# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete th	his form. 1 Filer I (Ethics 0005	Commission Filers)	2 Total pages filed: 69
3 CANDIDATE /	MS / MRS / MR FIR	ST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Arr	nando A.		Date Received
				ELECTRONICALLY FILED
	NICKNAME LAS		CLIETIV	01/15/2025
		ırtinez	SUFFIX	01/13/2023
	Marido Ma	itillez		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	ITE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 1651			
ADDRESS				Receipt # Amount
Change of Address	Weslaco, TX 78599			
				Date Processed
				Date Imaged
				Date imageu
5 CAMPAIGN	MS / MRS / MR FIR:	 ST	MI	
TREASURER		dolfo	IVII	
NAME	No.	JOHO		
		······································		
	NICKNAME LAS		SUFFIX	
	Gue	errero		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX	(PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
ADDRESS	1407 Tangerine Drive			
(Residence or Business)				
	Weslaco, TX 78596			
7 CAMPAIGN	AREA CODE PHONE NU	IMPED EXTENSION	NA I	
7 CAMPAIGN TREASURER		JMBER EXTENSIO	ЛV	
PHONE	(956) 493-7600			
8 REPORT				
TYPE	X January 15 3	Oth day before election	Runoff	15th day after campaign treasurer
		our day before election		appointment (officeholder only)
	July 15 8	th day before election	Exceeded modified	Final Report (Attach C/OH-FR)
			reporting limit	
9 PERIOD	Month Day Year		Month Day	Year
COVERED	10/27/2024	THROUGH	12/31/202	4
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	Primary	Runoff	Other
	11/05/2024	X General	Special	
			Ш.	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT	(if known)
III OFFICE	State Representative District 3	g	State Representa	
	State Representative District S	•	State Represent	dive District 03
		GO TO PAG	E 2	
I				

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Martinez, Armando A	. (The Honorable)	<b>14</b> Filer ID ( 00054543	Ethics Commission File	rs)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditual expenditual expenditual 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				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0	.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 66,175	.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM		<b>\$</b> 0	.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 72,148	.32	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 30,079	.43	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 31,865	.85	
17 AFFIDAVIT						
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.				
		The Honora	ble Armando A. Marti	inez		
			Candidate or Officeholo			
AFFIX NO	TARY STAMP / SEAL AB	DVE				
Sworn to and subso	cribed before me, by the s	aid	, this the	day		
of, 20, to certify which, witness my hand and seal of office.						
Signature of office	er administering	Printed name of officer administering	Title of officer	administering oath		

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

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			3 of 69
<b>18</b> FILER NAME Martinez, Arr	mando A. (The Honorable)	<b>19</b> Filer ID 00054543	(Ethics Commission Filers)
20 SCHEDULE S	SUBTOTALS		SUBTOTAL AMOUNT
1. X S	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 65,000.00
2. X S	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		<b>\$</b> 1,175.00
3. S	CHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. X S	CHEDULE E: LOANS		\$ 1,800.00
5. X S	<b>\$</b> 65,102.42		
6. S	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. S	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. X S	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 264.84
9. X S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 6,781.06
10. S	SCHEDULE 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 FOR THE PROPERTY OF STREET, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR THE PROPERTY OF THE	RETURNED	\$
			•

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/69	
2	FILER NAME Martinez, Ar	mando A. (The Honorable)			3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 12/10/2024	<ul><li>5 Full name of contributor</li><li>3M Company PAC</li><li>6 Contributor address; City; S</li></ul>	x out-of-state PAC (ID#: C	)	7	Amount of Contribution (\$)	\$1,000.00
_	Deignaiga I annu	St. Paul, MN 55144		O Franks var (Can kastrustina			
8	Principal occu	pation / Job title (See Instruction	5)	9 Employer (See Instructions	5)		
	Date 12/10/2024	Full name of contributor  A&M PAC  Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	s)		
	Date 12/10/2024	Full name of contributor  ACEC Consulting Engine  Contributor address; City; S		)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	5)		
	Date 11/08/2024	Full name of contributor AT&T Texas PAC Contributor address; City; S Austin, TX 78701		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	<u>.                                    </u>		
	Date 12/13/2024	Full name of contributor Aghamalian, Brandon Contributor address; City; S Austin, TX 78746		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Consultant	pation / Job title (See Instruction	s)	Employer (See Instructions Focused Advocacy, LLC			
	Sonsaitant			. oodood / taroodoy, EEC			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 5/69	
2	FILER NAME Martinez, Arı	mando A. (The Honorable)		3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 10/28/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$500.00
		Corpus Christi, TX 78403				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_Bailey, Guy  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Dringing! goog	McAllen, TX 78501	Employer (See Instructions	<u></u>		
	President	pation / Job title (See Instructions)	Employer (See Instructions UTRGV	»)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ Beef-PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
		Amarillo, TX 79106				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Beer Alliance 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	5)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_Bing, Eric  Contributor address; City; State; Zip Code  Houston, TX 77056			Amount of Contribution (\$)	\$500.00
	Principal occu Chancellor a	pation / Job title (See Instructions) nd CEO	Employer (See Instructions The College of Health C		e Profesionals	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 6/69	
2	FILER NAME Martinez, Arı	nando A. (The Honorable)		3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 12/10/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor	C00002089 )		Amount of Contribution (\$)	\$500.00
		Washington, DC 20001				
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/10/2024	Full name of contributor	C00397851 )		Amount of Contribution (\$)	\$500.00
	Principal occu	St. Louis, MO 63105 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ Charter Communications, Inc. Texas PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Congress Ventures LLC Contributor address; City; State; Zip Code  Austin, TX 78703			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/69	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Martinez, Ar	mando A. (The Honorable)			00054543	
4	Date 12/10/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	10/29/2024	Davis, Sam				\$1,250.00
		Contributor address; City; State; Zip Code				
		Bozeman, MT 59715				
	Principal occu CEO	ipation / Job title (See Instructions)	Employer (See Instructions Bridger Aerospace	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Delisi Communications PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$250.00
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ ENPAC Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701  upation / Job title (See Instructions)	Employer (See Instructions	·/		
	- Пінсіраї оссі	pation 7 300 title (See instructions)	Employer (See instructions	')		
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	12/10/2024	Enterprise Products Partners Texas PAC  Contributor address; City; State; Zip Code				\$2,000.00
		Houston, TX 77002				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		

	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: 5/13 Rpt: 8/69	
2	FILER NAME Martinez, Ar	mando A. (The Honorable)			3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 10/29/2024	<ul><li>5 Full name of contributor</li><li>ExxonMobil PAC</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
_		Irving, TX 75039	, I	0.5.1.00.1.00	_		
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	S)		
	Date 12/10/2024	Full name of contributor Focused Advocacy PAC Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$750.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions	s)	Employer (See Instructions	 s)		
	Date 11/07/2024	Full name of contributor Forshage, Joseph (Mr.) Contributor address; City; S Weslaco, TX 78596	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> S)		
	President			Foremost Paving, Inc.			
	Date 12/08/2024	Full name of contributor Gonzales, Veronica Contributor address; City; S Edinburg, TX 78539		)		Amount of Contribution (\$)	\$500.00
	•	pation / Job title (See Instructions t and Community Relations	5)	Employer (See Instructions UT-Rio Grande Valley	5)		
	Date 12/10/2024	Full name of contributor  HCA Texas Good Goverr  Contributor address; City; S  Dallas, TX 75240				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
			l				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 9/69	
2	FILER NAME Martinez, Ar	mando A. (The Honorable)		3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 12/10/2024	5 Full name of contributor out-of-state PAC (ID#:_ HOMEPAC of Texas, Texas Assoc. of Builders  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$750.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Husch Blackwell Strategies  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/07/2024	Full name of contributor out-of-state PAC (ID#:_ INDEPAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78750 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Jackson Walker LLP, PAC Contributor address; City; State; Zip Code Dallas, TX 75201-2725	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Kickapoo Traditional Tribe of Texas Contributor address; City; State; Zip Code Eagle Pass, TX 78852			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 10/69	
2	FILER NAME Martinez, Arı	nando A. (The Honorable)			3	Filer ID (Ethics Commission 00054543	n Filers)
4	Date 11/07/2024	<ul> <li>Full name of contributor</li></ul>	-	)	7	Amount of Contribution (\$)	\$500.00
	Dringing oggu	Laredo, TX 78041	lo.	Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 12/10/2024	Full name of contributor out-of-state P Legacy 44  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78756	ı				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 11/07/2024	Full name of contributor out-of-state P Linebarger, Goggan, Blair & Sampson, I Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1,500.00
		Austin, TX 78760					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 11/08/2024	Full name of contributor out-of-state P Longbow Partners  Contributor address; City; State; Zip Code  Austin, TX 78701		)		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 12/10/2024	Full name of contributor out-of-state P Matz and Company LLC Contributor address; City; State; Zip Code  Austin, TX 78703	PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			l				

	MONET	ARY POLITICAL CONTRIBUT	IOI	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this	s for	rm.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/69	
2	FILER NAME Martinez, Ar	mando A. (The Honorable)			3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 10/30/2024	<ul> <li>Full name of contributor</li></ul>	D#:		7	Amount of Contribution (\$)	\$1,250.00
8	Dringing oggu	Honolulu, HI 96815	ام	Employer (See Instructions	<u></u>		
•	Executive	pation / Job title (See Instructions)	9	Employer (See Instructions Bridger Aerospace	·)		
	Date 12/13/2024	Full name of contributor X out-of-state PAC (IE McGuireWoods Federal PAC Fund  Contributor address; City; State; Zip Code	)#: <u>C0</u>	00225342 )		Amount of Contribution (\$)	\$500.00
	Principal occu	Richmond, VA 23219-3916 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Date 12/10/2024	Full name of contributor	D#:	)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	  -  s)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (IE Oberhoff, Butch Contributor address; City; State; Zip Code San Antonio, TX 78258		)		Amount of Contribution (\$)	\$250.00
	'	pation / Job title (See Instructions) overnmental Affairs		Employer (See Instructions Acadian Ambulance Se		e	
	Date 12/10/2024	Full name of contributor out-of-state PAC (IE Oncor PAC of Oncor Electric Delivery Admin.  Contributor address; City; State; Zip Code  Dallas, TX 75202-1234	. Cor			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to	o complete this forr	n.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 12/69	
2	FILER NAME Martinez, Arı	mando A. (The Honorable)			3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 12/10/2024	<ul><li>5 Full name of contributor PharmPac</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78757					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 12/10/2024	Full name of contributor  Rodriguez, Marc (Mr.)  Contributor address; City; State		)		Amount of Contribution (\$)	\$2,500.00
	Austin, TX 78701  Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
			Texas Lobby Partners	,			
	Date 12/10/2024	Full name of contributor Sabine Pilot PAC Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$500.00
		Port Arthur, TX 77640					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/29/2024	Full name of contributor Saunders, John Contributor address; City; State Bozeman, MT 59715				Amount of Contribution (\$)	\$1,250.00
	Principal occu SVP Finance	pation / Job title (See Instructions)		Employer (See Instructions Bridger Aerospace	)		
	Date 12/10/2024	Full name of contributor  Southern Glazer's PAC of To  Contributor address; City; State  Austin, TX 78701				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/13 Rpt: 13/69		
2	FILER NAME Martinez, Arı	mando A. (The Honorable)		3	Filer ID (Ethics Commission 00054543	on Filers)	
4	Date 12/10/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,000.00	
0	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	.)			
0	Fillicipal occu	pation / Job title (See instructions)	e Employer (See Instructions	')			
	Date Full name of contributor out-of-state PAC (ID#:)  12/10/2024 TXTA TruckPAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00		
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)			
	Date Full name of contributor out-of-state PAC (ID#:)  11/19/2024 Tenet Healthcare Corporation PAC  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$250.00	
		Dallas, TX 75254					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)			
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Aggregates & Concrete Assn. PAC Contributor address; City; State; Zip Code Round Rock, TX 78681			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 11/07/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Apartment Association, 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	5)			

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1				
	The Instru	ction Guide explains how to complete	1	Total pages Schedule A1: Sch: 11/13 Rpt: 14/69			
2	FILER NAME Martinez, Ar	nando A. (The Honorable)			3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 12/11/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 12/10/2024	Full name of contributor  out-of-state PAG Texas Land Title Assoc. PAC Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	•	,			_		
	Date 11/15/2024	Full name of contributor out-of-state PAG  Texas McDonald's Operators Assn. PAC    Contributor address; City; State; Zip Code	Inc	)		Amount of Contribution (\$)	\$1,000.00
		Athens, TX 78751					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/10/2024	Full name of contributor out-of-state PAGE  Texas Medical Association PAC  Contributor address; City; State; Zip Code  Austin, TX 78701		)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/09/2024	Full name of contributor out-of-state PAG Texas Produce Association Tex-PAC Contributor address; City; State; Zip Code Mission, TX 78572	C (ID#:	)		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/13 Rpt: 15/69	
2	FILER NAME Martinez, Ar	mando A. (The Honorable)		3	Filer ID (Ethics Commission 00054543	on Filers)
4	Date 11/22/2024	ate 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$1,000.00
		Harlingen, TX 78552				
8	Principal occupation / Job title (See Instructions)  9 Employer (See Instruction)		9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  11/08/2024 Texas State Assn. of Firefighters Action Committee  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
	Date Full name of contributor out-of-state PAC (ID#:)  12/10/2024 Texas Trial Lawyers Association PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ The Posey Law Firm, PC  Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/28/2024	Full name of contributor X out-of-state PAC (ID#: CTOYOTA Motor North America, Inc. PAC Contributor address; City; State; Zip Code Washington, DC 20004	000542365		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDU	LE <b>A1</b>	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/13 Rpt: 16/69	
2	FILER NAME Martinez, Ar	mando A. (The Honorable)		3	Filer ID (Ethics Commissi 00054543	on Filers)
4	Date 12/10/2024  5 Full name of contributor x out-of-state PAC (ID#: C00119008  Waste Management Employees Better Governtment Fund Multi  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,000.00	
		Washington, DC 20004				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/10/2024 Whitley, David  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	District	Austin, TX 78735	Frankrije (O. a. kratinski ara	$\overline{\Gamma}$		
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_Zachry Construction Corp. PAC  Contributor address; City; State; Zip Code  San Antonio, TX 78265			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instru	action Guide explains how to complete this f	orm.	1 Total pages Scl Sch: 1/2 Rpt:			
2 FILER NAME Martinez, A	rmando A. (The Honorable)		3 Filer ID (Ethic 00054543	s Commission Filers)		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date 12/10/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Ingersoll, Deborah</li> <li>Contributor address; City; State; Zip Code</li> <li>Austin, TX 78763</li> </ul>		contribution (\$) \$275.00	Campaign Fundraiser: Event Coordination		
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		outside of Texas. Complete Schedule T.		
Lobbyist	,	Self	,			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (	FOR JUDICIAL)		
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 12/10/2024	Full name of contributor out-of-state PAC (ID#: Kelley, Russell Contributor address; City; State; Zip Code			In-kind contribution description I Campaign Fundraiser: Emails		
	Austin, TX 78731		Check if travel of	l butside of Texas. Complete Schedule T.		
Principal occi Governmen	upation / Job title (FOR NON-JUDICIAL) (See instructions) tal Affairs	Employer (FOR NON-JUDICIAL) (See instructions) 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 contributo	or's spouse (if any) (	FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date Full name of contributor out-of-state PAC (ID#:  12/10/2024 Montford, John  Contributor address; City; State; Zip Code			Amount of contribution (\$) \$300.00	In-kind contribution description Campaign Fundraiser: Cost of Venue		
	San Antonio, TX 78257		Check if travel of	l outside of Texas. Complete Schedule T.		
Principal occi Retired	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Self	-JUDICIAL) (See ii	nstructions)		
Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (	FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

## NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 18/69 FILER NAME 3 Filer ID (Ethics Commission Filers) 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 10/28/2024 Trepac/Texas Association of Realtors PAC \$250.00 Campaign Fundraiser: 7 Contributor address; City; State; Zip Code Advertising for Fundraising Event Austin, TX 78768 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 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)

	LOANS				SCHEDULE E
	The Instruction	on Guide explains how to complete this	form.		ages Schedule E: /1 Rpt: 19/69
2	FILER NAME Martinez, Armai	ndo A. (The Honorable)			(Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS		1	\$
5	Date of loan 11/12/2024	7 Name of lender out-of-state F Martinez, Armando	PAC (ID#:		9 Loan Amount (\$) \$1,800.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	Weslaco, TX 78596			<b>11</b> Maturity Date 11/12/2025
12	Principal occupati Self	on / Job title (See Instructions)	13 Employer (See Instruction Self	s)	
14	Description of Col  X None	lateral	15 Check if personal funds w	ere deposite	ed into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City; State;			
20	Principal occupati	on	21 Employer (See Instruction	s)	

### 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	
1 Total pages Cabadula F1:	
1 Total pages Schedule F1:	
Sch: 1/46 Rpt: 20/69	Martinez, Armando A. (The Honorable) 00054543
4 Date	5 Payee name
10/31/2024	AMLI Eastside
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,575.01	1000 San Marcos St.
Ψ1,575.01	1000 Sull Mulcos St.
	Austin, TX 78702
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Austin Apartment
LAFENDITORE	X Check if Austin, TX, officeholder living expense
	Rent
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
11/03/2024	ActBlue Texas
	1.000.000
Amount (\$)	Payee address; City; State; Zip Code
\$148.14	P. O. Box 441146
	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Contribution Processing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	н
Date	Payon nama
12/17/2024	Payee name Airport Elementary
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	410 N. Airport Drive
	Weslaco, TX 78596
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Christmas Celebration
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services			es/Contract Labor		OTHER (enter a	strict a category not listed above)	
					ide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/46 Rpt: 21/69		Martinez, Ar	mando A. (The	Honorable)				00054543		
4	Date	5	Payee name								
	12/12/2024		Alamo Lions	Club							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip (	Code					
	\$100.00		313 Alma St								
			Alamo, TX 7	'8516							
_	DUDDOCE	(0)				(h)	\ <b>\</b> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				_
8	PURPOSE OF	(a)		e Categories listed at th		(a)	Description  Check if travel	nutei	de of Tevas Com	nplete Schedule T.	
	EXPENDITURE			s/Donations Ma Officeholder/Polit					officeholder living	•	
			Odi ididato/ C		aroar Committee		Turkey Dinne	r D	onation		
9	Complete ONLY if direct		 Candidate/Offic	ceholder name	Office so	ought	i		Office h	eld	
	expenditure to benefit C/OI	Н									
H	Date		Payee name								_
	10/28/2024		Alvarado, Jo	orge							
	Amount (\$)		Payee addres		State; Zip (	Code					_
	\$500.00		1603 Canto	•							
	4000.00										
			Alton, TX 78	2512							
	DUDDOCE	(0)				(h)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				_
	PURPOSE OF	(a)		e Categories listed at th		(0)	Description  Check if travel	nutsi	de of Texas, Com	nplete Schedule T.	
	EXPENDITURE		Salaries/wa	.ges/Contract La	lDOI		<b>=</b>		officeholder living		
							GOTV				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ought	İ		Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	10/28/2024		Ancisco, The	elma (Ms.)							
	Amount (\$)		Payee addres	ss; City;	State; Zip (	Code					
	\$375.00		1601 S. Bric	lge, Apt. #15							
			Weslaco, TX	< 78596							
	PURPOSE	(a)	Category (Sc	e Categories listed at th	ue ton of this schedule)	(b)	) Description				
	OF	<b> `</b> ´		ges/Contract La		``		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			9				, TX,	officeholder living	g expense	
							GOTV				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Office so	ought			Office h	eld	
	experience to belieff C/OI	' '									

## SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/46 Rpt: 22/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/28/2024	Avila, Sara
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	2726 Callalily 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
		SCIV
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	10/28/2024	Balderas, Diana
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	2012 Benitez
		Donna, TX 78537
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	ZA ZABITORZ	COTY
		GOTV
	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/06/2024	Brand Boosters Co. LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$985.08	3607 S. L. LN
		McAllen, TX 78503
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Campaign Material
	Commission ONU Wife allows	Condidate/Officeholder name Office county
	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		Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	nse Printin Salarie	-	se s/Contract Labor	٦	Fravel in District Fravel Out of Dis DTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:						I	iler ID	(Ethics Commission File	ers)
L	Sch: 4/46 Rpt: 23/69	Martinez,	Armando A. (The Hor	norable)				00054543		
4	Date	5 Payee nan								
L	10/28/2024	Cano, Alk	pert							
6	Amount (\$)	7 Payee add	ress; City;	State; Zip	Code					
	\$300.00	1418 S. T	exas Blvd.							
		Mercedes	s, TX 78570							
8	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/\	Wages/Contract Labor			=			plete Schedule T.	
	-					GOTV	1, IX, 0	fficeholder living	g expense	
						JU 1 V				
9	Complete ONLY if direct	Candidate/C	Officeholder name	Office s	Ought			Office he	eld	
_	expenditure to benefit C/OI		moonoider name	Office s	Jugni			Since He		
	Date	Payee nan								
	11/12/2024	Cano, All	pert							
	Amount (\$)	Payee add	. ,.	State; Zip	Code					
	\$200.00	1418 S. T	exas Blvd.							
		Mercedes	s, TX 78570							
	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		ng Expense			<u></u>			plete Schedule T.	
						ш		fficeholder living Annual Ba	ackyard Grillers	
						Сропооголир	- <b>T</b> U I	, amaan De	activate Ciliicis	
_	Complete ONLY if direct	Candidate/0	Officeholder name	Office s	ouaht			Office he	eld	
	expenditure to benefit C/OI		· · · · · · · · · · · · · · · · · · ·	220						
H	Date	Payee nan	ne							
	12/12/2024	Cano, Alk								
	Amount (\$)	Payee add		State; Zip	Code					
	\$800.00	,	exas Blvd.	2.0.c, 2.p	2000					
	4000.00									
		Mercedes	s, TX 78570							
	PURPOSE OF		(See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Advertisir	ng Expense			ш		e of Texas. Com fficeholder living	plete Schedule T.	
						Bar BQ Cook			, expense	
	Complete ONLY if direct	Candidate/C	Officeholder name	Office s	ought			Office he	eld	
	expenditure to benefit C/OI				5 -					

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/46 Rpt: 24/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	12/19/2024	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	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Sponsorship: Smokin' on the Rio Cook-Off
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/28/2024	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
		GOTV
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	10/28/2024	Cantu, Marichu
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	810 N. Oblate
		San Juan, TX 78589
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		GOTV
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising 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

	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: 6/46 Rpt: 25/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/28/2024	Carmona, Jesse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	408 S. 6th St.
		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
		SOTV
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Dete	
	Date	Payee name
	10/28/2024	Casares, Pablo
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1930 E. Mile 12 N
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  GOTV
		GOTV
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	10/28/2024	Casiano, Jesse
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	402 Silver Avenue, Apt. C
		Donna, TX 78537
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		COTY
		GOTV
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
_		

### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Cabadula F1:	1			
	Total pages Schedule F1:				
	Sch: 7/46 Rpt: 26/69	Martinez, Armando A. (The Honorable) 00054543			
4	Date	5 Payee name			
	10/28/2024	Castaneda, Jaime			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$250.00	9205 Palm Grove			
	Ψ200.00	3233 T ulli 1 37376			
		Mercedes, TX 78570			
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			
	11/26/2024	Castillo , Jose			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$300.00	107 Pena Ave.			
		Weslaco, TX 78596			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Candidate/Officeholder/Political Committee			
		Medical Expenses			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
H	Date	Payros namo			
	10/28/2024	Payee name Costorona Daniel			
		Castorena, Daniel			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$150.00	P. O. Box 2026			
		Donna, TX 78537			
	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	- · · · · · · · · · · · · · · · · · · ·			

### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
-	Total pages Cabadula F1:	· · · · · · · · · · · · · · · · · · ·			
1	Total pages Schedule F1: Sch: 8/46 Rpt: 27/69	2 FILER NAME Martinez, Armando A. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00054543			
4	Date	5 Payee name			
	10/28/2024	Castorena, Guadalupe			
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code P. O. Box 2026			
		Donna, TX 78537			
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			
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	10/28/2024	Chavez, Delma			
_					
	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.00	800 S.Border Ave.			
		Weslaco, TX 78596			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor			
	2/11/21/01/12	Check if Austin, TX, officeholder living expense			
		GOTV			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	10/28/2024	Chavez, Juana			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$400.00	2008 Champion			
		Donna, TX 78537			
	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/OH				
L	·				

## SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTLER (outer a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 9/46 Rpt: 28/69	Martinez, Armando A. (The Honorable) 00054543				
4 Date	5 Payee name				
12/24/2024	City of Austin				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$20.20	P. O. Box 2267				
	Austin, TX 78783				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Austin Apartment Check if travel outside of Texas. Complete Schedule T.				
	Licetholty				
9 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				
12/03/2024	City of Weslaco				
Amount (\$)	Payee address; City; State; Zip Code				
\$200.00	255 S. Kansas Ave.				
	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				
	Annual Employee Appreciation Eurich				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI					
Date	Payee name				
11/15/2024	City of Weslaco				
Amount (\$)	Payee address; City; State; Zip Code				
\$75.80	255 S. Kansas Ave.				
	Weslaco, TX 78596				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.				
EXI ENDITORE	Check if Austin, TX, officeholder living expense				
	Utilities: Garbage, Sewage, and Water				
Commission ONUVIVIII	Condidate/Officeholder name				
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
, ,					

## 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

ement Solicitation/Fundraising Expense
ense 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: 10/46 Rpt: 29/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	12/16/2024	City of Weslaco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.23	255 S. Kansas Ave.
		Weslaco, TX 78596
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Utilities: Water, Sewage, and Garbage
		Camado, Maio, Journago, ana caraago
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davos nama
	10/28/2024	Payee name Cosme, Guadalupe
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	857 E. Liberty
		Mercedes, TX 78570
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		GOTV
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Davies asma
	10/28/2024	Payee name  Costco - RGV
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.20	1501 W. Kelly Ave.
		Pharr, TX 78577
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candy for WISD Trunk or Treat
	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				
1	Total pages Cabadula F1:		+		
1	Total pages Schedule F1: Sch: 11/46 Rpt: 30/69	2 FILER NAME  Martinez, Armando A. (The Honorable)  3 Filer ID (Ethics Commission Filers)  00054543			
Ļ	•		_		
4	Date	5 Payee name			
L	11/05/2024	Diaz, Mark			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$927.50	1408 Tangerine Drive			
		Weslaco, TX 78596			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-		
ľ	OF	Advertising Expense  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Campaign Shirts			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_		
	expenditure to benefit C/OI	H · · · · · · · · · · · · · · · · · · ·			
H	Date	Payee name	=		
	10/28/2024	Escamilla, Guadalupe			
_		· · · · · · · · · · · · · · · · · · ·	4		
	Amount (\$)	Payee address; City; State; Zip Code			
	\$200.00	2801 W. 5 1/2 N			
L		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.			
		COTY			
		GOTV			
_	Commission ONE V. C. P.	Condidate/Officeholder nome	_		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H			
			_		
	Date	Payee name			
	10/28/2024	Espinoza, Brianda			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$250.00	1209 Victory Street			
		San Juan, TX 78589			
$\vdash$	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	٦		
	expenditure to benefit C/OH				
			$\dashv$		
			_		

### SCHEDULE F1

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

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/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)				
					uide explains l	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAMI	E					3	Filer ID	(Ethics Commissi	on Filers)
l	Sch: 12/46 Rpt: 31/69		Martinez, A	rmando A. (The	Honorable)	)				00054543		
4	Date	5	Payee name	!								
l	10/28/2024		Espinoza, F									
  -	Amount (\$)	7	Payee addre	ess; City;	State:	Zip Co	nde					
ľ	\$250.00	ľ	1209 Victor	•	otate,	Zip 00	Juc					
l	Ψ230.00		1203 VICIOI	y Street								
l												
L			San Juan,	TX 78589								
8	PURPOSE	(a)	Category (S	see Categories listed at	the top of this sch	edule)	(b)	Description				
l	OF EXPENDITURE		Salaries/W	ages/Contract L	abor			=			nplete Schedule T.	
l								_	, TX,	officeholder livin	g expense	
l								GOTV				
L												
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder name	C	Office sou	ght			Office h	eld	
	experiulture to benefit C/O											
Г	Date		Payee name	!								
l	10/28/2024		Farias, Lior	nel								
H	Amount (\$)	H	Payee addre	ess; City;	State;	Zip Co	de					
l	\$400.00		810 S. Brid	ae								
				<b>3</b> -								
			Woolago T	V 70506								
L		L	Weslaco, T									
l	PURPOSE OF	(a)		ee Categories listed at		edule)	(b)	Description		df.T O	onlata Cabadula T	
	EXPENDITURE		Salaries/W	ages/Contract L	abor			<b>=</b>		officeholder livin	nplete Schedule T.	
								GOTV	,		9	
⊢	Complete ONLY if direct	<u> </u>	Candidate/Off	iceholder name		Office sou	aht			Office h	eld	
l	expenditure to benefit C/O		Carialaate/On	icenolael name		Jilice 30u	giit			Office i	Ciu	
⊨		_										
l	Date		Payee name									
	10/28/2024		Flores, Jay	Dee (Mr.)								
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	ode					
l	\$1,250.00		512 W. 4th	Street								
l												
l			Weslaco, T	X 78596								
⊢	PURPOSE	(a)	Category	see Categories listed at		\	(b)	Description				
l	OF	(~,		ages/Contract L		euule)	(~)		outsi	de of Texas. Cor	nplete Schedule T.	
l	EXPENDITURE		Jaianes/ W	ages/contract L	шын			Check if Austin	, TX	officeholder livin	g expense	
l								GOTV				
l												
Г	Complete ONLY if direct		Candidate/Off	iceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OH											
ı												

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Polit Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Office Ov Polling E ense Printing E Salaries/	Expense Wages/Contract Labor	Transportati Travel in Dis Travel Out o	
1 Total pages Cabadula F1	. Ia FILED NAM				a Filor ID	(Ethios Commission Filors)
1 Total pages Schedule F1 Sch: 13/46 Rpt: 32/69		⊨ Armando A. (The Ho	norable)		3 Filer ID 0005454	(Ethics Commission Filers) 43
4 Date	5 Payee name	2			•	
11/01/2024	1	/ Dee (Mr.)				
6 Amount (\$) \$625.00	512 W. 4th	7 Payee address; City; State; Zip Code 512 W. 4th Street Weslaco, TX 78596				
8 PURPOSE OF EXPENDITURE		See Categories listed at the to /ages/Contract Labo			outside of Texas.	Complete Schedule T. living expense
9 Complete ONLY if direct expenditure to benefit C/		ficeholder name	Office so	ught	Office	e held
Date	Payee nam	e				
11/08/2024	Flores, Jay	/ Dee (Mr.)				
Amount (\$)	Payee addr	Payee address; City; State; Zip Code				
\$625.00						
	Weslaco,	ГХ 78596 		,		
PURPOSE OF EXPENDITURE	1	See Categories listed at the to l'ages/Contract Labo		ı <u>—</u>	outside of Texas.	Complete Schedule T. living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/		ficeholder name	Office so	ught	Office	e held
Date 12/23/2024	Payee nam Fountain o	e f Mercy Ministries				
Amount (\$) \$100.00		as Blvd.	State; Zip C	ode		
	Weslaco,	1 X /8596		T		
PURPOSE OF EXPENDITURE	Contribution	See Categories listed at the to ons/Donations Made /Officeholder/Politica	Ву		n, TX, officeholder	Complete Schedule T. living expense
Complete ONLY if direct expenditure to benefit C/		ficeholder name	Office so	ught	Office	e held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	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: 14/46 Rpt: 33/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/28/2024	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
		GOTV
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/28/2024	Galan, Sandra
H	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 EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TX officeholder living events.
		Check if Austin, TX, officeholder living expense
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/28/2024	Garcia, Anita
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	1902 Ridley
		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.
		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	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
I		

## SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 15/46 Rpt: 34/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/28/2024	Garcia, Aurelio
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	108 E. 8th Street
		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
		3014
_	Commission ONII V if disposi	Condidate/Officeholder name Office appets
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	10/28/2024	Garcia, Beto
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	420 E. Liberty
		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
		GOTV
	Operation ONE Wife disease	On alidate (Office helder game)
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
	<u> </u>	
	Date	Payee name
	10/28/2024	Garcia, Hermilia
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	204 Easy Street
		San Juan, TX 78589
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		GOTV
	0 1. 0	
	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 16/46 Rpt: 35/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/28/2024	Garza, Belinda
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$400.00	205 Ash Street
l		
l		Donna, TX 78537
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFLINDITORL	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	
⊨	Data	
l	Date 10/28/2024	Payee name Garza, Luciano
L		
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$500.00	35115 Pecan Grove Drive
		W. J. J. TV 70500
L		Weslaco, TX 78596
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Lahor  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		GOTV
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
Г	Date	Payee name
	10/28/2024	Garza, Stephanie
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$100.00	806 N. Oblate
		San Juan, TX 78589
	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
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### 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 54:				
1	Total pages Schedule F1:				
L	Sch: 17/46 Rpt: 36/69	Martinez, Armando A. (The Honorable) 00054543			
4	Date	5 Payee name			
	10/27/2024	Garza, Stephanie			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
ľ	\$200.00	806 N. Oblate			
	Ψ200.00	000 N. Oblate			
L		San Juan, TX 78589			
8	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			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Data	Davies name			
	Date	Payee name			
	10/28/2024	Gonzales, Alicia			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$400.00	721 Valley Trace Drive			
		Weslaco, TX 78596			
$\vdash$	PURPOSE	1			
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/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			
$\vdash$	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI				
	Date	Payee name			
	10/28/2024	Gonzales, Jessica			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$300.00	1904 Ridley			
	<del>+</del>				
		Danna TV 70527			
		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.			
		Check if Austin, TX, officeholder living expense			
		GOTV			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH				

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mittee I	egal Services	Sala	aries/Wag	es/Contra			OTHER (enter	a category not listed	l above)
	·			The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 F	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 18/46 Rpt: 37/69	١	Martinez, Arı	mando A. (The	Honorable)					00054543		
4	Date	5 F	Payee name									
	10/28/2024	ı	Gonzalez, D	ee								
6	Amount (\$)	<b>7</b> F	Payee addres	s; City;	State; Zij	o Code						
	\$250.00	1	L622 Oakrid	ge								
		١,	Mercedes, T	Y 79570								
_	DUDDO05	<u> </u>				- 10						
8	PURPOSE OF				he top of this schedule)	) (b	) Desc	•		df.T O		
	EXPENDITURE	١	Salaries/Wa	ges/Contract La	abor					officeholder livir	mplete Schedule T.	
							GO1		, 170,	omeenoider iivii	ig expense	
9	Complete ONLY if direct		andidate/Offic	eholder name	Office	sough	·			Office h	ald	
9	expenditure to benefit C/OI		andidate/Onic	enoluei name	Office	Sough				Office i	iciu	
_												
	Date	ı	Payee name									
	10/28/2024		Gonzalez, G	ilbert								
	Amount (\$)	F	Payee addres	s; City;	State; Zij	Code						
	\$350.00	5	5502 Coco E	Dr.								
		lν	Neslaco, TX	78596								
_	PURPOSE	_				(h	) Desc	rintion				
	OF			e Categories listed at t ges/Contract La	he top of this schedule)	)   (~	_	•	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE	`	saiai ies/ wai	ges/Contract La	abui					officeholder livir		
							GOT	ΓV				
	Complete ONLY if direct		andidate/Offic	eholder name	Office	sough	t			Office h	neld	
	expenditure to benefit C/OI	H										
	Date	F	Payee name									
	10/28/2024	l	Gonzalez, R	oxanne								
	Amount (\$)		Payee addres		State; Zij	. Codo						
	\$500.00	l	L1423 N. Mil	-	State, Zij	J Code						
	Φ500.00	1	L1423 IV. IVIII	E 4 VV								
		V	Weslaco, TX	78596								
	PURPOSE	(a) (	Category (See	e Categories listed at t	he top of this schedule)	, (b	) Desc					
	OF EXPENDITURE	5	Salaries/Wa	ges/Contract La	abor						mplete Schedule T.	
	-						_		, TX,	officeholder livir	ng expense	
							GO1	V				
_	Operation ONE VIII II	<u> </u>		-1-1-1	0.00					C''' :	-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	eholder name	Office	sough	τ			Office h	ieid	
	Oriana.o to borioni O/OI	•										

#### 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

nse Travel in Distr nse Travel Out of es/Contract Labor OTHER (ente

Transportation Equipment & Related Expense Travel in District Travel Out of District

Solicitation/Fundraising Expense

OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 19/46 Rpt: 38/69 Martinez, Armando A. (The Honorable) 00054543 4 Date Payee name 10/28/2024 Guajardo, Robert 6 Amount (\$) Payee address; State; Zip Code \$250.00 910 S. Colorado St. Mercedes, TX 78570 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense **GOTV** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/28/2024 Guerrero, Adrian Amount (\$) Payee address; City; State; Zip Code \$600.00 3008 Benitez Street Donna, TX 78537 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense **GOTV** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/08/2024 Gutierrez, Brenda Amount (\$) Payee address: City; State; Zip Code \$100.00 2623 Honolulu Weslaco, TX 78596 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Weslaco Freshman Panthes Football Bash Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

## 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	
_	Tatal as a second of Education Education	
1	Total pages Schedule F1: Sch: 20/46 Rpt: 39/69	2 FILER NAME Martinez, Armando A. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00054543
4	Date	F. Davida marra
4		5 Payee name
	12/17/2024	Hernandez, Thelma
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	1102 E. Alan Street
		Pharr, TX 78577
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Fundraiser: Chicken Benefit Plates
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
-	Data	
	Date	Payee name
	12/19/2024	Hobby Lobby - Weslaco
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.00	1901 W. Expressway 83
		W. J. T. TOFOC
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Frames
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	12/02/2024	House Democratic Caucus
	12/02/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	P. O. Box 2910
		Austin, TX 78768-2910
	DUDDOOF	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas, Complete Schedule 1.  Check if Austin, TX, officeholder living expense
		Annual Dues
		Allitual Dues
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefit C/OI	1 

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Final Services Salaries/Wangs/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	
1	Total pages Schedule F1:	
	Sch: 21/46 Rpt: 40/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	12/02/2024	House Democratic Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	P. O. Box 2910
	•	
		Austin, TX 78768-2910
Ļ		To a second seco
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Dues
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	12/06/2024	Knights of Columbus
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	2623 N. Texas Blvd.
		Weslaco, TX 78596
_	DUDDOCE	
	PURPOSE 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 travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraiser: Golf Hole Sponsor
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	11/11/2024	Lone Star National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.45	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.
	TAI LIADITORE	Check if Austin, TX, officeholder living expense
		Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1 

# SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising 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

	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: 22/46 Rpt: 41/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	11/14/2024	Lone Star National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$143.96	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  Fees
		rees
_	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	12/10/2024	Lone Star National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.20	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  Fees
		1 663
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	12/20/2024	Lone Star National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P. O. Box 1127
		Pharr, TX 78577
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Oniceriolder/Political Committee  Gifts for Constituents
		Site ioi Gondidonie
	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 Committe

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/46 Rpt: 42/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	12/20/2024	Lone Star National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$356.00	P. O. Box 1127
		Pharr, TX 78577
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Gifts for Staff
		Girls for Stair
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	10/28/2024	Lopez, Berta
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	6036 N. Mile 6 1/2
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  GOTV
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	Device same
	Date 10/31/2024	Payee name Magic Valley Electric Coop
	Amount (\$)	Payee address; City; State; Zip Code
	\$182.34	1 3/4 Miles East Business 83
		Mercedes, TX 78570
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  District Office: Electric
		District Office. Electric
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit 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		Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	se Printir Salari	-	se s/Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
L	Sch: 24/46 Rpt: 43/69	Martinez, A	Armando A. (The Hon	orable)			L '	00054543	
4	Date	5 Payee name	9						
	12/03/2024	Magic Vall	ey Electric Coop						
6	Amount (\$)	<b>7</b> Payee addr	ess; City;	State; Zip	Code				
	\$138.58	1 3/4 Miles	East Business 83						
		Mercedes,	TX 78570						
8	PURPOSE	(a) Category	See Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE		rhead/Rental Expens				outsid	e of Texas. Comp	lete Schedule T.
	EXPENDITORE					$\Box$		officeholder living	expense
						District Office	9: E16	ectric	
_	Complete ONLY if alice -t	Condidate /Of	finahaldar na	Office	- Lancet			Office le -	14
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office s	sought			Office he	iu
	Date	Payee name	<u> </u>			_			
	12/31/2024	Magic Vall	ey Electric Coop						
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$97.86	1 3/4 Miles	East Business 83						
		Mercedes,	TX 78570						
	PURPOSE	(a) Category	See Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE		rhead/Rental Expens			<b></b>		e of Texas. Comp	
	EXI ENDITORE					_		officeholder living	expense
						District Office	3. ⊏16	ectricity	
_	Complete ONLY if direct	Candidata/Of	ficeholder name	Office s	eonapt			Office he	Id
	expenditure to benefit C/O		ncenduel Hame	Offices	ougni			Onice ne	iu
_	Dete								
	Date	Payee name							
	11/12/2024		mentary School						
	Amount (\$)	Payee addr	•	State; Zip	Code				
	\$100.00	171 Bridge	e Ave.						
		Weslaco, ∃	ΓX 78596						
	PURPOSE OF		See Categories listed at the top of		(b)	Description			
	EXPENDITURE		ns/Donations Made E					e of Texas. Comp officeholder living	
		Candidate	Officeholder/Political	Committee		Fundraiser	., 17, (	meenoluer living	олронас
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office s	ought			Office he	ld
	expenditure to benefit C/OI				3 .				

## 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	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: 25/46 Rpt: 44/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/28/2024	Marroquin, Diana
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	3600 N. Westgate Drive, Apt. 4101
		Weslaco, TX 78596
Ļ	DUDDOOF	1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		GOTV
Ļ	Complete ONLY !! -!!	Condidate/Officeholder name
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/28/2024	Martinez, Alejandra
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	4908 Amelia Lane
		Donna, TX 78537
		1
	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
	Complete ONLY if direct expenditure to benefit C/OI	•
	Date	Payee name
L	10/28/2024	Martinez, Ana
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	1904 Ridley
		Donna, TX 78537
	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	
$\vdash$		

## SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/46 Rpt: 45/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/29/2024	Martinez, Armando (Rep.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	P. O. Box 1651
		Weslaco, TX 78596
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Prior Period Schedule G
		This is allow conceans of
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/20/2024	Martinez, Armando (Rep.)
H	Amount (\$)	Payee address; City; State; Zip Code
	\$420.00	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
		Filot Fellou Schedule G
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/11/2024	Martinez, Armando (Rep.)
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P. O. Box 1651
		Weslaco, TX 78596
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
		Check if Austin, TX, officeholder living expense
		Prior Period Schedule G
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

## 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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 27/46 Rpt: 46/69	2 FILER NAME Martinez, Armando A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00054543
	·	· · · · · · · · · · · · · · · · · · ·
4	Date	5 Payee name
	12/16/2024	Martinez, Armando (Rep.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	P. O. Box 1651
		Weslaco, TX 78596
_	DUDDOCE	·
8	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	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Prior Period Schedule G
		7 HO 7 SHOULD SHOULD ST
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
L	•	
	Date	Payee name
	12/16/2024	Martinez, Armando (Rep.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	P. O. Box 1651
		Weslaco, TX 78596
		I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Prior Period Schedule G
		Thorresida donedate d
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
L	12/17/2024	Martinez, Armando (Rep.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,500.00	P. O. Box 1651
		Weslaco, TX 78596
$\vdash$	PURPOSE	I
	OF	, <u> </u>
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Prior Period Schedule G
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wangs/Contract Labor

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/46 Rpt: 47/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	12/18/2024	Martinez, Armando (Rep.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,422.92	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/28/2024	Martinez, Edna
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	309 9th Street
		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. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		GOTV
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<b>y</b>
	Date	Dayso name
	10/27/2024	Payee name Martinez, Edna
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	309 9th Street
	Ψ500.00	303 311 311 611
		Alamo, TX 78516
	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 expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Orange to bonom O/O	

# SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/46 Rpt: 48/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/28/2024	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 Austin, TX, officeholder living expense  GOTV
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	12/02/2024	Mexican-American Legislative Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	202 West 13th Street
		Austin, TX 78701
	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.
		Check if Austin, TX, officeholder living expense  Annual Dues
		/ tillidat Bacs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/20/2024	Montemayor Pest Control
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.50	P. O. Box 2704
		Harlingen, TX 78551
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Pest Control for Distrrict Office
		Pest Control for District Office
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/\	Vages	/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 NAM	ΙE				3	Filer ID	(Ethics Commission Filers)
	Sch: 30/46 Rpt: 49/69	Martinez, <i>i</i>	Armando A. (The F	lonorable)				00054543	
4	Date	5 Payee name	е						
	12/18/2024	Montemay	or Pest Control						
6	Amount (\$)	<b>7</b> Payee addr	ess; City;	State; Zip Co	ode				
	\$646.56	P. O. Box	2704						
		Harlingen,	TX 78551						
8	PURPOSE	(a) Category	See Categories listed at the	top of this schedule)	(b)	Description			
	OF		rhead/Rental Expe			:	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		•			_		officeholder living	g expense
						District Office	: P	est Control	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sou	ıght			Office he	eld
	experiantare to benefit Groi	'							
	Date	Payee nam	е						
	10/28/2024	Moreno, Ja	avier						
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode				
	\$400.00	503 Jacob	o St.						
		San Juan,	TX 78589						
	PURPOSE	(a) Category (	See Categories listed at the	top of this schedule)	(b)	Description			
	OF EXPENDITURE		/ages/Contract Lat			Check if travel of	outsi	de of Texas. Com	plete Schedule T.
	EXI ENDITORE					ш	, TX,	officeholder living	g expense
						GOTV			
_	Complete ONLY if direct	Canalidata/O	ti a a la la la una una una a	Office				Office le	al d
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sou	igni			Office he	eiu
_									
	Date	Payee nam							
	11/08/2024	Moreno, P							
	Amount (\$)	Payee addr	•	State; Zip Co	ode				
	\$100.00	305 Railro	ad St.						
		Weslaco,	TX 78596						
	PURPOSE OF	(a) Category (	See Categories listed at the	top of this schedule)	(b)	Description			
	EXPENDITURE		ons/Donations Mac					de of Texas. Com officeholder living	plete Schedule T.
		Candidate	/Officeholder/Politi	cai Committee		_			on for Adult Daycare
						Center		into y Donati	on for Addit Bayouro
-	Complete ONLY if direct	L Candidate/Ωt	ficeholder name	Office sou	L Iaht			Office he	eld
	expenditure to benefit C/OI			S.1100 300	. y . 11			0oc 110	

# 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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 31/46 Rpt: 50/69	Martinez, Armando A. (The Honorable)		00054543	
4	Date	Payee name			
	10/28/2024	Munoz, Linda			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$200.00	210 S. 26th Street			
		Donna, TX 78537			
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor		side of Texas. Com	
	LAFLINDITORL	, , , , , , , , , , , , , , , , , , ,	stin, TX	, officeholder living	expense
		GOTV			
_	Commiste ONII V if direct	Condidate Office helder name		Office he	.la
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	ela
	Date	Payee name			
	10/28/2024	Murillo, Abel			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.00	1013 E. 13th Street			
		San Juan, TX 78589			
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/ Wages/Cortifact Eabor		side of Texas. Com	
		GOTV	Sun, 17	, officeholder living	expense
		3011			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
	Date	Payee name			
	10/28/2024	Murillo, Caridad			
		Payee address; City; State; Zip Code			
	Amount (\$) \$500.00	206 W. 3rd			
	Ψ300.00	200 W. 31u			
		Can luan TV 70500			
		San Juan, TX 78589			
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule)  (b) Description  Chack if training	vol outo	side of Texas. Com	olata Sahadula T
	EXPENDITURE	Salaties/ Wages/Contract Labor		, officeholder living	
		GOTV	•		•
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
_					

# SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense 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/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: 32/46 Rpt: 51/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	11/12/2024	Office Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.13	1406 West Expressway 83
		Weslaco, TX 78596
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Toner and Laminating Sheets
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н
	Date	Payee name
	10/28/2024	Ozuna, Marisa
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	2014 Jay Drive
		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.  Check if Austin TX officeholder living expense.
		Check if Austin, TX, officeholder living expense  GOTV
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	10/28/2024	Perez, Betty
	Amount (\$)	Payee address; City; State; Zip Code 307 N. Pino
	\$500.00	307 N. PIII0
		Weslaco, TX 78596
	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/O	d d

## SCHEDULE F1

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

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wangs/Contract Labor

sement Solicitation/Fundraising Expense
pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/46 Rpt: 52/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/28/2024	Perez, Janie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	504 W. Ebony
		San Juan, TX 78589
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  GOTV
		GOTV
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Payee name
	10/30/2024	Posada, Luisa
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	84 East Avenue, Unit 2306
	Ψ1,000.00	04 Last / Venae, Onit 2000
		Austin, TX 78701
L	PURPOSE	I
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/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
		Social Media
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/29/2024	Posada, Luisa
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	84 East Avenue, Unit 2306
		Austin, TX 78701
	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  Social Media
		Social Media
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 34/46 Rpt: 53/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	12/19/2024	Posada, Luisa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	84 East Avenue, Unit 2306
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Social Media
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/28/2024	Ramirez, Rosalinda
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	510 Countryside
		Weslaco, TX 78596
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		GOTV
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Davido namo
	10/28/2024	Payee name  Ramos, Krystal
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1103 S. Avenue
		Donna, TX 78537
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		GOTV
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

# SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/46 Rpt: 54/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	11/01/2024	Residentinsure
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.68	4205 Chapel Ridge Rd.
		Lehi, UT 84043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Austin Apartment Check if travel outside of Texas. Complete Schedule T.
		moditation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
$\vdash$	Dete	<u> </u>
	Date	Payee name
	12/31/2024	Residentinsure
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.68	4205 Chapel Ridge Rd.
		Lehi, UT 84043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Austin Apartment Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Content Insurance
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	<b>o</b>
_		
	Date	Payee name
	11/01/2024	Reyes, Adelaida
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	1151 W. Doranta
L		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 Austin, TX, officeholder living expense  GOTV
		GOTV
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	

# SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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: 36/46 Rpt: 55/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	12/31/2024	Reyes, Eloy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	5403 Sago Dr.
		Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITURE	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
	10/28/2024	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 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 sought Office held
	expenditure to benefit C/OI	<b>y</b>
	Date	Payee name
	10/28/2024	Rivera, Roberto
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	722 Anaquitas
	Ψ100.00	722 / Wagatas
		Mercedes, TX 78570
	DUDDOOF	
	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/OI	<u> </u>

# 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: 37/46 Rpt: 56/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/28/2024	Rodriguez, Letty
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	211 W. Ciro Drive
		San Juan, TX 78589
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
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit or or	
	Date	Payee name
	10/28/2024	Rodriguez, Olga
	Amount (\$)	Payee address; City; State; Zip Code
	\$375.00	739 N. 9th Place
		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. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		GOTV
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Davisa nama
	11/01/2024	Payee name Rodriguez, Pablo
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 739 N. 9th Place
	φ230.00	739 N. Bull Flace
		Alarea TV 70540
		Alamo, TX 78516
	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

# SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/46 Rpt: 57/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	11/01/2024	Rodriguez Jr., Pablo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	739 N. 9th Place
		Alamo, TX 78516
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/28/2024	Saldana, Tony
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	202 E. Eagle
		San Juan, TX 78589
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/01/2024	Saldana, Tony
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	202 E. Eagle
		San Juan, TX 78589
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

## SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/46 Rpt: 58/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	12/02/2024	Saldana, Tony
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	202 E. Eagle
		San Juan, TX 78589
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		GOTV
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/12/2024	Sam Houston Elementary School
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	608 N. Cantu Street
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Fundraiser   Fundr
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/28/2024	Sanchez, Lorenzo
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	711 S. 26th Street
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Donna, TX 78337
	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/OI	Candidate/Officeholder name Office sought Office held

# SCHEDULE F1

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

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

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

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

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

	Credit Cara r dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 40/46 Rpt: 59/69	Martinez, Armando A. (The Honorable)	00054543
4	Date	5 Payee name	
	10/28/2024	Silva, Manuel	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$400.00	1118 W. 4th Street	
	l		
		Weslaco, TX 78596	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Calaries, Wages, Contract East.	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
	l	GOTV	
	I		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
Г	Date	Payee name	
	11/04/2024	Smith Security Group	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.83	107 Chaparral	
	1		
		Weslaco, TX 78596	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overhead/Nental Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
	l	I — I —	System for District Office
	I		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	н	
	Date	Payee name	
	12/03/2024	Smith Security Group	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.83	107 Chaparral	
	l		
		Weslaco, TX 78596	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice Overhead/Nental Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
	l	·	fice Security System
	l		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	н	

# 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	Al 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: 41/46 Rpt: 60/69	Martinez, Armando A. (The Honorable) 00054543
4 Date	5 Payee name
10/28/2024	Tafolla, Rocky
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$300.00	1502 Hooper St.
	San Juan, TX 78589
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense  GOTV
	GOTV
O Complete CNU V M alling 1	Condidate/Office helder norms
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
<u> </u>	
Date	Payee name
12/16/2024	Think Fast Sales and Service
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P. O. Box 469
	Edcouch, TX 78538
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Campaign Signs
	Campaign Signs
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	
Date	Payee name
10/28/2024	Torres, Rosa
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	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
	COTY
	GOTV
Complete CMI V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	

## SCHEDULE F1

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 42/46 Rpt: 61/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/27/2024	Torres, Rosa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	P. O. Box 964
		Alamo, TX 78516
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/28/2024	Trevino, Adriana
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	4908 Amelia Lane
		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.
	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	<b>y</b>
	Data	
	Date 10/28/2024	Payee name Trevino, Frank
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 507 S. 21st Street
	Ψ100.00	307 3. 213t Suitet
		Donna, TX 78537
	PURPOSE	To a second seco
	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 expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit C/O	<u>'</u>

# SCHEDULE F1

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

Fees Office Overhead/fr
Fees Office Overhead/fr
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/C

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Printing Expense
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: 43/46 Rpt: 62/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/28/2024	Trevino, Frank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	507 S. 21st Street
		Donna, TX 78537
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
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•
	Date	Payee name
	12/20/2024	UTRGV Athletics
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,370.00	1201 W. University Drive
		Edinburg, TX 78589
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense  Football Sponsor
		Football Sporison
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	Description
	Date 10/28/2024	Payee name United States Post Office
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.95	109 N. Border
		Weslaco, TX 78596
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Postage
		, and the second se
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

# 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	
Ļ	<b>-</b>	
$ ^1$	Total pages Schedule F1:	
L	Sch: 44/46 Rpt: 63/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
l	12/06/2024	United States Post Office
╞	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$219.00	109 N. Border
l	\$219.00	109 N. Boldel
l		
l		Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Office Overhead/Rental Expense
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Stamps
l		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OF	1
H	Date	Payoo namo
l	12/12/2024	Payee name United States Post Office
L		
l	Amount (\$)	Payee address; City; State; Zip Code
	\$107.31	109 N. Border
		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
l		Stamps
l		
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	
H	Data	Payee name
	Date 11/01/2024	Payee name Vasquez, Rafael
L		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	1319 Royal Palm Street
		Alamo, TX 78516
$\vdash$	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
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
L		
Fο	rms provided by Texas E	thics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/46 Rpt: 64/69	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	10/28/2024	Vera, Luisa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	P. O. Box 964
		Alamo, TX 78516
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
ľ	expenditure to benefit C/OI	the state of the s
H	Date	Payee name
	11/12/2024	Walgreens - Weslaco
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$105.48	1701 W. Business 83
	Ψ103.40	Troi W. Business oo
		Weslaco, TX 78596
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Resolutions Frames
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
┝	Data	Davida marra
	Date 12/29/2024	Payee name Weslaco Chamber of Commerce
L		
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 255 S. Kansas Ave.
	φ130.00	200 S. Raiisas Ave.
		Weslaco, TX 78596
L	DUDDOOF	
	PURPOSE 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
		Weslaco Pageant Sponsorship
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 46/46 Rpt: 65/69 Martinez, Armando A. (The Honorable) 00054543 4 Date Payee name 12/13/2024 Weslaco High School Basketball 6 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 1005 W. Pike Blvd. Weslaco, TX 78596 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Basketball Ad Program Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/28/2024 Zavala, Francisca Amount (\$) Payee address; City; State; Zip Code \$500.00 510 West Hall Acres Rd. San Juan, TX 78589 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense **GOTV** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# **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 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 th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 1/1 Rpt: 66/69	Martinez, Armando	A. (The Honorable)			00054543		
4 CREDIT CARD ISSUER		ncial institution n Express	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid		
	\$210.90	11/18/2024	11/20/202	4			
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	U-Haul		9001 S I-3	5			
			Austin, TX	78744			
8 PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE  X Political	(See Categories listed at the top Fees	of this schedule)	Storage U	nit for Austin Ap	artment House	hold God	ods
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH			_				
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid		
	\$27.96	11/23/2024	12/11/202	4			
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	Hertz Car Rental		101 Airpor	t Rd.			
			Kahului, H	I 96732			
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE	(See Categories listed at the top		Car Renta	l While Attendin	g Conference		
X Political	Transportation Equipr Expense	Herit Ariu Kelateu					
Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	Office sought Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid		
	\$25.98	12/10/2024	12/11/202	4			
PAYEE	(a) Payee name	<u>I</u>	(b) Payee a	ddress;	City,	State,	Zip Code
			109 E. 9th				
	823 Congress Park	ing					
			Austin, TX	78701			
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE 	(See Categories listed at the top	of this schedule)	Parking Fe	ee for Campaigr	n Event		
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

# SCHEDULE G

## **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule G:	12								
1	Sch: 1/2 Rpt: 67/69	2 FILER NAME Martinez, Armando A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00054543				
4	Date	5	Payee name							
	11/05/2024		American Express							
6	Amount (\$) \$2,257.53	7	Payee address; City; State; P. O. Box 650448	Zip Co	de					
	X Reimbursement from political contributions intended		Dallas, TX 75265							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	Cł	neck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Credit Card Payment		Payment	Cł	neck if Austin, TX, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held			
	Date		Payee name							
	11/20/2024		American Express							
	Amount (\$)	Payee address; City; State; Zip Code								
	\$210.90 P. O. Box 650448									
	Reimbursement from political contributions intended		Dallas, TX 75265							
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	Cr	neck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Credit Card Payment		Payment	Cł	neck if Austin, TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held			
	Date	Г	Daylog name							
	12/11/2024		Payee name American Express							
	Amount (\$)	Payee address; City; State; Zip Code								
\$53.94			P. O. Box 650448							
	Reimbursement from political contributions intended		Dallas, TX 75265							
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	Cł	neck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Credit Card Payment			Cł	neck if Austin, TX, officeholder living expense			
	LA LABITORE				Payment					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held			

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement Office Overhead/Rental Expense Orinting Expense Orinting Expense Salaries/Wages/Contract Labor W to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule G:	FILER NAME		3 Filer ID (Ethics Commission Filers)				
_	Sch: 2/2 Rpt: 68/69	Martinez, Armando A. (The Honorable)		00054543				
4	Date	Payee name						
	11/05/2024	Mid Valley Care, LLC						
6	Amount (\$)	Payee address; City; State; 2	Zip Code					
	\$2,000.00	400 S. Bicentennial Blvd.	•					
	Reimbursement from political contributions intended	McAllen, TX 78501						
8	PURPOSE	Category (See Categories listed at the top of this schedu	ule) (b) Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense				
	EXPENDITORE		District Office Re	nt				
9	Complete ONLY if direct expenditure to benefit C/OH	didate/Officeholder name	Office sought	Office held				
	Date	Payee name						
	12/05/2024	Mid Valley Care, LLC						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$2,000.00	400 S. Bicentennial Blvd.						
	Reimbursement from political contributions intended	McAllen, TX 78501						
	PURPOSE	Category (See Categories listed at the top of this schedu	ule) Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Office Overhead/Rental Expense	District Office Re	Check if Austin, TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit	didate/Officeholder name	Office sought	Office held				
	C/OH							
	Date	Payee name						
	11/13/2024	Salinas Funeral Home						
	Amount (\$)	Payee address; City; State; 2	Zip Code					
	\$258.69	2929 W. Expressway 83						
	Reimbursement from political contributions intended	Weslaco, TX 78596						
	PURPOSE	Category (See Categories listed at the top of this schedu	ule) Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Gift/Awards/Memorials Expense		Check if Austin, TX, officeholder living expense				
			Flowers for Cons	tituent				
	Complete ONLY if direct expenditure to benefit C/OH	didate/Officeholder name	Office sought	Office held				

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS The Instruction Guide explains how to complete this form. 1 Total pages Schedule T: Sch: 1/1 Rpt: 69/69 2 FILER NAME Martinez, Armando A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00054543

	The Instr	ruction G	Guide explains h	ow to complete	this form.	1	Sch: 1/1 Rpt: 69/69
2 FILER NAME					3	Filer ID (Ethics Commission Filers)	
	Martinez, Arman	ido A. (The	e Honorable)				00054543
4	Name of Contributor / Corporation or Labor Organization / Pledgor /Payee						
	Hertz Car Rental	I					
5	Contribution / Expe	enditure rep	orted on:				
	Schedule A2		Schedule B	Schedule B(J)	Schedule C2		Schedule D Schedule F1
	Schedule F2	X	Schedule F4	Schedule G	Schedule H		Schedule COH-UC
6	Dates of Travel	7 Name	of person(s) traveling				
		Martin	ez, Armando (Rep	.)			
		8 Departi	ure city or name of de	eparture location			
	11/16/2024	McAlle	en				
		l	ation city or name of o	destination location			
	11/16/2024	Kahulı					
	Means of transport				onference, seminar, or	oth	her event)
	Commercial Airp	lane	To Attend Inde	pendent Voters Pro	ject Conference		