CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1	•	ics Commission Filers)	2 Total pages filed:			OFFICE USE ONLY		
	00087927		28				Date Received	
3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Jose M.			MI	ELECTRONICAL 10/07/2024	LY FILED
		NICKNAME	LAST			SUFFIX	1	
		Joe	Martinez				Date Hand-delivered or D	ate Postmarked
4	ORIGINAL REPORT TYPE	January 15	Runoff	Γ	Other (sp	ecify)		
		July 15	Exceeded modified				Receipt #	Amount
		X 30th day before election	15th day after camp appointment (office				Date Processed	
		8th day before election	Final Report (Attack	n C/OH-FR)				
5	ORIGINAL PERIOD	Month Day Yea			Day	Year	Date Imaged	
		07/01/2024	THROUGH	09/2	6/2024			
6	EXPLANATION OF (CORRECTION the report due to late submit						
	received after our rep	oort had been submitted.						
7	AFFIDAVIT							
				ear, or affirm correct.	, under pe	nalty of perjury	r, that this corrected r	eport is true
			Che	ck the box ne	ext to any	and all applical	ble statements:	
				was made i	n good fai	th and without	affirm that the origina an intent to mislead ned in the report.	al report or to
			X	report not la that the rep	ater than t ort as orig ffirm, that	he 14th busine: inally filed is in any error or or	that I am filing this c ss day after the date accurate or incomple nission in the report a	I learned ete. I
						Mr. Jose M. M		
	AFFIX NOTARY ST	AMP / SEAL ABOVE			Signatur	e of Candidate	or Officeholder	
	Sworn to and subso	ribed before me, by the saic	I			, this th	ne	day
		, 20, to certi						
	Signature of offic	er administering oath	Printed name of of	ficer adminis	tering oat	<u>م</u>	Fitle of officer adminis	stering oath
⊢	e.gradate of offic					-		July Sull
		Remember To Att Nee	ach Any Part Of ded To Report A				ort Form	

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to	complete this form.	1 Filer ID (Ethics Con 000879	nmission Filers) 27	2 Total pages f	iled: 28
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
OFFICEHOLDER	Mr.	Jose M.			OFFICE	USE UNL I
NAME	1011.	505C W.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX		
	Joe	Martinez				
	500	Martinez				
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CI	ΓY;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER	5804 N. 23rd St.					
MAILING ADDRESS					Receipt #	Amount
Change of Address	McAllen, TX 78504				Date Processed	
					Date Imaged	
					Date imaged	
	MS / MRS / MR	FIRST			MI	
5 CAMPAIGN TREASURER					1711	
NAME	Mrs.	Josefina M.				
	NICKNAME	LAST			SUFFIX	
	Josie	Martinez				
	00010	Martinez				
6 CAMPAIGN	STREET ADDRESS (N	O PO BOX PLEASE);	A	APT / SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER ADDRESS	4001 Burns Court					
(Residence or Business)	McAllen, TX 78503					
7 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER			EXTENSION			
PHONE	(956) 330-4768					
8 REPORT					_	
TYPE	January 15	X 30th day befor	e election	Runoff	15th day after ca appointment (off	ampaign treasurer
	1 July 15		alastian			
	July 15	8th day before		Exceeded modified	Final Report (Att	ach C/OH-FR)
9 PERIOD	Month Day Y	'ear		Month Day	Year	
COVERED	07/01/2024	T	HROUGH	09/26/202	24	
10 ELECTION	ELECTION DA	E		ELECTION TYPE		
			Primary	Runoff	Other	
	11/05/2024		· · · · · cary			
	11,00,2021	X	General	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
-	. (Court Of Appeal		4 District 13
					-,	2.00.00 10
		CO.	TO PAGE 2	2		
			I O PAGE	<u>-</u>		
Forms provided by Te	xas Ethics Commissio	ז www.e	thics.state.tx	(.US	Vers	ion V4.1.0.48da51f

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 3 of 28

L

13 C / OH NAME	Martinez, Jose M. (M	r.)	14 Filer ID 00087927	(Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
	GENERAL	COMMITTEE ADDRESS								
		COMMITTEE CAMPAIGN TREASURER NA	AME							
		COMMITTEE CAMPAIGN TREASURER AL	DDRESS							
			N 701 A 4 1 7 1							
16 CONTRIBUTION TOTALS	OR GUARANTE	ZED POLITICAL CONTRIBUTIONS(OTHER ES OF LOANS, OR CONTRIBUTIONS MAD		\$ 0.00						
15 NOTICE This box is for notice of political candidate / officeholder. These consent. Candidates and officeholder. Communication and subscribed before me, by the said, 20, to certify whether consent. Candidates and officeholder. These consent. Candidates and officeholder. These consent and subscribed before me, by the said		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF	(OANS)	\$ 2,944.53						
	· · · · · · · · · · · · · · · · · · ·	ZED POLITICAL EXPENDITURES		\$ 0.00						
IUTALS		4. TOTAL POLITICAL EXPENDITURES								
				\$ 33,618.89						
		AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 10,000.00						
		AL AMOUNT OF ALL OUTSTANDING LOAN	NS AS OF THE LAST DAY	\$ 12,500.00						
17 AFFIDAVIT										
			penalty of perjury, that the ac ludes all information required Code.							
			Mr. Jose M. Martinez							
		Signa	ature of Candidate or Officeho	older						
AFFIX NOT	TARY STAMP / SEAL ABO	DVE								
				day						
of	, 20, to ce	ertify which, witness my hand and seal of offic	ice.							
Signature of offic	er administering oath	Printed name of officer administering o	ath Title of office	er administering oath						
-orms provided by Tex	xas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f						

FORM JC/OH SUBTOTALS - JC/OH **COVER SHEET PG 3** 4 of 28 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00087927 Martinez, Jose M. (Mr.) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) 1. \$ 1,950.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 994.53 \$ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ З. 4. SCHEDULE E(J): LOANS (JUDICIAL) \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 31,707.89 \$ Х SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 1,911.00 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruc	tion Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 1/2 Rpt: 5/28				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Martinez, Jos	se M. (Mr.)		00087927			
4 Date 09/11/2024	5 Full name of contributor out-of-state PAC (ID# Burda, Elizabeth	:)	7 Amount of Contribution (\$) \$200.00			
	6 Contributor address; City; State; Zip Code					
	Yorkstown, TX 78164					
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title				
Retired		U.S. Post Office				
10 Contributor's e U.S. Post Off		11 Law firm of contributor's sp	oouse (if any)			
	a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (ID#	Amount of Contribution (\$)				
09/17/2024	Garza, Carlos	:)	\$500.00			
ŀ	Contributor address; City; State; Zip Code					
	Terrell Hills, TX 78209					
Contributor's P	rincipal Occupation	Contributor's Job Title				
Investor		Investor				
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)			
Investor						
If contributor is	a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)			
08/20/2024	Medina, Melecio		\$500.00			
	Contributor address; City; State; Zip Code					
Caratzilautaria	McAllen, TX 78501	Contributorio Job Title				
Retired	rincipal Occupation	Contributor's Job Title Retired				
	mployer/law firm	Law firm of contributor's sp				
Joe Brand						
	a child, law firm of parent(s) (if any)					
	www.ethi		Version V/4 1 0 48da51f7			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 **1** Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 6/28 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Martinez, Jose M. (Mr.) 00087927 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 09/10/2024 \$750.00 Reyna, Guillermo 6 Contributor address; City; State; Zip Code McAllen, TX 78504 Contributor's Principal Occupation 9 Contributor's Job Title 8 CPA CPA 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Guillermo Reyna CPA 12 If contributor is a child, law firm of parent(s) (if any)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

			T				
The Instru	iction Guide explains how to complete this f	orm.	1	Total pages Schedule A2: Sch: 1/1 Rpt: 7/28			
2 FILER NAME			3	Filer ID (Ethics Commission Filers)			
Martinez, Jo	ose M. (Mr.)			00087927			
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS					
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8	Amount of 9 In-kind contribution contribution (\$) description			
08/05/2024				\$331.51 Joint campaign signs			
	7 Contributor address; City; State; Zip Code						
	Corpus Christi, TX 78413						
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	 1U	Check if travel outside of Texas. Complete Schedule T. DICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FO	R JUDICIAL) (See instructions)			
	Court of Appeals	Justice 13th Court	of A	Appeals			
	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)			
13th Court of	of Appeals						
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description					
08/05/2024	Compian Richardson, Regina			contribution (\$) description \$331.51 I Joint campaign signs			
	Contributor address; City; State; Zip Code						
	McAllen, TX 78504						
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	 - 1	Check if travel outside of Texas. Complete Schedule T. DICIAL) (See instructions)			
i incipal occi							
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FO	R JUDICIAL) (See instructions)			
Attorney at	Law	Attorney					
	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's :	spouse (if any) (FOR JUDICIAL)			
Law Office of	of Regina "Regi" Richardson						
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of In-kind contribution contribution (\$) description			
08/05/2024	Longoria , Nora			\$331.51 Joint campaign signs			
	Contributor address; City; State; Zip Code						
	Edinburg, TX 78541						
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	 - 1	Check if travel outside of Texas. Complete Schedule T.			
Fincipal occu		Employer (FOR NON	1-30				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FO	R JUDICIAL) (See instructions)			
Justice 13th	Court of Appeals	Justice 13th Court	of A	Appeals			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
13th Court o	of Appeals						
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	-					

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District / - Gift/Awards/Memorials Expense Printing Expense Travel Out of District										
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	s)									
	Sch: 1/19 Rpt: 8/28	Martinez, Jose M. (Mr.) 00087927										
4	Date	5 Payee name										
	08/13/2024	Advance Auto Parts										
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$21.64	1010 North 10th St.										
		McAllen, TX 78501	IcAllen, TX 78501									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	Transportation Equipment And Related										
	EXFENDITORE	Expense Check if Austin, TX, officeholder living expense										
		truck maintenance/equipment for campaign- 900L cambuckle	LB									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H										
	Date	Payee name										
	08/06/2024	Alicia, Leija										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$100.00	714 Lincoln										
	PURPOSE	Robstown, TX 78380										
	OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Backpack Donation-Campaign Expense 										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H										
	Date	Payee name										
	09/08/2024	Blue Wave Car Wash										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$9.00	1800 Dove Ave.										
		McAllen, TX 78504										
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense Wash & Wheels Wash for campaign										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H										

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 2/19 Rpt: 9/28		Martinez, Jose M. (Mr.)					00087927				
4	Date	5	Payee name									
	07/31/2024		Brand Boosters CO, LL	с								
6	Amount (\$)	7	Payee address; City;	State:	Zip Co	le						
	\$1,060.85		301 N. McColl Rd. Suite									
			McAllen, TX 78501									
8	PURPOSE	<u> </u>				(b) Deceriation						
0	OF		Category (See Categories liste Advertising Expense	ed at the top of this sch	edule)	(b) Description	outsi	de of Texas. Comp	lete Schedule T.			
	EXPENDITURE					Check if Austin	, тх,	officeholder living	expense			
			40- 4X8 signs									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nam	ie C	Office sou	ht		Office hel	d			
	Date		Payee name									
	07/31/2024		Brand Boosters CO, LL	С								
	Amount (\$)		Payee address; City;	State;	; Zip Co	le						
	\$337.00		301 N. McColl Rd. Suite	e G								
			McAllen, TX 78501									
	PURPOSE OF EXPENDITURE		Category (See Categories liste Advertising Expense	ed at the top of this sch	edule)			de of Texas. Comp , officeholder living (
	Complete ONLY if direct		andidate/Officeholder nam	ie C	Dffice soug	Iht		Office hel	d			
	expenditure to benefit C/OI	Н										
-	Date		Payee name									
	09/04/2024		Brand Boosters CO, LL	С								
	Amount (\$)		Payee address; City;	State:	; Zip Co	le						
	\$2,511.40		301 N. McColl Rd. Suite		, 20 000							
	42,011110											
			McAllen, TX 78501		i							
	PURPOSE OF		Category (See Categories liste	ed at the top of this sch	edule)	(b) Description	oute:	de of Texas. Comp	loto Schodulo T			
	EXPENDITURE		Advertising Expense					officeholder living				
						Advertisemer			- p			
								-				
	Complete ONLY if direct		andidate/Officeholder nam	ie C	Office soug	Iht		Office hel	d			
	expenditure to benefit C/OI	Н										

