#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087927 19 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Jose M. NAME Date Received **ELECTRONICALLY FILED** 10/28/2024 NICKNAME LAST **SUFFIX** Joe Martinez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 5804 N. 23rd St. MAILING Amount Receipt # **ADDRESS** Change of Address McAllen, TX 78504 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Josefina M. NAME NICKNAME LAST **SUFFIX** Josie Martinez STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 4001 Burns Court **ADDRESS** (Residence or Business) McAllen, TX 78503 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 330-4768 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 09/27/2024 10/26/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 X General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 4 District 13

**GO TO PAGE 2** 

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

## FORM JC/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Martinez, Jose M. (N	lr.)	<b>14</b> Filer ID (00087927	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	the candidate's or office	ommittees to support the sholder's knowledge or tice of such expenditures.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		IIZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 10,927.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 14,224.51
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	CAL CONTRIBUTIONS MAINTAINED AS OF THE L ERIOD	AST DAY OF THE	<b>\$</b> 4,250.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	<b>\$</b> 12,500.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		Mr. S	Jose M. Martinez	
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath

### **SUBTOTALS - JC/OH**

### FORM JC/OH COVER SHEET PG 3

				3 of 19
18 FILER NAME		19 Filer ID	(Ethics Com	mission Filers)
Martinez, Jos		00087927		
20 SCHEDULE SI NAME OF SCH			SUBTO	TAL AMOUNT
1. X S0	CHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	7,927.00
2. X S0	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3,000.00
3. S	CHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4. S	CHEDULE E(J): LOANS (JUDICIAL)		\$	
5. X S0	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	14,224.51
6. Sc	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. S	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8. Sc	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. Sc	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10. S	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. S	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F O FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIB	UTIC	ONS		SCHED	ULE <b>A(J)</b>	1
	The Instru	ction Guide explains how to complete	this f	orm.	1	Total pages Schedu Sch: 1/6 Rpt: 4/19		
2	FILER NAME				3	Filer ID (Ethics Co	mmission Filer	rs)
	Martinez, Jo	se M. (Mr.)				00087927		
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:_	)	7	Amount of Contribu	ion (\$)	
	10/03/2024	Acevedo, Jr., Gustavo L.					\$1,00	00.00
		6 Contributor address; City; State; Zip Code						
		Pharr, TX 78577						
8	Contributor's	Principal Occupation		9 Contributor's Job Title				
	Attorney			Attorney				
10		employer/law firm		11 Law firm of contributor's s	pou	se (if any)		
	Gustavo L. A	Acevedo, Jr., P.C.						
12	! If contributor i	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor out-of-state PA	AC (ID#:_			Amount of Contribu	ion (\$)	
	10/04/2024	Aelvoet, Andrew and Theresa					\$50	00.00
		Contributor address; City; State; Zip Code			1			
		Hondo, TX 78861						
	Contributor's	Principal Occupation		Contributor's Job Title				
	Retired			Retired Attorney				
	Contributor's	employer/law firm		Law firm of contributor's s	pou	se (if any)		
	Law Office of	f Andrew Aelvoet						
	If contributor i	s a child, law firm of parent(s) (if any)						
F	Date	Full name of contributor out-of-state PA	AC (ID#:_		T	Amount of Contribu	ion (\$)	
	10/22/2024	Alanis, M.D., Heriberto J.					\$25	50.00
		Contributor address; City; State; Zip Code			1			
		McAllen, TX 78503						
	Contributor's	Principal Occupation		Contributor's Job Title				
	Medical Doo	tor		Medical Doctor				
	Contributor's	employer/law firm		Law firm of contributor's s	pou	se (if any)		
	Hospitalist							
	If contributor i	s a child, law firm of parent(s) (if any)						

