# 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 Comm 00054543		2 Total pages filed: 44
3 CANDIDATE /	MS / MRS / MR FIR	ST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Arn	nando A.		Date Received
				ELECTRONICALLY FILED
	NICKNAME LAS	······································	CUEFIV	10/28/2024
		rtinez	SUFFIX	10/20/2024
	Marido	runez		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUI	TE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 1651			<u> </u>
ADDRESS				Receipt # Amount
Change of Address	Weslaco, TX 78599			Date Processed
"				Date Processed
				Date Imaged
				Date imaged
5 CAMPAIGN	MS / MRS / MR FIRS	T	MI	
TREASURER	Dr. Rod			
NAME	Di.	iono		
	NICKAIAAME LAC	<del>.</del>	CUEEN	
	NICKNAME LAS	errero	SUFFIX	
	Gue	enero		
2 0445404	070557 ADDD500 (NO DO DO)	DI 5405)	T / OLUTE # OLTY	0T1TF TID 00DF
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX	PLEASE); AP	T / SUITE #; CITY;	STATE; ZIP CODE
ADDRESS	1407 Tangerine Drive			
(Residence or Business)				
	Weslaco, TX 78596			
7 CAMPAIGN	AREA CODE PHONE NU	IMBER EXTENSION		
TREASURER		JIVIDER EXTENSION		
PHONE	(956) 493-7600			
8 REPORT				
TYPE	January 15	Oth day before election	Runoff	15th day after campaign treasurer
		, <u> </u>	<u></u>	appointment (officeholder only)
	July 15 X 81	h day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
			reporting intil	
9 PERIOD	Month Day Year		Month Day	Year
COVERED	09/27/2024	THROUGH	10/26/2024	1
10 ELECTION	ELECTION DATE	l <u> </u>	ELECTION TYPE	
	Month Day Year	Primary	Runoff	Other
	11/05/2024	X General	Special	
		"	_	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT	(if known)
	State Representative District 3	9	State Representa	
			'	
			1	
		GO TO PAGE 2		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 44

13 C / OH NAME	<b>14</b> Filer ID ( 00054543	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	TREPAC		
		COMMITTEE ADDRESS		
	SPECIFIC SPECIFIC	1115 San Jacinto Blvd.		
		Ste. 200		
		Austin, TX 78701		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Cantu, Leslie		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
		P. O. Box 2246		
		Austin, TX 78768		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
	\$ 48,425.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 34,876.70
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I RIOD	AST DAY OF THE	\$ 24,195.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 30,065.85
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.		
		The Honora	able Armando A. Marti	inez
		Signature o	f Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the _	day
of				
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

## **SUBTOTALS - C/OH**

## FORM COH **COVER SHEET PG 3**

					3 01 44
	ER NAM	ME Armando A. (The Honorable)	19 Filer ID 00054543	(Eth	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	47,500.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	925.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	30,830.07	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	2,046.63
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,000.00
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	F C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	

	MONEI	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this 1	fori	m.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/44	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Martinez, Ar	mando A. (The Honorable)				00054543	
4	Date 10/16/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Ancira, Jesse</li> <li>Contributor address; City; State; Zip Code</li> </ul>	:	)	7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Lobbyist/Leg	islative Consulting		Self			
	Date	Full name of contributor  out-of-state PAC (ID#:	<u> </u>	)		Amount of Contribution (\$)	
	10/14/2024	Associated General Contractors of Texas -PAC		·			\$1,500.00
		Contributor address; City; State; Zip Code					•
		Continuator address, City, Ctate, 21p Code					
		Austin, TX 78768					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date	Full name of contributor x out-of-state PAC (ID#:	: C00	0035006 )		Amount of Contribution (\$)	
	10/03/2024	Chevron Employees PAC		·			\$1,500.00
		Contributor address; City; State; Zip Code					
		ээн					
		San Ramon, CA 94583					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date	Full name of contributor x out-of-state PAC (ID#:	: C00	)248716 )		Amount of Contribution (\$)	
	10/16/2024	Comcast Corp. & NBCUniversal PAC					\$1,000.00
		Contributor address; City; State; Zip Code					
		Philadelphia, PA 19103					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date	Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	
	10/16/2024	Congress Avenue Partners PAC					\$500.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		

	MONET	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 5/44	
2	FILER NAME Martinez, Ari	mando A. (The Honorable)			3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 10/16/2024	<ul><li>5 Full name of contributor Consulting Engineers, PA</li><li>6 Contributor address; City; St</li></ul>			7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions	s) 	9 Employer (See Instructions	s)		
	Date 10/03/2024	Full name of contributor Curbow, Kelly Contributor address; City; Si		)		Amount of Contribution (\$)	\$1,000.00
	Dringing aggr	San Marcos, TX 78666	. I	Employer (See Instruction	<u></u>		
	Lobbyist	pation / Job title (See Instructions	)	Employer (See Instructions Self	5)		
	Date  Full name of contributor  Out-of-state PAC (ID#:					Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	s) 	Employer (See Instructions	s)		
10/16/2024 Foley & Lardner LLP  Contributor address; Ci		Full name of contributor Foley & Lardner LLP Texa Contributor address; City; Si Dallas, TX 75201		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	(3)	Employer (See Instructions	5)		
	Date 10/16/2024	Full name of contributor Hausenfluck, Amber Contributor address; City; Si Austin, TX 78704		Amount of Contribution (\$)	\$500.00		
	Principal occu Lobbyist/Vice	pation / Job title (See Instructions e President	(s)	Employer (See Instructions McGuireWoods Consult		LLC	
				2 2 3		· · <del>· · ·</del>	

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 6/44	
2	FILER NAME Martinez, Ari	mando A. (The Honorable)			3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 10/16/2024	<ul><li>5 Full name of contributor  Hillco PAC</li><li>6 Contributor address; City; State;</li></ul>			7	Amount of Contribution (\$)	\$1,000.00
0	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	اه	Employer (See Instructions			
0	Fillicipal occu	pation 7 300 title (See instructions)	9	Employer (See instructions	)		
	Date 10/16/2024	L0/16/2024 Keffer, Jim  Contributor address; City; State; Zip Code  Eastland, TX 76448  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			Amount of Contribution (\$)	\$500.00	
	Principal occu Lobbyist	pation / Job title (See Instructions)		Employer (See Instructions Self	)		
	Date 10/16/2024					Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78731					
	Principal occu Government	pation / Job title (See Instructions) al Affairs		Employer (See Instructions Blackridge	)		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00		
	Principal occu Lobbyist	pation / Job title (See Instructions)		Employer (See Instructions Ron Lewis & Associates			
	Date Full name of contributor out-of-state PAC (ID#:)  10/16/2024 Long, Wade  Contributor address; City; State; Zip Code  Austin, TX 78703					Amount of Contribution (\$)	\$250.00
		pation / Job title (See Instructions) al Affairs/Lobbyist		Employer (See Instructions Self	)		
			<u>'</u>				

	MONET	ARY POLITICAL CO	)NTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to	complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/44	
2	FILER NAME Martinez, Ar	mando A. (The Honorable)			3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 10/16/2024	<ul> <li>Full name of contributor</li> <li>Manufacturers PAC of Texas</li> <li>Contributor address; City; State;</li> </ul>			7	Amount of Contribution (\$)	\$1,000.00
0	Dringing occu	Austin, TX 78711-1646	1,	) Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	)		
	Date 10/16/2024	Full name of contributor X  NRG Energy PAC  Contributor address; City; State;	out-of-state PAC (ID#: <u>Cd</u> ; Zip Code	00366559		Amount of Contribution (\$)	\$3,000.00
		Princeton, NJ 08540					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/16/2024	Full name of contributor  PAC of the Independent Insu  Contributor address; City; State;			Amount of Contribution (\$)	\$750.00	
		Austin, TX 78768					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/14/2024	Full name of contributor Pebley Jr., Howard T. (Mr.) Contributor address; City; State; McAllen, TX 78504		)		Amount of Contribution (\$)	\$1,500.00
	•	pation / Job title (See Instructions) istrative Office		Employer (See Instructions Foremost Paving, Inc.	)		
	Date 10/16/2024	Full name of contributor  Precast PAC  Contributor address; City; State;  Austin, TX 78716	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONET	ARY POLITICAL C	CONTRIBUTIO	)NS			SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.		1	Total pages Schedule A1: Sch: 5/8 Rpt: 8/44	
2	FILER NAME Martinez, Ar	mando A. (The Honorable)				3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 10/03/2024	<ul><li>5 Full name of contributor Rock Holdings Inc. State I</li><li>6 Contributor address; City; St</li></ul>			3827 )	7	Amount of Contribution (\$)	\$750.00
		Lansing, MI 48933						
8	Principal occu	pation / Job title (See Instructions	)	<b>9</b> Er	nployer (See Instructions	s)		
	Date 10/16/2024	Full name of contributor Rodriguez, Marc (Mr.) Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin, TX 78701  ncipal occupation / Job title (See Instructions)  Employer (See Instructions)  Texas Lobby Par						
			,		exas Lobby Partners	) )		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78749						
	Principal occu	pation / Job title (See Instructions	)	Er	nployer (See Instructions	s)		
	Date 10/16/2024	Full name of contributor TXTA TruckPAC Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions	)	Er	nployer (See Instructions	5)		
	Date 10/16/2024	Full name of contributor Texans for Lawsuit Reforr Contributor address; City; St Austin, TX 78701			)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	)	Er	nployer (See Instructions	5)		
				I .				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/44	
2	FILER NAME Martinez, Arı	mando A. (The Honorable)		3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 10/16/2024	<ul> <li>Full name of contributor</li></ul>	,	7	Amount of Contribution (\$)	\$250.00
		Austin, TX 78701	1			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#: Texas Association of Crane Owners PAC Contributor address; City; State; Zip Code	•	Amount of Contribution (\$)	\$500.00	
	Principal occu	Austin, TX 78716 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#: Texas Association of Pawnbrokers PAC Contributor address; City; State; Zip Code Crawford, TX 76638			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> S)		
	Date 10/16/2024	Full name of contributor  out-of-state PAC (ID#: Texas Automobile Dealers Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701	·		Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#: Texas Construction Association PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	CONTRIBUTIO	NS 		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 10/44	
2	FILER NAME Martinez, Ar	mando A. (The Honorable)			3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 10/16/2024	<ul><li>5 Full name of contributor</li><li>Texas Deer Association P</li><li>6 Contributor address; City; St</li></ul>			7	Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78703					
8	Principal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions	s)		
	Date 10/16/2024	Full name of contributor Texas Food & Fuel Assn. Contributor address; City; St		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	)	Employer (See Instructions	<u> </u> s)		
	Date 10/16/2024	Full name of contributor Texas Mortgage Bankers Contributor address; City; St				Amount of Contribution (\$)	\$1,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions		Employer (See Instructions	<u> </u> s)		
	Date 10/16/2024	Full name of contributor Texas Podiatric Medical A Contributor address; City; St Austin, TX 78701				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	s)		
	Date 10/16/2024	Full name of contributor Texas Trial Lawyers Asso Contributor address; City; St. Austin, TX 78701				Amount of Contribution (\$)	\$3,500.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	s)		

	MONEI	ARY POLITICAL CONTRIBUTIONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 11/44	
2	FILER NAME Martinez, Ar	mando A. (The Honorable)	3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 10/03/2024	<ul> <li>Full name of contributor</li></ul>	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Arlington, VA 22202 pation / Job title (See Instructions)  9 Employer (See Instruc	ctions)		
	Date 10/03/2024	Full name of contributor X out-of-state PAC (ID#: C00085316  The Cigna Group Employee PAC  Contributor address; City; State; Zip Code  Philadelphia, PA 19192	)	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	ctions)		
	Date 10/16/2024	Full name of contributor X out-of-state PAC (ID#: C00284885  The Home Depot Inc. PAC  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$1,000.00
	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)  Employer (See Instructions)	ctions)		
	Date 10/16/2024	Full name of contributor X out-of-state PAC (ID#: C00274431 UnitedHealth Group Inc., PAC Contributor address; City; State; Zip Code Washington, DC 20004	)	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	tions)		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code  Austin, TX 78701		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	ctions)		
		<b>,</b>			

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 12/44 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 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/16/2024 Ingersoll, Deborah \$275.00 | Event Coordination Fee 7 Contributor address; City; State; Zip Code Austin, TX 78763 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) Lobbyist Self 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) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 10/16/2024 Kelley, Russell \$650.00 i Emails and Venue for Contributor address; City; State; Zip Code Fundraiser Austin, TX 78731 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 Blackridge 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)

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expensions Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		pense ages/Co	ontract Labor this form.		Travel in District Travel Out of Dis OTHER (enter a		)
1	Total pages Schedule F1:	2 FILI	ER NAME					3	Filer ID	(Ethics Commission	Filers)
	Sch: 1/29 Rpt: 13/44	Ма	rtinez, Armando A. (The	Honorable)	)			(	00054543		
4	Date	<b>5</b> Pay	ee name								
	10/23/2024	Air	oort Elementary								
6	Amount (\$)	<b>7</b> Pay	ee address; City;	State;	Zip Cod	de					
	\$100.00	410	N. Airport Drive								
		We	slaco, TX 78596								
8	PURPOSE	(a) Cat	egory (See Categories listed at t	he top of this sch	edule)	<b>(b)</b> D	escription				
	OF EXPENDITURE	Coi	ntributions/Donations Ma	ade By			<b>Ⅎ</b>			plete Schedule T.	
		Cai	ndidate/Officeholder/Poli	itical Comm	ittee	Ļ	J Check if Austin, all Festival	TX, c	officeholder living	expense	
							an i convai				
9	Complete ONLY if direct	l Cand	idate/Officeholder name		Office soug	aht			Office he	eld	
	expenditure to benefit C/O								2.1100 110		
	Date	1 1	ee name								
	09/27/2024		cisco, Thelma (Ms.)								
	Amount (\$)	1 1	ree address; City;	State;	Zip Coo	de					
	\$375.00	160	01 S. Bridge, Apt. #15								
L		We	slaco, TX 78596								
	PURPOSE OF		egory (See Categories listed at t		edule)	(b) D	escription				
	EXPENDITURE	Sal	aries/Wages/Contract La	abor		F	<b>Ⅎ</b>		e of Texas. Com officeholder living	plete Schedule T.	
						G	J CHECK II Additili,	,	Jonesaci iivilig	,	
	Complete ONLY if direct		lidate/Officeholder name	C	Office soug	ght			Office he	eld	
	expenditure to benefit C/OI	Н									
	Date	Pay	ee name								
	09/27/2024	Bal	deras, Diana								
	Amount (\$)	Pay	ee address; City;	State;	Zip Cod	de					
	\$300.00	201	.2 Benitez								
		Doi	nna, TX 78537								
	PURPOSE	<b>(a)</b> Cat	egory (See Categories listed at t	he top of this sch	edule)	<b>(b)</b> D	escription				
	OF EXPENDITURE		aries/Wages/Contract La		<i>'</i>		Check if travel o			plete Schedule T.	
	ZA ENDITORE						Check if Austin,	TX, c	officeholder living	expense	
						G	JO 1 V				
	Complete ONLY if direct	Cand	idate/Officeholder name		Office soug	nht			Office he		
	expenditure to benefit C/O		nate/Onicendiael Hame		ZIIIOE SUUL	J111			Onice He	Ju .	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/29 Rpt: 14/44	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/24/2024	CMS Cheer
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	801 S. Mile 1 East
		Mercedes, TX 78570
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Sponsorship
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/17/2024	Cadena, Amanda
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	2301 Highland
	φουσ.σσ	2001 riigiilaria
		W 1 TV 70700
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Fundraiser. No Grande Valley Wings of Hope
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/11/2024	Cano, Albert
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	1418 S. Texas Blvd.
		Mercedes, TX 78570
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		BBQ Fundraiser
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to belieff C/OI	1

### SCHEDULE F1

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

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a coloropy 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: 3/29 Rpt: 15/44	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/11/2024	Cano, Albert
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	1418 S. Texas Blvd.
		Mercedes, TX 78570
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  BBQ Plate Giveaway
		BBQ Flace Giveaway
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	10/22/2024	Cano, Mario
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	713 Fannin Street
		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  GOTV
		3011
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/04/2024	Cantu, Janie
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	526 S. 13th Street
		Donna, TX 78537
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		GOTV
	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

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	y - al Cor	nmittee	Gift/Awards/Mem Legal Services	·		Vages	s/Contract Labor		Travel Out of D OTHER (enter	District a category not listed above)	
		_			n Guide explain	s now to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2							3		(Ethics Commission Filers)	
	Sch: 4/29 Rpt: 16/44	_		-	The Honorable	e)				00054543		
4	Date	5	Payee name									
	09/27/2024		Carmona, J	lesse								
6	Amount (\$)	7	Payee addre	ss; City;	Stat	e; Zip Co	ode					
	\$300.00	1	408 S. 6th S	St.								
			Donna, TX	79527								
<u>_</u>	DUDDOS-	ļ.				1	4.					_
8	PURPOSE OF	(a)			d at the top of this so	chedule)	(b)	Description				
	EXPENDITURE		Salaries/Wa	ages/Contra	ct Labor			=		de of Texas. Co officeholder livir	mplete Schedule T.	
								GOTV	., .,,	Sinceriolaer IIVII	.g	
								J				
_	Complete ONLY if direct	Ц	Candidata/O#	icoholder ne	0	Office	ah+			Office h	aold	
9	Complete ONLY if direct expenditure to benefit C/OI		Januudie/Offi	iceholder nam	t	Office sou	ıyrıt			Office r	ieiu	
L		_										
	Date		Payee name									
	10/04/2024		Carrera Co	mmunication	IS							
	Amount (\$)	Γ	Payee addre	ss; City;	Stat	e; Zip Co	de					
	\$400.00	1	136 Paseo	del Prado								
			Edinburg, T	X 78542								
_	DUDDOCE	10				1	<i>(</i> L)	5 10				
	PURPOSE OF	(a)			d at the top of this so	chedule)	(a)	Description  Check if travel	Unte	de of Tovas Co	mplete Schedule T.	
	EXPENDITURE		⊢ood/Bever	age Expens	е			<u></u>		officeholder livir		
		1						Campaign Bi				
								I 9 2-	·		•	
$\vdash$	Complete ONLY if direct	<u> </u>	Candidate/Offi	iceholder nam	<u></u>	Office sou	l laht			Office h	neld	_
	expenditure to benefit C/OI		zanaidato/OIII	Johnston Hall	•	5.110C 30U	9111			Cilico I		
$\vdash$	<b>D</b> :	_										_
	Date		Payee name									
	10/22/2024		Carrera Co	mmunicatior								
	Amount (\$)		Payee addre	ss; City;	Stat	e; Zip Co	ode					
	\$2,540.00		136 Paseo	del Prado								
			Edinburg, T	X 78542								
	PURPOSE	(a)	Category (S	ee Categories liste	d at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Fees	- 5		,			outsi	de of Texas. Co	mplete Schedule T.	
	EVLENDIIOKE									officeholder livir	ng expense	
								Campaign Bl	lock	Walking		
L							L					
	Complete ONLY if direct		Candidate/Off	iceholder nam	е	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
												_

### 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
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: 5/29 Rpt: 17/44	Martinez, Armando A. (The Honorable) 00054543	
4	Date	5 Payee name	_
	09/27/2024	Casares, Pablo	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$500.00	1930 E. Mile 12 N	
		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  GOTV	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
H	Date	Payee name	=
	10/26/2024	Castaneda, Jaime	
-	Amount (\$)	Payee address; City; State; Zip Code	_
	\$250.00	9205 Palm Grove	
	,		
		Mercedes, TX 78570	
	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	
	Operation ONLY if the est	Our distance (Office health as marries and office a wealth as a constitution of the co	_
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	D-1-	T _	_
	Date 10/17/2024	Payee name  Castillo , Fermina	
			_
	Amount (\$) \$300.00	Payee address; City; State; Zip Code P. O. Box 1856	
	φ300.00	F. O. BOX 1630	
		Denne TV 70527	
		Donna, TX 78537	_
	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.	
	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/Ol	п	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense 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

ent Solicitation/Fundraising Expense
se Transportation Equipment & Related Expense
Travel in District
Travel Ott 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: 6/29 Rpt: 18/44	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/22/2024	Castillo , Fermina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	P. O. Box 1856
		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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		GOTV
Ļ	Operation ONLY if the est	Our did at 10 ff as hald a manual of first a south
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
_	5.	
	Date	Payee name
	10/22/2024	Castillo , Jose
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	107 Pena Ave.
		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
		GOTV
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/04/2024	Castorena, Daniel
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P. O. Box 2026
		Donna, TX 78537
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		GOTV
L	Complete ONII V if direct	Candidate/Officeholder name Office sought
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┝	Total manne Cabadula F1.	
	Total pages Schedule F1: Sch: 7/29 Rpt: 19/44	2 FILER NAME  Martinez, Armando A. (The Honorable)  3 Filer ID (Ethics Commission Filers)  00054543
┝	<u> </u>	
4		5 Payee name
	10/20/2024	Castorena, Daniel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	P. O. Box 2026
		Danna TV 70527
		Donna, TX 78537
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	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	<del>1</del>
F	Date	David and a second
		Payee name
L	10/20/2024	Castorena, Guadalupe
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P. O. Box 2026
		Donna, TX 78537
L		
	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
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	
Г	Date	Payee name
	09/27/2024	Chavez, Delma
H		
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	800 S.Border Ave.
		Weslaco, TX 78596
Г	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
ĺ		GOTV
ĺ		
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ĺ	expenditure to benefit C/OI	
$\vdash$		
l		
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•		

### 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		mittee Legal Services Salaries/Wages/0			OTHER (enter a	category not listed above)	
	Credit Card Payment		The Instruction Guide explains how to complet	te this form.				
1	Total pages Schedule F1:	2	FILER NAME	;	3	Filer ID	(Ethics Commission Filers)	)
	Sch: 8/29 Rpt: 20/44		Martinez, Armando A. (The Honorable)			00054543		
4	Date	5	Payee name	•				
	10/18/2024		City of Weslaco					
6	Amount (\$)	7	Payee address; City; State; Zip Code					
	\$76.38		255 S. Kansas Ave.					
			Weslaco, TX 78596					
8	PURPOSE	⊢	<del></del>	Description				
Ü	OF	<sup>(a)</sup>	Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense	Description  Check if travel or	utsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Office Overhead/Rental Expense	<b>=</b>		officeholder living		
			ļ - ī	 Utilities: Garba	ag	e, Sewage,	and Water	
9	Complete ONLY if direct		Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/OI	Н						
	Date		Payee name					_
	10/20/2024		Cosme, Guadalupe					
	Amount (\$)	$\vdash$	Payee address; City; State; Zip Code					
	\$150.00		857 E. Liberty					
	<b>4100.00</b>		50. E. Elisolty					
			Mercedes, TX 78570					
	DUDDOOF	(-)						
	PURPOSE OF	(a)	C , (cor canagement action to p or anno constant)	Description  Check if travel or	utci	do of Toyas Com	plete Schedule T.	
	EXPENDITURE		Salaries/Wages/Contract Labor	<u>—</u>		officeholder living		
				GOTV				
	Complete ONLY if direct		Candidate/Officeholder name Office sought			Office he	eld	_
	expenditure to benefit C/OI	Н						
	Date		Payee name					_
	09/27/2024		Escamilla, Guadalupe					
	Amount (\$)	$\vdash$	Payee address; City; State; Zip Code					
	\$400.00		2801 W. 5 1/2 N					
	*							
			Weslaco, TX 78596					
	PURPOSE	_		D				
	OF	(a)	, ,	Description  Check if travel or	utsi	de of Texas, Com	plete Schedule T.	
	EXPENDITURE		Salaries/Wages/Contract Labor	<b>-</b>		officeholder living		
				GOTV				
	Complete ONLY if direct		Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/OI	Н						

### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made Ry - Giff/Alwards/Mei