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					rhead/Rental Expense ense pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filer	is)			
	Sch: 3/19 Rpt: 10/28		Martinez, Jose M. (Mr.)					00087927				
4	Date	5	Payee name									
	09/18/2024		Brand Boosters CO, LLC									
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de						
	\$1,320.00		301 N. McColl Rd. Suite	G								
			McAllen, TX 78501									
8	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.				
						Campaign Si		, officeholder living expense				
						Campaign Ci	giit	5				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice sou	Jht		Office held				
	Date		Payee name									
	07/29/2024		Efrain Juarez									
	Amount (\$)		Payee address; City;	State;	Zip Co	de						
	\$622.27		517 E. Rodgers Rd.		•							
			-									
			Edinburg, TX 78539									
	PURPOSE OF	(a)	Category (See Categories listed	at the top of this sch	edule)	(b) Description						
	EXPENDITURE		Campaign Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
					Labor/Materials for campaign signs							
	Complete ONLY if direct	(Candidate/Officeholder name	C	Office sou	jht		Office held				
	expenditure to benefit C/OI	H										
	Date		Payee name									
	09/05/2024		Efrain, Juarez									
	Amount (\$)		Payee address; City;	State;	Zip Co	de						
	\$275.00		517 E. Rodgers Rd.									
			Edinburg, TX 78539									
	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		campaign expense					ide of Texas. Complete Schedule T.				
	-					labor campai		, officeholder living expense				
						aboi campai	чı	Signs				
-	Complete ONLY if direct	Ľ	Candidate/Officeholder name	<u>с</u>	Office sou	ıht		Office held				
	expenditure to benefit C/OI					, *						
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens nmittee Legal Services The Instruction Guide ex	Of Po e Pr Sa	ffice Overl olling Expe rinting Exp alaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 4/19 Rpt: 11/28		Martinez, Jose M. (Mr.)					00087927				
4	Date	5	Payee name				•					
	07/23/2024		GG Steak & Spirits									
6	Amount (\$)	7	Payee address; City;	State; Z	Zip Cod	е						
	\$169.71		216 Middle Buster Rd.									
			Gonzalez, TX 78629									
8	PURPOSE	(a)	Category (See Categories listed at the top o	f this schodul		b) Description						
-	OF		Food/Beverage Expense	i tilis scheuui			outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		5					, officeholder living expense				
						Campaign Fo	boc	I/Beverage Expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offic	ce soug	nt		Office held				
	Date		Payee name									
	09/20/2024		Hampton Inn Kingsville									
	Amount (\$)		Payee address; City;	State; Z	Zip Cod	е						
	\$179.67		2489 US-77									
			Kingsville, TX 78363									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top o Campaign Expense	f this schedul	le) (Check if Austin	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense t and Greet travel expense				
	Complete ONLY if direct		Candidate/Officeholder name	Offic	ce soug	nt		Office held				
	expenditure to benefit C/OF				9							
-	Date		Payee name									
	09/24/2024		Joelene's									
	Amount (\$)		Payee address; City;	State; Z	Zin Cod	<u></u>						
	\$12.32		4400 N. 23rd	State, 2		6						
	Ψ12.52		4400 N. 2310									
			McAllen, TX 78504									
	PURPOSE OF	(a)	Category (See Categories listed at the top o	f this schedul	le) (b) Description						
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense				
						Campaign Ex						
							-100					
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name	Offic	ce soug	nt		Office held				
	expenditure to benefit C/OF			Onic								
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards, nmittee Legal Servio	age Expense 'Memorials Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 5/19 Rpt: 12/28		Martinez, Jose M. (N	/Ir.)				00087927				
4	Date 07/25/2024	5	Payee name Juarez, Efrain									
6		-	Payee address; City; State; Zip Code									
D	Amount (\$) \$731.09		517 E. Rodgers Rd. Edinburg, TX 78539									
8	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Campaign signs, sign construction & materials									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office sou	ıht		Office he	ld			
	Date		Payee name									
	09/05/2024		Lopez, Sara									
	Amount (\$)		Payee address; C	ty; State;	Zip Co	le						
	\$400.00		714 Lincoln Robstown, TX 7838	D								
	PURPOSE OF EXPENDITURE		Category (See Categorie Worker	s listed at the top of this sche	edule)		n, TX,	de of Texas. Comp officeholder living				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office sou	Jht		Office he	ld			
	Date	Γ	Payee name									
	09/17/2024		Lopez, Sara									
	Amount (\$) \$500.00		Payee address; Ci 714 Lincoln	ty; State;	Zip Co	le						
			Robstown, TX 7838	0								
	PURPOSE OF EXPENDITURE		Category _{(See Categorie} campaign expense	s listed at the top of this sche	edule)		n, TX,	de of Texas. Comp officeholder living campaign s	expense			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Dffice sou	ıht		Office he	ld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services	pense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	yment/Reimbu rhead/Rental E pense pense ages/Contract	xpense Labor		Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F1:	2	2 FILER NAME 3						Filer ID	(Ethics Commission Filers	;)	
1	Sch: 6/19 Rpt: 13/28	[-		- ose M. (Mr.)					ľ	00087927	(,
4	Date	5										
4		5	Payee name									
	08/13/2024			ne Centers, L								
6	Amount (\$) \$107.38	7	Payee addre 707 South Pharr, TX 7	Jackson Rd.	State;	; Zip Co	de					
_	DUDDOOF						(h-) - ·					
8	PURPOSE OF EXPENDITURE	(a)	Category (s Campaign		l at the top of this sch	edule)		ck if travel		de of Texas. Com officeholder living	nplete Schedule T. g expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	e C	Office sou	ght			Office h	eld	
	Date		Payee name	!								
	08/13/2024		Lowe's Hor	ne Centers, L	LC							
	Amount (\$)		Payee addre	ess; City;	State;	; Zip Co	de					
	\$107.38		707 South Pharr, TX 7	Jackson Rd. '8577								
	PURPOSE OF EXPENDITURE	(a)	Category _{(S} campaign e		I at the top of this sch	edule)		ck if travel		de of Texas. Com officeholder living	nplete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	e (Office sou	ght			Office h	eld	
	Date		Payee name									
	08/17/2024		Lowe's Hor	ne Centers, L	LC							
	Amount (\$) \$128.86		Payee addre 707 South	ess; City; Jackson Rd.	State;	; Zip Co	de					
			Pharr, TX 7									
	PURPOSE OF EXPENDITURE	(a)	Category (s Campaign		l at the top of this sch	edule)		ck if travel		de of Texas. Com officeholder living	nplete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	e (Office sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services	xpense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	ayment/Reimbursemen erhead/Rental Expense pense kpense /ages/Contract Labor	t	Transportation E Travel in District Travel Out of Dis			
1	Total pages Schedule F1:	2		=				3	Filer ID	(Ethics Commission Filers)		
1	Sch: 7/19 Rpt: 14/28	[- ose M. (Mr.)					00087927			
4	Date	5	Payee name									
	08/31/2024		-	ne Centers,	LLC							
6	Amount (\$) \$44.58	7	 Payee address; City; State; Zip Code 707 South Jackson Rd. Pharr, TX 78577 									
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sand										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder nam	e C	Office sou	ght		Office he	eld		
	Date		Payee name									
	09/05/2024		Lowe's Hor	ne Centers, I	LLC							
_	Amount (\$)	┝	Payee addre	ss; City;	State	; Zip Co	de					
	\$107.38		707 South Pharr, TX 7	Jackson Rd. 8577								
	PURPOSE OF EXPENDITURE	(a)	Category _{(S} campaign e		d at the top of this sch	iedule)			side of Texas. Com (, officeholder livinç	•		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder nam	e C	Office sou	ght		Office he	eld		
	Date		Payee name									
	09/06/2024		Lowe's Hor	ne Centers, I	LLC							
	Amount (\$) \$64.43		Payee addre	ss; City; Jackson Rd.	State	; Zip Co	de					
			Pharr, TX 7	8577								
	PURPOSE OF EXPENDITURE	(a)	Category _{(S} campaign e		d at the top of this sch	iedule)			side of Texas. Com (, officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder nam	e C	Office sou	ght		Office he	əld		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment											
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)										
Sch: 8/19 Rpt: 15/28	Martinez, Jose M. (Mr.) 00087927										
4 Date	5 Payee name										
09/09/2024	Lowe's Home Centers, LLC										
6 Amount (¢)											
6 Amount (\$) \$53.69											
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Campaign Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense sand 										
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H										
Date	Payee name										
07/29/2024	Martinez, Joe										
Amount (\$)	Payee address; City; State; Zip Code										
\$1,791.94	4001 Burns Ct. McAllen, TX 78503										
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 Expense reimbursement Efrain Juarez and Brand Boosters, Co., LLC 										
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held										
Date	Payee name										
07/29/2024	Martinez, Joe										
Amount (\$) \$12,500.00	Payee address; City; State; Zip Code 4001 Burns Ct.										
	McAllen, TX 78503										
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 Loan Payment 										
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held										

				EXPEN	DITURE CA	TEGOR	RIES FOR	вс	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		F F G nmittee L	egal Services	e Expense emorials Expens		Office Ove Polling Exp Printing Ex Salaries/W	rhead lense pens ages	e /Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment &	Related Expense
1	Total pages Schedule F1:	2	FILER NAME			-		-		3	Filer ID	(Ethics (Commission Filers)
-	Sch: 9/19 Rpt: 16/28		Martinez, Jos	se M. (Mr	.)						00087927	(21.100 4	
4	Date	5	Payee name										
	07/08/2024		Martinez, Jos	se									
6	Amount (\$)	7	Payee address	s; City	;	State;	Zip Co	de					
	\$300.00		4001 Burns (Ct.									
			McAllen 7850	03 Taiwa	n, Province	e of Ch	lina						
8	PURPOSE	(a)	Category (See	Categories li	sted at the top o	f this sche	edule)	(b)	Description				
	OF EXPENDITURE		Loan Repayr	nent/Reir	nbursemer	nt					de of Texas. Com		lule T.
											officeholder living		ratio
									Donation to H	nuc	ago County	Democi	Idlic
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Office	eholder na	ime	0	Office sou	ght			Office he	eld	
	Date		Payee name										
	09/09/2024		Martinez, Jos	sephine									
	Amount (\$)		Payee address	; City	;	State;	Zip Co	de					
	\$320.00		4001 Burns (,	·						
	\$020100		loor Ballio (
		<u> </u>	McAllen, TX										
	PURPOSE OF		Category (See				edule)	(b)	Description				
	EXPENDITURE		Loan Repayr	nent/Reir	nbursemer	nt					de of Texas. Com officeholder living		lule T.
									reimburse ca			expense	
										mp	aigir signs		
	Complete ONLY if direct		Candidate/Office				Office sour	ht			Office he	Nd.	
	expenditure to benefit C/Oł				une	0		JIIL			Once ne	iu	
-	Date	<u> </u>	Paylog name										
	08/10/2024		Payee name McCoy's Buil	dina Sun	nly								
			-										
	Amount (\$)		Payee address			State;	Zip Co	de					
	\$77.46		200 W. Expre	essway 8	3								
			Mission, TX	78572									
	PURPOSE	(a)	Category (See	Categories li	sted at the top o	f this sche	edule)	(b)	Description				
			Advertising E				ŕ		Check if travel	outsi	de of Texas. Com	plete Sched	lule T.
	EXPENDITURE		5	-							officeholder living		
									material for a	dve	ertisement s	gns	
L													
	Complete ONLY if direct		Candidate/Office	eholder na	ime	0	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н											

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees G Food/Beverage Expense G Gift/Awards/Memorials Expense G	Loan Repaym Office Overhe Polling Expen Printing Expen Salaries/Wage	ent/Reimbursement ad/Rental Expense se ise es/Contract Labor	Transportation I Travel in Distric Travel Out of Di							
1	Total pages Schedule F1:	FILER NAME			3 Filer ID	(Ethics Commission Filers)						
-	Sch: 10/19 Rpt: 17/28	Martinez, Jose M. (Mr.)			00087927							
4	Date	Payee name										
	09/19/2024	McCoy's Building Supply										
6	Amount (\$) \$50.29	7 Payee address; City; State; Zip Code 9 200 W. Expressway 83 Mission, TX 78572										
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Campaign expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense material for campaign signs										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Off	fice sough	:	Office h	eld						
	Date	Payee name										
	07/12/2024	Medina, Jerry										
	Amount (\$)	Payee address; City; State;	Zip Code									
	\$2,175.00	2118 N. 48th Lane McAllen, TX 78501										
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Campaign Graphics	_{lule)} (b		outside of Texas. Con ı, TX, officeholder livin raphics							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Off	fice sough	I	Office h	eld						
	Date	Payee name										
	08/14/2024	Medina, Jerry										
	Amount (\$) \$500.00	Payee address; City; State; 2118 N. 48th Lane	Zip Code									
		McAllen, TX 78501										
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Consulting Expense	lule) (b		outside of Texas. Con n, TX, officeholder livin aphics							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Off	fice sough	[Office h	eld						

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 11/19 Rpt: 18/28		Martinez, Jose M. (Mr.)					00087927				
4	Date 08/18/2024		Payee name Meyer, Pam									
6	Amount (\$)	7	7 Payee address; City; State; Zip Code									
	\$75.00	1601 FM 2165 Rockport, TX 78382										
8	PURPOSE	(a)		e ton of this sch	edule)	(b) Description						
	OF EXPENDITURE	OF Event Expense Check if travel outside of Texas. Complete Schedule T.										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht		Office he	eld			
	Date		Payee name									
	08/13/2024		Ontiveros Printing									
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le						
	\$124.49		915 E. Feguson Ste. 5 Pharr, TX 78577									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at th campaign expense	e top of this sch	edule)		ı, ТХ,	de of Texas. Com officeholder living ock push car	expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Office sou	ht		Office he	eld			
	Date		Payee name									
	08/19/2024		Ontiveros Printing									
	Amount (\$) \$124.49		Payee address; City; 915 E. Feguson Ste. 5	State;	; Zip Coo	le						
			Pharr, TX 78577									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at th Campaign Expense	e top of this sch	edule)		ı, ТХ,	de of Texas. Com officeholder living DCK Push Ca	expense			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office he	eld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)									
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)									
_	Sch: 12/19 Rpt: 19/28	Martinez, Jose M. (Mr.)	00087927									
4	Date 09/04/2024	Payee name Ontiveros Printing										
6	Amount (\$) \$405.94	7 Payee address; City; State; Zip Code 915 E. Feguson Ste. 5 Pharr, TX 78577										
8	PURPOSE OF EXPENDITURE	Advertising Expanse										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	09/11/2024	Ontiveros Printing										
	Amount (\$) \$56.29	Payee address; City; State; Zip Code 915 E. Feguson Ste. 5 Pharr, TX 78577										
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ce Envelopesolor Print 2 sides									
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date 09/14/2024	Payee name Ontiveros Printing										
	Amount (\$) \$405.94	Payee address;City;State;Zip Code915 E. Feguson Ste. 5										
		Pharr, TX 78577										
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense sh Cards 2 Side Print									
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									

			EXPENDITURE CATEGO	RIES FOF	BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)					
	Sch: 13/19 Rpt: 20/28		Martinez, Jose M. (Mr.)				00087927					
4	Date	5	Payee name									
	09/11/2024		Pantry Store G Up									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$43.78		1720 E. Houston St.									
			Beeville, TX 78102									
8	PURPOSE	(a)			(b) Description							
	OF	(")	Category (See Categories listed at the top of this sch Transportation Equipment And Related			outsi	de of Texas. Complete Schedule T.					
	EXPENDITURE		Expense		Check if Austin	, тх	officeholder living expense					
					fuel							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held					
	Date		Payee name									
	07/17/2024		Ramirez, Joseph									
	Amount (\$)		Payee address; City; State	; Zip Co	de							
	\$750.00		2309 Blue Star									
			Corpus Christi, TX 78414									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Consulting Expense	edule)		, тх	de of Texas. Complete Schedule T. officeholder living expense ultant					
	Complete ONLY if direct		Candidate/Officeholder name	Dffice sou	iht		Office held					
	expenditure to benefit C/OF											
⊨	Date		Payee name									
	08/07/2024		Ramirez, Joseph									
	Amount (\$)		· · · · · · · · · · · · · · · · · · ·	; Zip Co	10							
	\$375.00		2309 Blue Star	, zip co								
	4515.00											
			Corpus Christi, TX 78414									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description	o	de of Texas. Complete Schedule T.					
	EXPENDITURE		Consulting Expense				officeholder living expense					
					Consultant ex							
						•						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburse Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Lab The Instruction Guide explains how to complete this form	nse Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	ILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 14/19 Rpt: 21/28	Aartinez, Jose M. (Mr.)	00087927								
4	Date 08/22/2024	Payee name Ramirez,, Joseph									
6	Amount (\$) \$375.00	Payee address; City; State; Zip Code 2309 Blue Star Corpus Christi, TX 78414									
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consultant									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	07/12/2024	Sew Crazy									
	Amount (\$) \$897.00	Payee address; City; State; Zip Code 2 Enchanted Wood San Antonio, TX 78248									
	PURPOSE OF EXPENDITURE		on travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense SS Shirts with logo								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held								
	Date	ayee name									
	08/18/2024	Stripes #9110									
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 2824 W. Freddy Gonzalez									
		Edinbur, TX 78539									
	PURPOSE OF EXPENDITURE		ON travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemu Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 15/19 Rpt: 22/28	Martinez, Jose M. (Mr.)	00087927								
4	Date 09/07/2024	Payee name Stripes									
6	Amount (\$) \$42.80	Brownsville, TX 78520									
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fuel										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	07/09/2024	Take 5 Oil Change #708									
	Amount (\$) Payee address; City; State; Zip Code \$138.78 2801 W. Freddy Gonzalez Edinburg, TX 78539										
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description	ivel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense Ce-maintenance oil change, filters								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	07/25/2024	The Home Depot									
	Amount (\$) \$31.09	Payee address; City; State; Zip Code 409 N. Jackson									
		McAllen, TX 78577									
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense nent signs								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office (Polling Printing Salarie	Overhe Expens Expers/Wage	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 16/19 Rpt: 23/28		Martinez, Jose M. (Mr.)					00087927				
4	Date	5	Payee name									
	07/27/2024		The Home Depot									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$374.62 409 N. Jackson											
			McAllen, TX 78577									
	DUDDOCE				(h)							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(D)	Description	outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Campaign Expense					, officeholder living expense				
						White wood,	scr	ews, nails for campaign signs				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office s	ought	t		Office held				
	Date		Payee name									
	07/29/2024		The Home Depot									
	Amount (\$)		Payee address; City; St	ate; Zip (Code							
	\$153.72		409 N. Jackson									
			McAllen, TX 78577									
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description						
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.				
								, officeholder living expense				
						Premium wh	itev	wood for advertisement signs				
	-				<u> </u>							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	bugni	[Office held				
		_										
	Date		Payee name									
	07/30/2024		The Home Depot									
	Amount (\$)			ate; Zip (Code							
	\$70.17		409 N. Jackson									
			McAllen, TX 78577									
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)) Description						
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.				
	EXPENDITORE							officeholder living expense				
						material for a	dve	ertisement signs				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ought	t		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation E Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District							raising Expense quipment & Related Expense trict category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 17/19 Rpt: 24/28		Martinez, Jose M. (Mr.)					00087927			
4	Date	5	Payee name								
	07/31/2024		The Home Depot								
6	Amount (\$)	7	Payee address; City; State	; Zip Co	nde						
ľ	\$23.75	ľ	409 N. Jackson	, zip 00	ac						
	φ20.75		403 14. 346K3011								
			McAllen, TX 78577								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	hedule)	(b)	Description					
	EXPENDITURE		Advertising Expense					de of Texas. Com officeholder living			
						material for a					
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held										
	Date		Payee name								
	09/05/2024		The Home Depot								
	Amount (\$)		Payee address; City; State	; Zip Co	ode						
	\$80.70		409 N. Jackson								
			McAllen, TX 78577								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Campaign signs	hedule)	(b)			de of Texas. Com officeholder living			
						Whitewood fo	or c	ampaign sig	S		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office he	eld		
	Date	Γ	Payee name								
	09/05/2024		The Home Depot								
	Amount (\$)	\vdash	-	; Zip Co	ode						
	\$209.94		409 N. Jackson Ave.	, =							
			Pharr, TX 78577								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	hedule)	(b)	Description					
	EXPENDITURE		Campaign expense					de of Texas. Com officeholder living			
						material for a					
	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office sou	abt			Office he	ald		
	expenditure to benefit C/Oł				iynt			Once fe			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transporta Food/Beverage Expense Polling Expense Travel in D y - Gift/Awards/Memorials Expense Printing Expense Travel out						Transportation E Travel in District Travel Out of Dis				
1	Total pages Schedule F1:	2	ILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 18/19 Rpt: 25/28		Aartinez, Jose M. (Mr.)					00087927				
4	Date	5	Payee name									
	08/26/2024	\ \	Walmart									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$48.29	!	5700 N. 23rd St.									
		1	IcAllen, TX 78504									
8	PURPOSE	(a) (Category (See Categories listed at the top	of this sch	nedule)	(b) Description						
	OF EXPENDITURE		ampaign expense		,		l outsi	de of Texas. Com	plete Schedule T.			
	EXPENDITORE					<u> </u>	n, TX,	officeholder living	g expense			
						fuel						
_												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office he	eld			
	Date		Payee name									
	09/02/2024		Valmart									
				Ctoto	; Zip Co	do						
	Amount (\$)		Payee address; City;	State,	, ZIP CO	ue						
	\$6.79		710 South Expressway 83									
			Harlingen, TX 78550									
	PURPOSE	(a) (Category (See Categories listed at the top	of this sch	nedule)	(b) Description						
	OF EXPENDITURE		ampaign expense					de of Texas. Com				
						ook wire for		officeholder living				
							cun	ipaigit signs				
	Complete ONLY if direct	L Ci	andidate/Officeholder name		Office soug	aht		Office he	eld			
	expenditure to benefit C/OF					5						
	Date		Payee name									
	09/05/2024		Valmart									
	Amount (\$)		Payee address; City;	State	; Zip Co	ha						
	\$50.00		5700 N. 23rd St.	State,	, zip cot							
	430.00		100 N. 2010 OL									
			/IcAllen, TX 78504									
	PURPOSE		Category (See Categories listed at the top	of this cob	adule)	(b) Description						
	OF		Fransportation Equipment And I		,		l outsi	de of Texas. Com	plete Schedule T.			
	EXPENDITURE		Expense		_		n, TX,	officeholder living	g expense			
						fuel						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office he	eld			
	experience to benefit C/OI	•										

	UNPAID INCU	RRED OE	BLIGATIONS	6				SCHEDULE F2	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		EXPENDITURE Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	pense	Loan Rep Office Ov Polling Ex Printing E Salaries/	ayment/Reimburser erhead/Rental Expe spense xpense Vages/Contract Lab	ense oor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
	Total pages Schedule F2: Sch: 1/1 Rpt: 27/28		IE Jose M. (Mr.)				3	Filer ID(Ethics Commission Filers)00087927	
4	TOTAL OF UNITEMIZ	EMIZED UNPAID INCURRED OBLIGATIONS \$							
5	Date 08/14/2024	6 Payee nam Medina, Je	erry						
7	Amount (\$) \$1,161.00	8 Payee addr 2118 N. 48 McAllen, T	8th Lane	State	e; Zip Co	ode			
9	TYPE OF EXPENDITURE	X	Political		Non-Pol	itical			
10	D PURPOSE OF EXPENDITURE	(a) Category (Advertisin	See Categories listed at the t g Expense	op of this so	hedule)	Check if	f travel outsi f Austin, TX,	de of Texas. Complete Schedule T. officeholder living expense tising expense	
11	Complete ONLY if direct expenditure to benefit C/O		fficeholder name		Office sou	ight		Office held	
	Date 08/07/2024	Payee nam Ramirez,,							
	Amount (\$) \$750.00	Payee addr 2309 Blue		State	e; Zip Co	ode			
	TYPE OF EXPENDITURE	Corpus Ch	Political		Non-Pol	itical			
	PURPOSE OF EXPENDITURE	(a) Category (Consulting	See Categories listed at the t	op of this so	hedule)		f travel outsi f Austin, TX,	de of Texas. Complete Schedule T. officeholder living expense NSE	
F	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name		Office sou	ight		Office held	
	rms provided by Tayas F				state tv i			Vercion V4 1 0 48de51f	

OUTSTAI	NDING LOANS	SCHEDULE L
	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 28/28
2 FILER NAME Martinez, Jose	M. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087927
LENDER INFORMATION	 4 Name of lender MARTINEZ, JOSE (Mr.) 5 Lender address; City; State; Zip Code 	I
	McAllen, TX 78503	
GUARANTOR INFORMATION	6 Name of guarantor	
X not applicable	7 Guarantor address; City; State; Zip Code	