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains how	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 2/6 Rpt: 5/19	
2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Martinez, Jo				L	00087927	
4	Date 10/22/2024	<ul><li>5 Full name of contributor Guajardo, Uriel</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$) \$500.	.00
		McAllen, TX 78502					
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	_		
	Attorney			Attorney			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)	_
	Law Office o	f Uriel Guajardo					
12	! If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/22/2024	Guerra, AR "Felo"  Contributor address; City; S	State; Zip Code		•	\$100.	.00
		Linn, TX 78563					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Rancher			Self Employed			
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)	
	Self Employe	ed					
	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	10/02/2024	Hinojosa for Congress, R	Ruben			\$500	.00
		Contributor address; City; S  McAllen, TX 78504	State; Zip Code		•		
	Contributor's I	I Principal Occupation		Contributor's Job Title			
	Retired U.S.			Retired U.S. Congress			
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)	
		s Government				` ,	
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.		al pages Schedule A(J)1 h: 3/6 Rpt: 6/19	:
2	FILER NAME				3 File	er ID (Ethics Commission	on Filers)
	Martinez, Jo	se M. (Mr.)			000	087927	
4	Date 10/22/2024	<ul><li>5 Full name of contributor Humada, Victoria I.</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		<b>7</b> Am	ount of Contribution (\$)	\$150.00
		Horseshoe Bay, TX 786	657				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
	Retired Insu	rance Executive		Retired Insurance Exec	cutive		
10		employer/law firm		11 Law firm of contributor's s	pouse (if	any)	
	Humana						
12	! If contributor i	s a child, law firm of parent(s) (i	if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	: )	Am	ount of Contribution (\$)	
	10/22/2024	llgun, Faruk				<b>(·/</b>	\$250.00
		Contributor address; City;	State: Zin Code				
		, ,,	•				
		McAllen, TX 78501					
	Caratuilar staula I	1		Contributorio Joh Titlo			
	Health Care	Principal Occupation		Contributor's Job Title Self Employed			
				<u> </u>		. ,	
	U.S.A. Fede	employer/law firm		Law firm of contributor's s	pouse (ii	any)	
			# \				
	If contributor i	s a child, law firm of parent(s) (i	it any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Am	ount of Contribution (\$)	
	10/10/2024	International Brotherhoo	_			.,	\$1,000.00
		Contributor address; City;	State: Zip Code				
			. ,				
		Corpus Christi, TX 7841	17				
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if	any)	
	If contributor i	s a child, law firm of parent(s) (i	f any)				
$\vdash$							

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE /	A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	pages Schedule A(J)1 4/6 Rpt: 7/19	:
2	FILER NAME Martinez, Jo				3 Filer II 0008	D (Ethics Commission 7927	on Filers)
4 Date 10/22/2024    Solution   Full name of contributor   Out-of-state PAC (ID#:)   7		<b>7</b> Amou	nt of Contribution (\$)	\$200.00			
_	Contributorlo	McAllen, TX 78501 Principal Occupation		9 Contributor's Job Title			
0	Continuator S	Рипсіраї Оссираціон		9 Continuitor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	oouse (if ar	ny)	
12	! If contributor i	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amou	nt of Contribution (\$)	
	10/18/2024	Martinez Ilgun, Laura Contributor address; City; S	<del></del>			(4)	\$100.00
		San Antonio , TX 78209					
		Principal Occupation		Contributor's Job Title	•		
	Director of D	Development		Director of Developmer	nt		
		employer/law firm		Law firm of contributor's sp	oouse (if ar	ny)	
		Vannie E. Cook					
	it contributor i	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amou	nt of Contribution (\$)	
	10/22/2024	Mora, Liliana					\$100.00
		Contributor address; City; S San Juan, TX 78589	State; Zip Code				
	Contributor's	I Principal Occupation		Contributor's Job Title	<u> </u>		
	Paralegal			Paralegal			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if ar	ıy)	
	Law Office o	of Jose M. Martinez					
	If contributor i	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 5/6 Rpt: 8/19
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Martinez, Jo	se M. (Mr.)				00087927
4	Date 10/21/2024	<ul><li>5 Full name of contributor Rodriguez, Paul R.</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$) \$200.00
		McAllem, TX 78503				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Title Compa	ny Executive		Title Company Executiv	⁄e	
10	Contributor's e	employer/law firm Title		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	10/23/2024	Showery Insurance Agen Contributor address; City; S		ΓCF, FSS		\$150.00
		McAllen, TX 78501				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	10/22/2024	Showery-Stowe, Nashla	_			\$77.00
		Contributor address; City; S McAllen, TX 78501	tate; Zip Code		<u>'</u>	
Г	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Retired Tead	cher		Retired Teacher		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	McAllen ISD					
	If contributor is	s a child, law firm of parent(s) (if a	any)			

	MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ection Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 6/6 Rpt: 9/19	
2	FILER NAME Martinez, Jo			3 Filer ID (Ethics Commission Filers) 00087927
4				7 Amount of Contribution (\$) \$350.00
		McAllen, TX 78577		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Attorney		Attorney	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	oouse (if any)
	Law Office of	of Simran W. Singh		
12	If contributor	is a child, law firm of parent(s) (if any)	•	
	Date	Full name of contributor  out-of-state PAC (ID#	: )	Amount of Contribution (\$)
	10/22/2024	Villarreal, Rosa Maria and Ricardo		\$2,500.00
		Contributor address; City; State; Zip Code		
		McAllen, TX 78504		
	Contributor's	Principal Occupation	Contributor's Job Title	•
	Wholesale (	Clothing	Selfemployed	
	Contributor's	employer/law firm	Law firm of contributor's s	oouse (if any)
	3 Dimension	nes Ropa Usada		
	If contributor	is a child, law firm of parent(s) (if any)	•	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/19			
2 FILER NAME	<u> </u>	3 Filer ID (Ethics Commission Filers)				
Martinez, Jo	ose M. (Mr.)		00087927			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date 10/01/2024	7 Contributor address; City; State; Zip Code	)	8 Amount of contribution (\$) 9 In-kind contribution description \$1,000.00 I			
	Corpus Christi, TX 78413	1	Check if travel outside of Texas. Complete Schedule T.			
<b>10</b> Principal occ	rupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
Justice 13th	n Court of Appeals	Justice 13th Court	of Appeals			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
13th Court	of Appeals					
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 10/01/2024	Full name of contributor out-of-state PAC (ID#: Compian Richardson, Regina Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$1,000.00   Political Advertisement			
	McAllen, TX 78504		Check if travel outside of Texas. Complete Schedule T.			
Principal occ	rupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)			
Contributor's Attorney	principal occupation (FOR JUDICIAL)	Contributor's job title Attorney	le (FOR JUDICIAL) (See instructions)			
	employer/law firm (FOR JUDICIAL) ffice of Regina " Regi" Richardson	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•				
Date 10/01/2024	Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description \$1,000.00 political advertisements			
	Edinburg, TX 78541	T .	Check if travel outside of Texas. Complete Schedule T.			
Principal occ	rupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
Justice 13th	n Court of Appeals	Justice 13th Court	of Appeals			
Contributor's 13th Court (	employer/law firm (FOR JUDICIAL) of Appeals	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

#### 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 con	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/9 Rpt: 11/19	Martinez, Jose M. (Mr.)		00087927
4	Date	5 Payee name		·
	10/22/2024	Cantu's Special Event		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$54.13	1601 N 7th St.		
		McAllen, TX 78501		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Campaign Expense
_	Complete ONL V if direct	Candidate/Officeholder name Office sour	ah+	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		ynı	Office field
_				
	Date	Payee name		
	10/24/2024	Carrera, Mike		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$2,500.00	Trenton and Alberta		
		Edinburg, TX 78539		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Advertisement Expense
Н	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	10/24/2024	EHCCO (JP Jason Pena)		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$300.00	708 E. Edinburg Ave., Ste. B		
	,	, , , , , , , , , , , , , , , , , , ,		
		Elsa, TX 78543		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Campaign Expense-East Hidalgo County	(0)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Community Organization		Check if Austin, TX, officeholder living expense
				Campaign Expense-East Hidalgo County Community
				Organization
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 2/9 Rpt: 12/19	Martinez, Jose M. (Mr.) 00087927
4	Date	5 Payee name
	10/22/2024	Espana Nouveau Mediterranean
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,951.89	701 North Main St.
		McAllen, TX 78501
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Fundraiser Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	10/14/2024	Hernandez, Oscar
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	5826 Llano Dr.
		Corpus Christi, TX 78407
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Big Red and Barbacoa Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	10/11/2024	Hidalgo County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	800 N. Main St., Suite 110
	<del>+</del> =,000.00	
		McAllen, TX 78501
	PURPOSE	Tu.
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Expense-GOTV
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/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: Sch: 3/9 Rpt: 13/19	2 FILER NAME Martinez, Jose M. (Mr.)  3 Filer ID (Ethics Commission Filers) 00087927
4	Date 10/23/2024	5 Payee name Kleberg County Democratic Party
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 800 E. King St. Kingsville, TX 78363
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Lunch Expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/30/2024	Payee name LAMAR
	Amount (\$) \$437.00	Payee address; City; State; Zip Code 2500 S. Bicentennial Blvd., Suite 100  McAllen, TX 78503
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  billboard campaign advertisement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/30/2024	Payee name LAMAR
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2500 S. Bicentennial Blvd., Suite 100
		McAllen, TX 78503
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign joint advertising expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Event I Accounting/Banking Fees Food/E Consulting Expense Food/E Contributions/ Donations Made By - Gift/Aw

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)			
ᆫ					
1	Total pages Schedule F1: Sch: 4/9 Rpt: 14/19	2 FILER NAME Martinez, Jose M. (Mr.)  3 Filer ID (Ethics Commission Filers) 00087927			
⊢	<u> </u>				
4	Date	5 Payee name			
l	09/27/2024	Longoria, Nora			
-	Amount (\$)	7 Payee address; City; State; Zip Code			
ľ	, ,				
l	\$1,000.00	13617 Barolo Dr.			
l					
l		Edinburg, TX 78541			
┕					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
l	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
l		sign payment for campaign			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
ľ	expenditure to benefit C/O				
╚					
	Date	Payee name			
	10/14/2024	Longoria, Nora			
H	Amount (\$)	Payee address; City; State; Zip Code			
	, ,				
	\$125.00	13617 Barolo Dr.			
		Edinburg, TX 78541			
H	PUDDOCE	Tu.			
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description			
l	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Noche Azul Table Reimbursement			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	1			
⊨	D-t-				
	Date	Payee name			
	10/25/2024	Lopez, Sara			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$275.00	714 Lincoln			
		Robstown, TX 78380			
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.			
l	EXPENDITURE	Check if Austin, TX, officeholder living expense			
l		Campaign Consultant -signs			
1		1			
$\vdash$	Operation Children	Open Highest (Office health are no new 2017)			
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
1	experiorare to betterit C/OI	ı			
1					

#### 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	Gift/Awards Committee Legal Servi	age Expense //Memorials Expense ces uction Guide explains		ense ges/Contract Labor	·	
1	Total pages Schedule F1:					3 Filer ID	(Ethics Commission Filers)
	Sch: 5/9 Rpt: 15/19	Martinez, Jose M. (Mr.) 00087927					
4	Date	Payee name					
	10/25/2024	Martinez, Jose					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$100.00	4001 Burns Ct.					
		McAllen, TX 78504					
8	PURPOSE		P. 1.41	112	<b>b)</b> Description		
	OF	(a) Category (See Categorie Loan Repayment/Ro		nedule)		outside of Texas. Con	nplete Schedule T.
	EXPENDITURE	_oan repayment			Check if Austin	, TX, officeholder livin	g expense
Gas reimbursement-campaign expense			ign expense				
_	Complete Children	Condid + /om + 11		Off: -	la a		ماما
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder	riame (	Office soug	nt	Office h	eia
	Date	Payee name				<del>_</del>	
L	10/03/2024	Medina, Jerry					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$500.00 2118 N. 48th Lane						
		McAllen, TX 78501					
	PURPOSE OF	(a) Category (See Categorie		nedule) (	b) Description		andata Cabadula T
	EXPENDITURE	Consulting Expense	9		<b>=</b>	outside of Texas. Con , TX, officeholder livin	
						onsulting Expe	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			eld				
	ponditaro to bonont o/or						
	Date	Payee name					
09/27/2024		Meyers, Pam					
	Amount (\$)		ity; State	; Zip Cod	е		
	\$75.00 1601 FM 2165						
		Rockport, TX 78382	2				
	PURPOSE	(a) Category (See Categorie	es listed at the top of this sch	nedule) (	b) Description		
	OF EXPENDITURE	Campaign Expense				outside of Texas. Con , TX, officeholder livin	
					ш	kpense-Event	a expense
					r ->-g-· <b>-</b> -/		
	Complete ONLY if direct	Candidate/Officeholder	name (	Office soug	ht	Office h	eld
	expenditure to benefit C/OH						

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 6/9 Rpt: 16/19	Martinez, Jose M. (Mr.) 00087927		
4	Date	5 Payee name		
	10/05/2024	Nueces County Democratics		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$437.00	6102 Ayers St.		
		Corpus Christi, TX 78415		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.		
		Campaign Advertisement		
		Campaigh Advertisement		
_	Complete ONU V if allow	Condidate/Officeholder name		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	10/09/2024	Office Depot		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$24.27	5115 N. 10th St.		
		McAllen, TX 78504		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
		Labels and envelopes for campaign		
		Labels and envelopes for earlipaign		
	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
	Date	Payee name		
	10/03/2024	Ontiveros Printing		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$248.98	915 E. Feguson Ste. 5		
		Pharr, TX 78577		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.		
	-	Check if Austin, TX, officeholder living expense  500 5X7 Cardstock Push Cards		
		500 5A7 Cardstock Push Cards		
	Commission ONE V. C. P.	Condidate/Officeholder name		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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		pove)			
1	Total pages Schedule F1:		sion Filers)			
	Sch: 7/9 Rpt: 17/19	Martinez, Jose M. (Mr.) 00087927				
4	Date	5 Payee name				
L	10/15/2024	Ontiveros Printing				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$248.98	915 E. Feguson Ste. 5				
		Pharr, TX 78577				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE  Printing Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		500 5x7 Cardstock Push Cards				
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held  OH				
H	Date	Payee name				
	10/22/2024	Ontiveros Printing				
	Amount (\$)	Payee address; City; State; Zip Code				
\$405.94 915 E. Feguson Ste. 5						
		Pharr, TX 78577				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		1000 5x7 Push Cards 2 side print				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name				
	10/15/2024	Ramirez, Joseph				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$375.00 2309 Blue Star					
		Corpus Christi, TX 78414				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Campaign Consult				
		Campaign Consuit				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					

#### 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	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/9 Rpt: 18/19	Martinez, Jose M. (Mr.)	00087927
4 Date	5 Payee name	<u>'</u>
10/22/2024	Sams	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$151.82	1400 E. Jackson Ave.	
	McAllen, TX 78503	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
LAPENDITORE		Check if Austin, TX, officeholder living expense
		Campaign Expense for Espana Fundraiser Event
Complete ONLY if direct	Condidate (Office helder name Office act	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou OH	ght Office held
Date	Payee name	
10/12/2024	Shipley-FC6160	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$22.50	1501 N. 10th St.	
	McAllen, TX 78501	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Expense for Block Walk
Complete ONLY if direct	Candidate/Officeholder name Office sou	I ght Office held
expenditure to benefit C/O	)H	
Date	Payee name	
10/12/2024	Staples	
Amount (\$)	Payee address; City; State; Zip Co	nde
\$18.39	405 North Jackson Rd.	
*		
	Pharr, TX 78577	
PURPOSE		(h) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
	!	Ivory Envelopes for Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sou	ight Office held
Complete ONLY if direct expenditure to benefit C/O		ight Office held
		ight Office held

#### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	·				
	Sch: 9/9 Rpt: 19/19	Martinez, Jose M. (Mr.) 00087927				
4	Date	5 Payee name	•			
	09/29/2024	Walmart				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$80.00	1200 E. Jackson Ave.				
		McAllen, TX 78503				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	1	vel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Aus	stin, TX, officeholder living expense			
		gas gift car	ds for campaign event			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held			
	experionale to belief C/O					
	Date	Payee name				
	10/20/2024	Walmart				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$193.61	1200 E. Jackson Ave.				
		McAllen, TX 78503				
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF		vel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Expense Check if Aus	stin, TX, officeholder living expense			
		tire rotation	and service-vehicle for campaign use			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	experientare to benefit 6/01					