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manage Calc. 1.1. Etc.	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	
L	Sch: 9/29 Rpt: 21/44	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/20/2024	Espinoza, Brianda
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$250.00	1209 Victory Street
	Ψ230.00	1203 Victory Street
		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
	EXPENDITURE	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
	10/20/2024	Espinoza, Rosa
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1209 Victory Street
		San Juan, TX 78589
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	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
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
H		
	Date	Payee name
L	10/04/2024	Esquivel, Angelita
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	300 S. 1st Street, Lot 26
		Donna, TX 78537
	DUDDOCE	I a c
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxas, 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
L	Complete ONII V if alias -t	Condidate/Officeholder name Office county
	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
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 co	mple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/29 Rpt: 22/44	Martinez, Armando A. (The Honorable)		00054543
4	Date	5 Payee name		-
	09/27/2024	Farias, Lionel		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$200.00	810 S. Bridge		
		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.
	LAFLINDHORL			Check if Austin, TX, officeholder living expense
				GOTV
_	Operation ONE V if dispert	Out lide to 10 ff and all the same	4	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	gnt	t Office held
	Date	Payee name		
	09/27/2024	Flores, Jay (Mr.)		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$500.00	1506 Westmont Drive, Apt. C		
		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
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	t Office held
	expenditure to benefit C/O		9	
	Date	Dayea nama		
	10/20/2024	Payee name Flores, Jay Dee (Mr.)		
			do	
	Amount (\$) \$500.00	Payee address; City; State; Zip Co 512 W. 4th Street	ue	
	φ500.00	512 W. 401 Sueet		
		Western TV 70500		
		Weslaco, TX 78596		
	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	Salaries/Wages/Contract Labor		Check if dayer outside of Texas. Complete scriedule 1.  Check if Austin, TX, officeholder living expense
				GOTV
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	t Office held
	expenditure to benefit C/O	1		
_				

### 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	
Ļ		
1	Total pages Schedule F1:	
	Sch: 11/29 Rpt: 23/44	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/20/2024	Galan, Dario
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$375.00	12915 Santawan Drive
		Mercedes, TX 78570
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 expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiorure to benefit C/Of	1
	Date	Payee name
	10/20/2024	Galan, Sandra
	Amount (\$)	Payee address; City; State; Zip Code
	\$375.00	12915 Santawan Drive
		Mercedes, TX 78570
	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
	expenditure to benefit C/OI	1 
	Date	Payee name
	10/20/2024	Garcia, Aurelio
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	108 E. 8th Street
		Mercedes, TX 78570
	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/O	1

### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manus Oct 11 51	
1	Total pages Schedule F1:	
L	Sch: 12/29 Rpt: 24/44	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/20/2024	Garcia, Beto
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	420 E. Liberty
	Ψ200.00	420 C. Liborty
		Mercedes, TX 78570
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
Ļ		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientere to benefit over	'
	Date	Payee name
	10/22/2024	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 Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		GOTV
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>U</b>
L		
	Date	Payee name
	10/20/2024	Garza, Stephanie
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	806 N. Oblate
		San Juan, TX 78589
	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	

### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula Ed.	
1	Total pages Schedule F1: Sch: 13/29 Rpt: 25/44	2 FILER NAME Martinez, Armando A. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00054543
4	Date	5 Payee name
•	10/20/2024	Gonzales, Dalia
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 1210 E. 11th Street
	Ψ200.00	1210 2. 11(1) 01(0)(
_		Mercedes, TX 78570
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Cort /
		GOTV
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/23/2024	Gonzales, Jaime
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1622 Oak Ridge Drive
	Ψ230.00	1022 Oak Niuge Drive
		Mercedes, TX 78570
	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 expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/27/2024	Gonzales, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1904 Ridley
	φ300.00	1904 Riuley
		Donna, TX 78537
$\vdash$	PURPOSE	I ma
	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/OI	
	,	
ı		

### 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		Legal Services  The Instruction Guid		OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission	on Filers)
	Sch: 14/29 Rpt: 26/44	1	Armando A. (The H	onorable)				00054543		
4	Date	5 Payee name	9							
	10/20/2024	Gonzalez,	Alicia							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip	Code					
	\$400.00	721 Valley	Trace Drive							
		Weslaco, <sup>-</sup>	TX 78596		_					
8	PURPOSE OF		See Categories listed at the t		(b)	Description				
	EXPENDITURE	Salaries/W	ages/Contract Lab	or		<b>=</b>		ide of Texas. Com		
						GOTV	, 1^	, officeholder living	j experise	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office s	ought			Office he	eld	
	Date	Payee name								
	10/20/2024	Gonzalez,								
		<u> </u>		Ctata: Zin	Codo					
	Amount (\$) \$250.00	Payee addr		State; Zip	Coue					
	\$250.00	1622 Oakr	luge							
		Mercedes,	TX 78570							
	PURPOSE	(a) Category (	See Categories listed at the t	top of this schedule)	(b)	Description				
	OF EXPENDITURE		ages/Contract Lab			<b>=</b>		ide of Texas. Com		
	2/11/2/10/12					_	, TX	, officeholder living	g expense	
						GOTV				
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office s	sought			Office he	eld	
	Date	Payee name	<del></del>							
	09/27/2024	Gonzalez,	Gilbert							
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code					
	\$400.00	5502 Coco	•	State, Zip	Oouc					
	φ-100.00	3302 0000	, ы.							
		Weslaco, <sup>-</sup>	TX 78596							
	PURPOSE	(a) Category (	See Categories listed at the t	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Lab	or		<u> </u>		ide of Texas. Com		
							, TX	, officeholder living	j expense	
						GOTV				
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office s	ought			Office he	eid	
	- Farmana to bonont of of									
										10   516

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<b>-</b>	Total pages Cabadula F1:	
1	Total pages Schedule F1: Sch: 15/29 Rpt: 27/44	2 FILER NAME Martinez, Armando A. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00054543
4	Date	5 Payee name
ľ	09/27/2024	Gonzalez, Lisa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	602 West Pike Blvd.
		Weslaco, TX 78596
Ļ	DUDD005	
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.
		COTV
		GOTV
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	09/27/2024	
		Gonzalez, Roxanne
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	11423 N. Mile 4 W
		Weslaco, TX 78596
		I m.
	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/OI	1
	Date	Payee name
	10/10/2024	Guajardo, Robert
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	910 S. Colorado St.
		Mercedes, TX 78570
$\vdash$	PURPOSE	
	OF	
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		GOTV
_	Complete ONU V if allow :	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superiorder to belieff 0/01	·

### 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  The Instruction Guide exp	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI					3	Filer ID	(Ethics Commission	Filers)
	Sch: 16/29 Rpt: 28/44		rmando A. (The Honor	rable)				00054543		•
4	Date	5 Payee name								
	10/20/2024	Guerrero, A	Adrian							
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip Co	de					
	\$600.00	3008 Benit	ez Street							
		Donna, TX	78537							
8	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Labor			므		de of Texas. Comp		
						GOTV	, IX,	officeholder living	expense	
						GOTV				
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht			Office he	ıld	
	expenditure to benefit C/Oh		identified name	011100 000	giii			000 110		
	Date	Payee name								
	09/27/2024	Hernandez	, Agripina							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	de					
	\$200.00	1602 S. Air	port Dr., Apt. 26							
		Weslaco, T	X 78596							
	PURPOSE OF		ee Categories listed at the top of	this schedule)	(b)	Description				
	EXPENDITURE	Salaries/W	ages/Contract Labor			<b>-</b>		de of Texas. Comp officeholder living		
						GOTV	, 1,	officeriolder living	expense	
						0017				
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht			Office he	ld	
	expenditure to benefit C/OF	1			0					
	Date	Payee name								
	09/27/2024	Knights of (								
		Payee addre		State; Zip Co	do					
	Amount (\$) \$250.00	2623 N. Te		State, Zip Ct	ue					
	\$250.00	2023 N. Te	xas bivu.							
		Weslaco, T	X 78596							
$\vdash$	PURPOSE			Alica and the Control of the Control	(h)	Description				
	OF	Advertising	ee Categories listed at the top of	tnis schedule)	(2)		outsi	de of Texas. Comp	olete Schedule T.	
	EXPENDITURE	Advertising	Ехрепас			Check if Austin,	, TX,	officeholder living	expense	
						Sponsor: Gol	f To	ournament F	undraiser	
L										
	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	ld	
	expenditure to benefit C/OF	1								

### 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 17/29 Rpt: 29/44	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/10/2024	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
		Service Charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/10/2024	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
		Base Checking Account Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/25/2024	MGM Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$580.00	1200 East Hackberry Avenue
		Suite H
		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.  Check if Austin, TX, officeholder living expense
		Weslaco Laady Panthers Printed Shirts
	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) ising 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
Leaal Services

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/V	/ages	/Contract Labor		OTHER (enter a	category not listed above)	
			The Instruction Guide ex	plains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME	Ī				3	Filer ID	(Ethics Commission File	ers)
	Sch: 18/29 Rpt: 30/44	Martinez, A	rmando A. (The Hono	rable)				00054543		
4	Date	5 Payee name								
	10/03/2024	Magic Valle	y Electric Coop							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	de					
	\$294.36	1 3/4 Miles	East Business 83							
		Mercedes,	TX 78570							
8	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description				
	OF		head/Rental Expense	and derivation			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		•			Check if Austin,	, TX,	officeholder living	g expense	
						Utilities: Elect	tric			
9	Complete ONLY if direct		ceholder name	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	<b>-</b>								
	Date	Payee name								
	10/17/2024	Marroquin,	Diana							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	de					
	\$300.00	3600 N. We	estgate Drive, Apt. 410	)1						
		Weslaco, T	X 78596							
	PURPOSE		ee Categories listed at the top of	thin cabadula)	(b)	Description				
	OF		ages/Contract Labor	tilis scriedule)	( )	_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	- Calai100/ VV	agoo, contract Labor			Check if Austin,	, TX,	officeholder living	g expense	
						GOTV				
	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	ght			Office he	eld	
	experiditure to beriefit C/Oi	1								
	Date	Payee name								
	10/09/2024	Martinez, A	rmando (Rep.)							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	de					
	\$1,800.00	P. O. Box 1	651							
		Weslaco, T	X 78596							
	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		yment/Reimbursemen			ш			plete Schedule T.	
	LAFENDITORE					_		officeholder living	gexpense	
						Prior Period S	sch	ieauie G		
	0 1: 0	0 11 1 1		0.00				· ·		
	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	ght			Office h	eia	

### 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/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: 19/29 Rpt: 31/44	Martinez, Armando A. (The Honorable) 00054543							
4	Date	5 Payee name							
	10/18/2024	Martinez, Armando (Rep.)							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$1,250.00	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							
		This is allow conceans c							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	<del>-</del>							
F	Date	Payee name							
	10/21/2024	Martinez, Armando (Rep.)							
Г	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							
		Thorrenou Schedule G							
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
F	Date	Payee name							
	10/24/2024	Martinez, Armando (Rep.)							
H	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	P. O. Box 1651							
	·								
		Weslaco, TX 78596							
T	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.							
	EXI ENDITORE	Check if Austin, TX, officeholder living expense							
		Prior Period Schedule G							
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·							
$\vdash$									
ı									

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

e Travel in District
se Travel Out of Distric
s/Contract Labor OTHER (enter a ca

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services  The Instruction Gu	Sala	-	es/Contract Labor		OTHER (enter	a category not listed ab	ove)
1	Total pages Cabadula F1:	12	EII ED NAME					12	Filor ID	(Ethios Commiss	ion Filore)
	Total pages Schedule F1:		FILER NAME		11			3	Filer ID	(Ethics Commiss	ion Fileis)
	Sch: 20/29 Rpt: 32/44		Martinez, A	rmando A. (The	Honorable)				00054543		
4	Date	5	Payee name								
	10/25/2024			rmando (Rep.)							
6	Amount (\$)	-	Payee addre		State; Zip	o Codo					
١	` '	<u>ا'</u>			State, Zij	o Coue					
	\$1,000.00		P. O. Box 1	021							
			Weslaco, T	X 78596							
8	PURPOSE	(a)	Category	ee Categories listed at th	as top of this schodule	(b)	Description				
ľ	OF	``'		yment/Reimburs		,		l outs	ide of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Loan Repa	ymenivixeimburs	Cilicit				, officeholder livir		
							Prior Period	Scł	nedule G		
9	Complete ONLY if direct		Candidata/Offi	ceholder name	Office	s cought			Office h	aald	
9	expenditure to benefit C/O		Januluale/On	cendider name	Office	sought			Office i	ieiu	
	<u>'</u>										
	Date		Payee name								
	10/21/2024		Martinez, A	rmando (Rep.)							
	Amount (\$)	$\vdash$	Payee addre	ss; City;	State; Zir	o Code					
	\$500.00		P. O. Box 1								
	Ψ300.00		1 . O. DOX 1	031							
			Weslaco, T	X 78596							
	PURPOSE	(a)	Category (S	ee Categories listed at th	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE			yment/Reimburs			Check if travel	l outs	ide of Texas. Co	mplete Schedule T.	
	EXPENDITURE						Check if Austin	n, TX	, officeholder livir	ng expense	
							Prior Period	Scł	nedule G		
	Complete ONLY if direct	. (	Candidate/Off	ceholder name	Office	sought			Office h	neld	
	expenditure to benefit C/O	Н									
-	Data	Г	Day (2.2. (2.2.)								
	Date		Payee name	al.a. a							
	10/20/2024		Martinez, E	una							
	Amount (\$)		Payee addre	ss; City;	State; Zip	o Code					
	\$200.00		309 9th Str	eet							
			Alamo, TX	78516							
	DUDD005	ļ.,				[4]					
	PURPOSE OF	(a)		ee Categories listed at th			Description  Charle if travel	Lauta	ide of Tayon Ca	malata Cabadula T	
	EXPENDITURE		Salaries/Wa	ages/Contract La	abor				, officeholder livir	mplete Schedule T.	
							GOTV	11, 17	, onicenduel livii	ig experise	
							3017				
_											
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	Office	e sought			Office h	neld	
	experiorare to belieff C/O	17									

### 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

sement Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District

Travel Out of District

OTHER (enter a category not listed above)

	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: 21/29 Rpt: 33/44	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	09/27/2024	Mejia, Edward
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	721 E. Los Torritos
		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
		3017
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	10/21/2024	Mid Valley Lions Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	611 W. 11th St.
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name  Montomover Post Control
	10/23/2024	Montemayor Pest Control
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.50	P. O. Box 2704
		Harlingen, TX 78551
	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
		District Office Pest Control
		2.53.131 3.1135 . 331 33.1131
	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 Co 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 22/29 Rpt: 34/44	2 FILER NAME Martinez, Armando A. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00054543
4	Date	F. Dours same
4		5 Payee name
	10/17/2024	Moore, Maggie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	1118 W. 4th Street
		Weslaco, TX 78596
8	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
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	10/22/2024	Moreno, Javier
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	503 Jacobo St.
		San Juan, TX 78589
		San Suan, 17, 70505
	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	4
$\vdash$		
	Date	Payee name
	09/27/2024	Murillo, Abel
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1013 E. 13th Street
	,	
		San Juan, TX 78589
	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
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/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: 23/29 Rpt: 35/44	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/18/2024	Ozuna, Marisa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	2014 Jay Drive
		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
		GOTV
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/11/2024	Pedraza, Delma
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2110 Largo Street
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LINDITORE	Candidate/Officeholder/Political Committee
		Cancer Awareness Dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
	Date	Payee name
	09/27/2024	Perez, Janie
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	504 W. Ebony
	,	
		San Juan, TX 78589
	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
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Comi	mittee	Gift/Awards/Memorial Legal Services			/ages	/Contract Labor		Travel Out of D OTHER (enter	District a category not listed above)
L				The Instruction C	uiue expiains	now to co	mpie	te this form.	_		
1	Total pages Schedule F1:	l							3		(Ethics Commission Filers)
	Sch: 24/29 Rpt: 36/44	┡		mando A. (The	e Honorable	·)				00054543	
4	Date	l	Payee name								
	10/20/2024		Ramirez, Ro	salinda							
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de				
	\$250.00	[	510 Country	side							
		\	Weslaco, Tک	78596							
8	PURPOSE	(a) (	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description			
	OF			ges/Contract L		loudio)			outsi	de of Texas. Cor	mplete Schedule T.
	EXPENDITURE			-				_	, TX,	officeholder livin	ng expense
								GOTV			
L		L					_				
9	Complete ONLY if direct		andidate/Offic	eholder name	(	Office sou	ght			Office h	neld
	expenditure to benefit C/OI	H									
	Date	F	Payee name								
	10/16/2024	F	Ramos, Dav	id							
	Amount (\$)	F	Payee addres	s; City;	State	; Zip Co	de				
	\$200.00	[	526 S. 13th	St.							
			Donna, TX 7	'8537							
_	PURPOSE	<u> </u>				1	(h)	Description			
	OF			e Categories listed at ges/Contract L		neaute)	(~)	_	outsi	de of Texas. Cor	mplete Schedule T.
	EXPENDITURE	`	Jaiai IES/ VVd	gesroundael L	LUDUI			<b>=</b>		officeholder livin	
								GOTV			
	Complete ONLY if direct	C	andidate/Offic	eholder name	(	Office sou	ght			Office h	neld
	expenditure to benefit C/OI	Н									
H	Date	-	Payee name								
	10/16/2024	l	Ramos, JoJ	on							
		_			C+a+-	7in 0-	de				
	Amount (\$)	l	Payee addres		State	; Zip Co	ue				
	\$200.00	;	526 S. 13th	<b>ા</b> .							
			Donna, TX 7	'8537			_		_		
	PURPOSE	(a) (	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wa	ges/Contract L	_abor			<b>□</b>			mplete Schedule T.
								_	, TX,	officeholder livin	ng expense
								GOTV			
	Complete ONLY if alice of	<u> </u>	andidata/Off	obolder neme		Office ==:	ab+			Office !-	aold
	Complete ONLY if direct expenditure to benefit C/OI		anuluate/Offic	eholder name	(	Office sou	gnt			Office h	ieiu

### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	Total nagga Cabadula 51:		_
1	Total pages Schedule F1:		
L	Sch: 25/29 Rpt: 37/44	Martinez, Armando A. (The Honorable) 00054543	
4	Date	5 Payee name	
	10/18/2024	Ramos, Krystal	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
ľ	\$200.00	1103 S. Avenue	
	Ψ200.00	1100 S. Avenue	
		Donna, TX 78537	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXPENDITURE	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	Н	
H	Date	Payee name	=
	09/27/2024	Reyes, Norma (Ms.)	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	3457 PFC Pedro Martinez Road	
		Mercedes, TX 78570	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	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	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	•	
H	D :	T _	_
	Date	Payee name	
L	10/20/2024	Rivera, Roberto	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	722 Anaquitas	
		Mercedes, TX 78570	
-	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/M/ages/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	
L	Complete ONII V if alias -t	Condidate/Officeholder name Office sought Office hold	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manage Calculula E4.	
1	Total pages Schedule F1: Sch: 26/29 Rpt: 38/44	2 FILER NAME Martinez, Armando A. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00054543
4	Date	5 Payee name
_	09/27/2024	Rodriguez, Laura Leticia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	115 W. 9th Street
		01
		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
	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	<del>1</del>
-	Data	
	Date	Payee name
	09/27/2024	Rodriguez, Olga
	Amount (\$)	Payee address; City; State; Zip Code
	\$375.00	739 N. 9th Place
		AL TV 70540
		Alamo, TX 78516
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Data	Daving marks
	Date	Payee name
	10/15/2024	Saldana, Tony
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	202 E. Eagle
		San Juan, TX 78589
		<u> </u>
	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.
		COTY
		GOTV
	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 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: 27/29 Rpt: 39/44	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
l	10/24/2024	Saldana, Tony
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	202 E. Eagle
l		
l		San Juan, TX 78589
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		GOTV
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕	'	
l	Date	Payee name
L	09/27/2024	Sanchez, Lorenzo
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$300.00	711 S. 26th Street
l		
l		Donna, TX 78337
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		GOTV
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/03/2024	Smith Security Group
⊢	Amount (\$)	Payee address; City; State; Zip Code
l	\$37.83	107 Chaparral
l		Weslaco, TX 78596
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Security System for District Office
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	•

### SCHEDULE F1

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

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 Filers)
	Sch: 28/29 Rpt: 40/44	Martinez, Armando A. (The Honorable) 00054543	
4	Date	5 Payee name	
	09/27/2024	Torres, Rosa	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00	P. O. Box 964	
		Alamo, TX 78516	
8	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	ete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living e	xpense
		GOTV	
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	'		
	Date	Payee name	
	09/28/2024	Vera, Luisa	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	P. O. Box 964	
		Alamo, TX 78516	
	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. Comple	
		Check if Austin, TX, officeholder living e	xperise
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	 d
	expenditure to benefit C/OI		
H	Date	Payee name	
	09/27/2024	Weslaco High School	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00		
		Weslaco, TX 78596	
-	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete	ete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living e	
		Sponsor: Lady Panthers Bask	cetball Team
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	d
	experientale to beliefft C/OI		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	s Expense		nse es/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)
L	Sch: 29/29 Rpt: 41/44			Armando A. (The	Honorable)				00054543	
4	Date	5	Payee name							
L	09/27/2024		Zavala, Fr							
6	Amount (\$)	7	Payee addr	•	State;	Zip Code	)			
	\$500.00		510 West	Hall Acres Rd.						
			San Juan,	TX 78589						
8	PURPOSE OF	(a)		See Categories listed at t		edule) (I	) Description			
	EXPENDITURE		Salaries/W	/ages/Contract L	abor				ide of Texas. Com , officeholder living	
							GOTV	usun, 17.	, omeenolder hving	Схрензе
9	Complete ONLY if direct expenditure to benefit C/O	H	Candidate/Of	ficeholder name	C	Office sough	t		Office he	eld

### **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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 1/2 Rpt: 42/44	Martinez, Armando	A. (The Honorable)	00054543			
4 CREDIT CARD ISSUER		ncial institution n Express	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$937.19	10/03/2024				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
	JW Marriott		23808 Resort Parkway			
0 DUDDOCE OF	(a) Category		San Antonio, TX 78261 (b) Description			
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Hotel While Attending MA	LC Conference		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH	(a) Amount Charged	(b) Data of Charge	(a) Data(a) Cradit Card Issue	r Doid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	rPald		
	\$210.90	10/17/2024				
PAYEE	(a) Payee name	l	(b) Payee address;	City, State, Zip Code		
	U-Haul		9001 S I-35			
			Austin, TX 78744			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Storage Unit for Austin Apartment Household Goods			
l <u> </u>	Fees	of this scriedule)				
X Political			<u> </u>			
Non-Political	`	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$323.54	10/18/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
	Double Tree - Austi	in	303 W. 15th Street			
			Austin, TX 78701			
PURPOSE OF	(a) Category	of their colored des	(b) Description Hotel While in Austin for Legislative Duties			
EXPENDITURE	(See Categories listed at the top Travel Out of District	oi triis scriedule)				
X Political						
Non-Political	`	of Texas. Complete Schedule T.		officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	I Committee Gift/Awards Legal Serv	/Memorials Expense	Printing Expense T	ravel in District ravel Out of District ITHER (enter a category not listed above)
	The Insti	uction Guide explains h	ow to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 43/44	Martinez, Armando	A. (The Honorable)		00054543
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED	
ISSUER		evious	EXPENDITURES	\$
	See pi	evious	CHARGED TO A CREDIT	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid
	\$575.00	10/22/2024		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	ANAL I = -+-:-I-		1000 San Marcos St.	
	AMLI Eastside			
			Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
<u></u>	Fees	or triis scriedule)	Application Fee and Dep	osit for Austin Apartment
X Political				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. X Check if Austin, TX	, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held
expenditure to benefit C/OH				

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 44/44 Martinez, Armando A. (The Honorable) 00054543 Date Payee name 10/05/2024 Mid Valley Care, LLC 6 Amount (\$) Payee address; State; Zip Code 400 S. Bicentennial Blvd. \$2,000.00 Reimbursement from political contributions intended Х McAllen, TX 78501 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Rent for District Office Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH