	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/3 Rpt: 55/56	Martinez, Armando A. (The Honorable)	00054543
4	Date	5 Payee name	
	07/25/2024	Citibank - Mastercard	
6	Amount (\$)	7 Payee address; City; State; Zip C	Code
Ĭ	\$457.16	P. O. Box 78045	
	•	1 . O. Box 70043	
	Reimbursement from political contributions intended	Phoenix, AZ 78062-8045	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	OF EXPENDITURE	Credit Card Payment	Check if Austin, TX, officeholder living expense
	EXI ENDITORE		Payment for Prior Period Charges
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date	Payee name	
	08/24/2024	Martinez, Armando (Rep.)	
	Amount (\$)	Payee address; City; State; Zip C	ode.
	\$1,200.00	P. O. Box 1651	oue .
	\$1,200.00	P. O. BOX 1051	
	Reimbursement from political contributions intended	Weslaco, TX 78596	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
			Tents, chairs, and tables for Skeet Shoot Campaign Fundraiser
	·	Candidate/Officeholder name	Office sought Office held
	expenditure to benefit C/OH		
	Date	Payee name	
	07/05/2024	Mid Valley Care, LLC	
	Amount (\$)	Payee address; City; State; Zip C	`ode
	\$2,000.00	400 S. Bicentennial Blvd.	
		400 3. Dicertieriniai bivu.	
	X Reimbursement from political contributions intended	McAllen, TX 78501	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
	LAI ENDITONE		Rent for District Office
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Advertising Expense Accounting/Banking Consulting Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Printing Expense Salaries/Wages/Contract Labor S how to complete this form.	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM		<u> </u>	3 Filer ID (Ethics Commission Filers)
_	Sch: 3/3 Rpt: 56/56		Armando A. (The Honorable	e)	00054543
4	Date	5 Payee name	9		
	08/05/2024	Mid Valley	Care, LLC		
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Code	
	\$2,000.00	400 S. Bice	entennial Blvd.		
	Reimbursement from political contributions intended	McAllen, T	X 78501		
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sc	hedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	rhead/Rental Expense]	Check if Austin, TX, officeholder living expense
	EXPENDITORE			Rent for District	Office
_	Complete ONLY if direct	Candidata/Office	ahaldar nama	Office sought	Office hold
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	moluel name	Office Sought	Office held
	Date	Payee name	 9		
	09/05/2024	Mid Valley	Care, LLC		
	Amount (\$)	Payee addre	ess; City; State	e; Zip Code	
	\$2,000.00	400 S. Bice	entennial Blvd.		
	Reimbursement from political contributions intended	McAllen, T	X 78501		
	PURPOSE	Category (s	See Categories listed at the top of this sc	hedule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Office Ove	rhead/Rental Expense] [Check if Austin, TX, officeholder living expense
	EXPENDITURE			Rent for District	Office
	EXPENDITURE				
	Complete ONLY if direct	Candidate/Office	holder name	Office sought	Office held
		Candidate/Office	eholder name	Office sought	Office held
	Complete ONLY if direct expenditure to benefit	Candidate/Office		Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OH			Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OH	Payee name	9	Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OH Date 07/06/2024	Payee name U-Haul	ess; City; State		Office held
	Complete ONLY if direct expenditure to benefit C/OH Date 07/06/2024 Amount (\$)	Payee name U-Haul Payee addre	ess; City; State		Office held
	Complete ONLY if direct expenditure to benefit C/OH Date 07/06/2024 Amount (\$) \$210.90	Payee name U-Haul Payee addre	ess; City; State 5		Office held
	Complete ONLY if direct expenditure to benefit C/OH Date 07/06/2024 Amount (\$) \$210.90 Reimbursement from political contributions intended	Payee name U-Haul Payee addre 9001 S I-39 Austin, TX	ess; City; State 5	e; Zip Code	Check if travel outside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/OH Date 07/06/2024 Amount (\$) \$210.90 X Reimbursement from political contributions intended	Payee name U-Haul Payee addre 9001 S I-39 Austin, TX	ess; City; State 5 78744	e; Zip Code hedule) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Date 07/06/2024 Amount (\$) \$210.90 X Reimbursement from political contributions intended PURPOSE OF	Payee name U-Haul Payee addre 9001 S I-3! Austin, TX Category (s	ess; City; State 5 78744	e; Zip Code hedule) Description	Check if travel outside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/OH Date 07/06/2024 Amount (\$) Reimbursement from political contributions intended PURPOSE OF EXPENDITURE	Payee name U-Haul Payee addre 9001 S I-3! Austin, TX Category (s	ess; City; State 5 78744 See Categories listed at the top of this so	e; Zip Code hedule) Description [Storage Unit for	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin Apartment's Household Goods
	Complete ONLY if direct expenditure to benefit C/OH Date 07/06/2024 Amount (\$) \$210.90 X Reimbursement from political contributions intended PURPOSE OF	Payee name U-Haul Payee addre 9001 S I-3! Austin, TX Category (s	ess; City; State 5 78744 See Categories listed at the top of this so	e; Zip Code hedule) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense