CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete th	1 Filer ID (Ethics Con 000545	nmission Filers)	2 Total pages filed: 59
3 CANDIDATE /	MS / MRS / MR FIR	ST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Arr	nando A.		Date Received
				ELECTRONICALLY FILED
	NICKNAME LAG		CUETIV	07/15/2025
	NICKNAME LAS	rtinez	SUFFIX	0171372023
	Marido Ma	runez		
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 illiageu
5 CAMPAIGN	MS / MRS / MR FIR:	ST	MI	
TREASURER		dolfo	1411	
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 CAMPAICNI	ADEA CODE DUONE NI	IMPED EVTENCION		
7 CAMPAIGN TREASURER	AREA CODE PHONE NU	JMBER EXTENSION		
PHONE	(956) 493-7600			
8 REPORT				
TYPE	January 15 3	Oth day before election	Runoff	15th day after campaign treasurer
		Can day before election		appointment (officeholder only)
	X 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	01/01/2025	THROUGH	06/30/202	5
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	X Primary	Runoff	Other
	03/03/2026	General	Special	
			Ш.	
11 OFFICE	OFFICE HELD (if any)	1	12 OFFICE SOUGHT	(if known)
III OFFICE	State Representative District 3	9 Hidalgo	State Representa	
	State Representative Bistriot of	o i naaigo	Ciale Represent	anve District 65
		GO TO PAGE 2	2	
1				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 59

13 C / OH NAME	Martinez, Armando A	(The Honorable))	14 Filer ID 00054543	(Ethics Com	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditus may have been made without equired to report this information	the candidate's or offi	ceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ΛΕ			
Ш	GENERAL					
		COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	IPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL C	ONTRIBUTIONS (OTHER THA	N PLEDGES LOANS	: 1	
TOTALS	OR GUARANTE	ES OF LOANS, OR	CONTRIBUTIONS MADE ELE		\$	0.00
		CAL CONTRIBUTIO PLEDGES, LOANS,	OR GUARANTEES OF LOANS	5)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL E	XPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURE	ES		\$	58,103.95
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	2,112.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	43,265.85
17 AFFIDAVIT			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
			The Honora	ble Armando A. Ma	ırtinez	
			Signature of	Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the		day
of	, 20, to co	ertify which, witness	my hand and seal of office.			
Signature of office	cer administering	Printed name	of officer administering	Title of offic	er administer	ing oath

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

					3 of 59
	ER NAN	(Eth	nics Commission Filers)		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	X	SCHEDULE E: LOANS		\$	11,400.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	42,354.21
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1,480.51
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	14,269.23
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	300.00

	LOANS							SCHEDULE E	
	The Instruction	n Guide explains ho	w to c	complete this f	orm.	ages Schedule E: /3 Rpt: 4/59			
2	FILER NAME Martinez, Armar	do A. (The Honorable)				1	Filer ID	(Ethics Commission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS				<u>. </u>		\$ 0.00	ე
5	Date of loan 05/02/2025	7 Name of lender Martinez, Armando		out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$1,800.00	0
6	Is lender a financial institution?	8 Lender address; Weslaco, TX 78596	City;	State;	Zip Code			10 Interest Rate 0.00 11 Maturity Date 05/02/2026	D
12	Principal occupation	on / Job title (See Instructio	ns)		13 Employer (See Instructions	s)		00/02/2020	_
	Construction				Self				
14	Description of Coll X None	ateral			15 Check if personal funds we	ere d	eposited	d into political account (See Instructions)	
16	GUARANTOR INFORMATION X not applicable	17 Name of guarantor 18 Guarantor address;	City;	State;	Zip Code			19 Amount Guaranteed (\$)	
20	Principal occupation	on			21 Employer (See Instructions	s)			
	Date of loan	Name of lender		out-of-state PA	.C (ID#:			Loan Amount (\$)	=
	04/30/2025	Martinez, Armando						\$2,500.00	0
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate 0.00	0
	No	W TV 70500						Maturity Date	
	Dringing accumation	Weslaco, TX 78596 on / Job title (See Instructio	nc)		Employer (See Instructions	-/		04/30/2026	
	Construction	on 7 Job title (See mstructio	115)		Self	>)			
	Description of Coll	ateral			Check if personal funds we	ere d	eposited	•	_
	X None				X			(See Instructions)	
	GUARANTOR INFORMATION	Name of guarantor						Amount Guaranteed (\$)	
	X not applicable	Guarantor address;	City;	State;	Zip Code				
	Principal occupation	on			Employer (See Instructions	5)			
_									_

	LOANS							SCHE	DULE E
	The Instruction	on Guide explains ho	w to c	omplete this f	orm.	1		ges Schedule E: 3 Rpt: 5/59	
2	FILER NAME Martinez, Armar	ndo A. (The Honorable)				3	Filer ID	(Ethics Commis	sion Filers)
4	TOTAL OF UN	IITEMIZED LOANS				ļ		\$	0.00
5	Date of loan 05/30/2025	7 Name of lender Martinez, Armando		out-of-state PA	.C (ID#:)	9 Loan Amoun	t (\$) \$3,000.00
6	Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code			10 Interest Rate	0.00
		Weslaco, TX 78596						05/30/2026	
12	Principal occupation	on / Job title (See Instructio	ns)		13 Employer (See Instru Self	uctions)			
14	Description of Col	lateral			15 Check if personal fur	nds were	deposited	l into political acc (See Instruct	
16	GUARANTOR INFORMATION	17 Name of guarantor			l			19 Amount Gua	ranteed (\$)
	X not applicable	18 Guarantor address;	City;	State;	Zip Code				
20	Principal occupation	<u>l</u> on			21 Employer (See Instru	uctions)			
	Date of loan	Name of lender		out-of-state PA	.C (ID#:)	Loan Amoun	t (\$)
	06/17/2025	Martinez, Armando							\$1,500.00
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate	0.00
	No							Maturity Date	
		Weslaco, TX 78596						06/17/2026	
	Construction	on / Job title (See Instruction	ns)		Employer (See Instru Self	uctions)			
	Description of Col	lateral				nds were	denosited	Linto political acc	
	X None	atora			Check if personal funds were deposited into political account (See Instructions)				
	GUARANTOR INFORMATION	Name of guarantor						Amount Gua	ranteed (\$)
	X not applicable	Guarantor address;	City;	State;	Zip Code				
	Principal occupation	on			Employer (See Instru	uctions)			

	LOANS							SCHEDULE E
	The Instruction	n Guide explains ho	w to c	complete this f	orm.	nges Schedule E: '3 Rpt: 6/59		
2	FILER NAME Martinez, Arman	do A. (The Honorable)				ı	Filer ID 00054	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS				<u>. </u>		\$ 0.00
5	Date of loan 06/02/2025	7 Name of lender Martinez, Armando		out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$2,000.00
6	Is lender a financial institution?	8 Lender address; Weslaco, TX 78596	City;	State;	Zip Code			10 Interest Rate 0.00 11 Maturity Date 06/02/2026
12	Principal occupation	n / Job title (See Instructio	ns)		13 Employer (See Instructions	5)		1
	Construction				Self			
14	Description of Coll X None	ateral			15 Check if personal funds we	ere d	eposite	d into political account (See Instructions)
16	GUARANTOR INFORMATION X not applicable	17 Name of guarantor 18 Guarantor address;	City;	State;	Zip Code			19 Amount Guaranteed (\$)
20	Principal occupation	on			21 Employer (See Instructions	s)		
	Date of loan	Name of lender		out-of-state PA	C (ID#:)	Loan Amount (\$)
	06/25/2025	Martinez, Armando						\$600.00
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate 0.00
	No	Weslaco, TX 78596						Maturity Date 06/25/2026
	Principal occupation	on / Job title (See Instructio	ns)		Employer (See Instructions	s)		00/23/2020
	Construction	,	,		Self	,		
	Description of Coll X None	ateral			Check if personal funds we	ere d	eposite	d into political account (See Instructions)
	GUARANTOR INFORMATION	Name of guarantor						Amount Guaranteed (\$)
	X not applicable	Guarantor address;	City;	State;	Zip Code			
	Principal occupation	on			Employer (See Instructions	5)		•

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		Travel Out of District OTHER (enter a category not listed above)
	Great Gara F 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: 1/40 Rpt: 7/59	Martinez, Armando A. (The Honorable)	00054543
4	Date	5 Payee name	
	01/03/2025	AMLI Eastside	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,011.71	1000 San Marcos St.	
		Austin, TX 78702	
8	PURPOSE		
0	OF	(a) Category (See Categories listed at the top of this schedule) Rent (b) Description Check if travel of	outside of Texas. Complete Schedule T.
	EXPENDITURE	The state of the s	, TX, officeholder living expense
		Austin Apartn	nent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/04/2025	AMLI Eastside	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,001.80	1000 San Marcos St.	
	Ψ2,001.00	1000 Sail Mai 003 St.	
		Augstin, TV 70700	
		Austin, TX 78702	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	I Neill	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Austin Apartn	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
	03/04/2025	AMLI Eastside	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,013.63	1000 San Marcos St.	
	Ψ2,013.03	1000 3dif Mai 603 3t.	
		A () . TV 70700	
		Austin, TX 78702	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Tours Commisse Cohedule T
	EXPENDITURE	I Neill	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Austin Apartn	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		22

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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/40 Rpt: 8/59	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	05/05/2025	AMLI Eastside
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,828.74	1000 San Marcos St.
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Rent Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		\[\times \times \text{Check if Austin, TX, officeholder living expense} \] Austin Apartment
		/ dodn/ specialistic
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Daving marks
	06/03/2025	Payee name AMLI Eastside
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,027.63	1000 San Marcos St.
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Rent Check if travel outside of Texas. Complete Schedule T.
		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
		Austin Apartment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	Para and a second secon
	Date 06/23/2025	Payee name AMLI Eastside
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.51	1000 San Marcos St.
		Austin, TX 78702
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Rent Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		X Check if Austin, TX, officeholder living expense Austin Apartment - End of Lease
		Additivity and the Court of Louise
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onto 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: 3/40 Rpt: 9/59	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	04/28/2025	Arnold, Elaine
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	7809 Valburn Drive
		Austin, TX 78731
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sine Die T-Shirts for Staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H Total Control of the Control of th
	Date	Payee name
	04/23/2025	Cano, Albert
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1418 S. Texas Blvd.
		Mercedes, TX 78570
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship: Cook-Off
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	06/05/2025	Cano, Albert
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1418 S. Texas Blvd.
	7=00.00	2 120 St 13/140 21/G
		Mercedes, TX 78570
	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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Sponsorship: Cook-Off
	Complete ONLY if direct	Condidate/Office helder no rec
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 4/40 Rpt: 10/59	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
L	04/29/2025	Capitol Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$259.80	P. O. Box 2910
		Austin, TX 78769
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gifts for Interns
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/10/2025	Cardenas III, Charles
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	1510 Misty Lane
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	oxperialitate to beliefit 6/01	•
	Date	Payee name
	02/02/2025	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 EXPENDITURE	Contributions/Donations Made By
	Za Enditone	Candidate/Officeholder/Political Committee
		Fundraiser: Medical Expenses
	Complete ONII V if alice at	Condidate/Officeholder name Office equals
	Complete ONLY if direct expenditure to benefit C/O	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 -

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		mmittee	Legal Services	·		Vages	/Contract Labor		OTHER (enter a	a category not listed abov	e)
		_		The Instruction G	uiue expiains r	iow to co	mpie	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 5/40 Rpt: 11/59		Martinez, Ar	mando A. (The	e Honorable)					00054543		
4	Date	5	Payee name									
	04/17/2025		Castillo , Jos	se								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$300.00		107 Pena Av	ve.								
) A (1 T)	, 70500								
			Weslaco, Tک	(78596								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations M				므			nplete Schedule T.	
			Candidate/C	Officeholder/Po	litical Commi	ittee		_		officeholder livin		
								Fundraiser: N	/lec	ııcaı Expens	ses	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	01/21/2025		Citi Cards									
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	de					
	\$202.95		P. O. Box 78	•	,							
	Ψ202.00		1 . O. Box 10	30-10								
			Phoenix, AZ	85062								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Credit Card	Payment				_			nplete Schedule T.	
								_	, TX,	officeholder livin	g expense	
								Payment				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	0	office sou	ght			Office h	eld	
	experientare to benefit 6/01											
	Date		Payee name									
	02/10/2025		Citi Cards									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$50.64		P. O. Box 78	3045								
			Phoenix, AZ	95062								
		_										
	PURPOSE OF	(a)		e Categories listed at	the top of this sche	edule)	(b)	Description	outo:	do of Toyon Con	nplete Schedule T.	
	EXPENDITURE		Credit Card	Payment						officeholder livin	•	
								Payment	, 17,	Officeriolaer fivin	у схренас	
								. ayıncın				
_	Complete ONLY if direct	Ц	Candidate/Offic	ceholder name		office sou	ah+			Office h	eld.	
	Complete ONLY if direct expenditure to benefit C/OI		zai iuiuale/OIII(ciloluci Hallie	U	11110C 50U	grit			Office II	Ciu	

SCHEDULE F1

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

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extension pat listed above)

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/40 Rpt: 12/59	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	03/10/2025	Citi Cards
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$433.89	P. O. Box 78045
		Phoenix, AZ 85062
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	03/21/2025	Citi Cards
_	Amount (\$)	Payee address; City; State; Zip Code
	\$107.46	P. O. Box 78045
	Ψ107.40	1 . O. Box 10043
		Phoenix, AZ 85062
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Credit Card Payment Credit Card Payment
		Check if Austin, TX, officeholder living expense Payment
		T dyfficht
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	04/10/2025	Citi Cards
	Amount (\$)	Payee address; City; State; Zip Code
	\$145.65	P. O. Box 78045
	Ψ140.00	1 . O. Box 70043
		Phoenix, AZ 85062
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Payment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPCHURATE TO DEFICIT C/OF	•

SCHEDULE F1

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

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

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

	Credit Card Payment The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 7/40 Rpt: 13/59	Martinez, Armando A. (The Honorable) 00054543			
4	Date	5 Payee name			
	05/10/2025	Citi Cards			
6	Amount (\$)	7 Payee address; City; State; Zip Code P. O. Box 78045			
	\$199.01	P. O. BOX 78045			
		Phoenix, AZ 85062			
8	PURPOSE	1			
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Payment			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
_	Date	Payee name			
	06/10/2025	Citi Cards			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$157.37	P. O. Box 78045			
		Phoenix, AZ 85062			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Payment			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	·				
	Date 01/21/2025	Payee name City of Austin			
_	Amount (\$)	Payee address; City; State; Zip Code			
	\$38.41	P. O. Box 2267			
		Austin, TX 78783			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Electricity Check if travel outside of Texas. Complete Schedule T.			
		X Check if Austin, TX, officeholder living expenseAustin Apartment			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
L	expenditure to benefit C/OI				
ı					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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	
<u> </u>	Tatalanana C.I. III Ti	
1	Total pages Schedule F1: Sch: 8/40 Rpt: 14/59	2 FILER NAME Martinez, Armando A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00054543
4	Date	5 Payee name
Ĺ	02/21/2025	City of Austin
6	Amount (\$) \$80.73	7 Payee address; City; State; Zip Code P. O. Box 2267
	Ψ33.10	
		Austin, TX 78783
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Electricity Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Austin Apartment
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/21/2025	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.16	P. O. Box 2267
		Austin, TX 78783
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Electricity Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Lx Check if Austin, TX, officeholder living expense Austin Apartment
		, addit / partitorit
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/21/2025	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.34	P. O. Box 2267
		Austin, TX 78783
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Electricity Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Austin Apartment
	Complete ONII V if allows:	Condidate/Officeholder name Office assists
	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 Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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: 9/40 Rpt: 15/59	Martinez, Armando A. (The Honorable) 00054543					
4	Date	5 Payee name					
	05/20/2025	City of Austin					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$77.85	P. O. Box 2267					
		Austin, TX 78783					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Electricity Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense					
		Austin Apartment					
		, was an a parametric					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Payee name					
	06/23/2025	City of Austin					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$92.45	P. O. Box 2267					
		Austin, TX 78783					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE		Electricity Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense					
		X Check if Austin, TX, officeholder living expense Austin Apartment					
Complete ONLY if direct		Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Payee name					
	01/17/2025	City of Weslaco					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$73.51	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.					
		Check if Austin, TX, officeholder living expense District Office: Utilities					
		District Office. Offices					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
L							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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: 10/40 Rpt: 16/59	Martinez, Armando A. (The Honorable) 00054543				
4	Date	5 Payee name				
l	02/14/2025	City of Weslaco				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$72.35	255 S. Kansas Ave.				
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 Check if travel outside of Texas. Complete Schedule T.				
l	EXPENDITURE	Check if Austin, TX, officeholder living expense				
l		District Office: Utilities				
Ļ						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
┕	'					
l	Date	Payee name				
L	03/21/2025	City of Weslaco				
l	Amount (\$)	Payee address; City; State; Zip Code				
l	\$72.93	255 S. Kansas Ave.				
l						
l		Weslaco, TX 78596				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
l		District Office: Utilities				
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
F	Date	Payee name				
l	04/18/2025	City of Weslaco				
┝	Amount (\$)	Payee address; City; State; Zip Code				
l	\$71.21	255 S. Kansas Ave.				
l	·					
l		Weslaco, TX 78596				
⊢	PURPOSE					
l	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.				
l	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		District Office: Utilities				
L						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
L	experientale to beliefft G/OI	·				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
_					
1	Total pages Schedule F1:				
	Sch: 11/40 Rpt: 17/59	Martinez, Armando A. (The Honorable) 00054543			
4	Date	5 Payee name			
	06/13/2025	City of Weslaco			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$71.21	255 S. Kansas Ave.			
		Weslaco, TX 78596			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		District Office: Utilities			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
\vdash	Date	Payee name			
	05/16/2025	City of Weslaco			
		,			
Amount (\$)		Payee address; City; State; Zip Code			
	\$71.21	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.			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		District Office: Utilities			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
L	expenditure to benefit C/OI				
	Date	Payee name			
	03/31/2025	Clayton Spangler Photographic Design			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$429.00	235 Point Lick Drive			
		Charleston, WV 25306			
\vdash	PURPOSE	<u> </u>			
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		THOR 2025 Panoramic Group Portrait			
	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 -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	l 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: 12/40 Rpt: 18/59	Martinez, Armando A. (The Honorable) 00054543		
4	Date	5 Payee name		
	05/08/2025	Donna Lions Club		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$150.00	P. O. Box 562		
		Donna, TX 78537		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Sponsorship: Golf Tournament Fundraiser		
		Sponsorship. Gon Tournament andraiser		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
9	expenditure to benefit C/OI			
L	Dete	<u> </u>		
	Date	Payee name		
	01/30/2025	Elks Lodge		
	Amount (\$)	Payee address; City; State; Zip Code		
\$133.00		201 S. Border AVe.		
		Weslaco, TX 78596		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE		Fees Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Dues		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·		
	Date	Payee name		
	03/08/2025	Elks Lodge		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$120.00	201 S. Border AVe.		
		Weslaco, TX 78596		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Advertising Expense		
	EXPENDITORE	Check if Austin, TX, officeholder living expense		
		Cinco de Mayo Event		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	onponditure to belieff 0/01	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 13/40 Rpt: 19/59	Martinez, Armando A. (The Honorable) 00054543					
4	Date	5 Payee name					
	05/06/2025	Elks Lodge					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$700.00	201 S. Border AVe.					
		Weslaco, TX 78596					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Sponsorship: Shrimp Boil Fundraiser					
		Sponsorship. Shinip Boll i dharaisei					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
_	Date	Payee name					
	06/24/2025	Gonzales Jr., Rick					
Amount (\$)		Payee address; City; State; Zip Code					
\$100.00		721 Valley Trace Drive					
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) (b) Description					
		Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Sponsorship					
	Gpoillois.iip						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OH							
_	Date	Payee name					
	04/04/2025	HEB - Weslaco					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$16.08	310 N. Westgate Dr.					
		Weslaco, TX 78596					
	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					
		Donation: Water					
		2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - 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/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: 14/40 Rpt: 20/59	Martinez, Armando A. (The Honorable) 00054543						
4	Date	5 Payee name						
	05/30/2025	Hobby Lobby - Weslaco						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$81.18	1901 W. Expressway 83						
		Weslaco, TX 78596						
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 Frames for Resolutions						
		Traines for Resolutions						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·						
\vdash	Data	Para a same						
	Date	Payee name						
	03/31/2025	Hostway Billing Center Services, Inc.						
	Amount (\$)	Payee address; City; State; Zip Code						
\$191.24		P. O. Box 679299						
		Richardson, TX 75267						
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) (b) Description						
		Fees Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Website Services						
	vveusite services							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
_	Data							
	Date	Payee name						
	06/18/2025	IG3 Sports						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$200.00	1502 Zinnia Dr.						
		Weslaco, TX 78596						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Sponsorship: Baseball Playoff						
		Sponsorship, Dasebali Flayoti						
_	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 Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing 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: 15/40 Rpt: 21/59	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	03/08/2025	Juan Cadena Memorial Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	22117 Skinner Road
		Edcouch, TX 78538
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: Skeet Shoot Fundraiser
		Sponsorship. Skeet Shoot i unuruiser
_	Complete ONLY if direct	Condidate/Office holds
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/30/2025	Knights of Columbus
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.00	2623 N. Texas Blvd.
		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
		Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
_	Date	Payee name
	02/22/2025	LGBTQ Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	P. O. Box 2910
	, , , , , ,	
		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
		89th Caucus Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 16/40 Rpt: 22/59	Martinez, Armando A. (The Honorable) 00054543			
4	Date	5 Payee name			
	01/27/2025	Legislative Study Group			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,000.00	P. O. Box 12943			
		Austin, TX 78711			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	LAI LINDITORE	Check if Austin, TX, officeholder living expense			
		89th Dues			
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held			
9	Complete ONLY if direct expenditure to benefit C/Ol				
_					
	Date	Payee name			
	04/04/2025	Lone Star National Bank			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$35.99	P. O. Box 1127			
		Pharr, TX 78577			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	1			
	Date	Payee name			
	04/30/2025	Lone Star National Bank			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$216.51	P. O. Box 1127			
		Pharr, TX 78577			
	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Fee			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	experiorale to belieff C/O	·			

SCHEDULE F1

Advertising Expense Ever Accounting/Banking Fees Consulting Expense Food Contributions/ Donations Made By - Gift/

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: 17/40 Rpt: 23/59	Martinez, Armando A. (The Honorable) 00054543					
4	Date	5 Payee name					
	06/10/2025	Lone Star National Bank					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$181.77	P. O. Box 1127					
		Pharr, TX 78577					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Fee					
		ree					
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	06/30/2025	Lone Star National Bank					
	Amount (\$)	Payee address; City; State; Zip Code					
\$107.97		P. O. Box 1127					
		Pharr, TX 78577					
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) (b) Description					
		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	- · · · · · · · · · · · · · · · · · · ·					
_	Data						
	Date	Payee name Magic Valley Floatric Coop					
	02/03/2025	Magic Valley Electric Coop					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$84.23	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: Electricity					
		District Office. Electricity					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
_							

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

xpense Travel

xpense Travel

Vages/Contract Labor OTHEF

	Candidate/Officeholder/Politica Credit Card Payment	al Co	mmittee Legal Services Salaries/ The Instruction Guide explains how to co	-	s/Contract Labor OTHER (enter a category not listed above) ete this form.			
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 18/40 Rpt: 24/59		Martinez, Armando A. (The Honorable)		00054543			
4	Date	5	Payee name					
	03/04/2025		Magic Valley Electric Coop					
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode				
	\$216.20		1 3/4 Miles East Business 83					
			Mercedes, TX 78570					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.			
					Check if Austin, TX, officeholder living expense			
					District Office: Electricity			
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office sou	ught	Office held			
	Date		Payee name					
	04/01/2025		Magic Valley Electric Coop					
	Amount (\$)		Payee address; City; State; Zip Co	ode				
\$153.86			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: Electricity			
					District Office. Electricity			
	Opening ONE V Maline of	L	O		Office health			
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office sou	ıgnt	Office held			
	<u>'</u>							
	Date		Payee name					
	05/01/2025		Magic Valley Electric Coop					
	Amount (\$)		Payee address; City; State; Zip Co	ode				
	\$113.97		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	``	Office Overhead/Rental Expense	``	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE		omes evernous/Normal Expense		Check if Austin, TX, officeholder living expense			
					District Office: Electricity			
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	Office held			
	expenditure to benefit C/O	Н		-				
_								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/40 Rpt: 25/59	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	06/02/2025	Magic Valley Electric Coop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$137.40	1 3/4 Miles East Business 83
		Mercedes, TX 78570
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District Office: Electricity
		District Office. Electricity
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Dete	
	Date	Payee name
	01/08/2025	Martinez, Armando (Rep.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P. O. Box 1651
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
		Check if Austin, TX, officeholder living expense
		Prior Period Schedule G
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/27/2025	Martinez, Armando (Rep.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P. O. Box 1651
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Prior Period Schedule G
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	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)
se Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/40 Rpt: 26/59	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	02/04/2025	Martinez, Armando (Rep.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	P. O. Box 1651
		Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Prior Period Schedule G
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	02/07/2025	Martinez, Armando (Rep.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	P. O. Box 1651
		Weslaco, TX 78596
	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 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	1
	Date	Payee name
	02/28/2025	Martinez, Armando (Rep.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	P. O. Box 1651
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Prior Period Schedule G
	Operation Chilly 2. "	Our district Office halden a series of the s
	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 Com 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		Travel Out of District OTHER (enter a category not listed above)
┰	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
_	Sch: 21/40 Rpt: 27/59	Martinez, Armando A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00054543
4	Date	5 Payee name	
	04/04/2025	Martinez, Armando (Rep.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	P. O. Box 1651	
		Weslaco TV 78506	
L		Weslaco, TX 78596	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	2 Edul Repayment Remibulsement	outside of Texas. Complete Schedule T.
		l	TX, officeholder living expense
		Prior Period S	schedule G
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H	
	Date	Payee name	
	04/07/2025	Martinez, Armando (Rep.)	
H	Amount (\$)	Payee address; City; State; Zip Code	
	• ,	P. O. Box 1651	
	\$2,184.14	P. O. BOX 1031	
		Weslaco, TX 78596	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITORE	I — I — I — I	, TX, officeholder living expense
		Prior Period S	Schedule G
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H	
	Date	Payee name	
	02/21/2025	Martinez, Armando (Rep.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$700.00	P. O. Box 1651	
	Φ100.00	P. O. BOX 1031	
		Weslaco, TX 78596	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement	outside of Texas. Complete Schedule T.
	EXPENDITURE	l	, TX, officeholder living expense
		Prior Period S	Schedule G
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	
Г			
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 F	ILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 22/40 Rpt: 28/59	l	lartinez, Armando A. (The Honora	ble)			00054543
4	Date	5 P	ayee name				
	06/20/2025		lartinez, Armando (Rep.)				
6	Amount (\$)	7 P	ayee address; City; S	tate; Zip Co	de		
	\$300.00		. O. Box 1651 /eslaco, TX 78596				
Ļ	DUDDOCE			-	(b) =		
8	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of thi oan Repayment/Reimbursement	s schedule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense nedule G
9	Complete ONLY if direct expenditure to benefit C/Oh		ndidate/Officeholder name	Office sou	yht		Office held
	Date	Р	ayee name				
	03/10/2025	١	ledrano, Selina				
	Amount (\$)	Р	ayee address; City; S	tate; Zip Co	de		
	\$150.00	1	303 E. Pike Ave.				
		F	harr, TX 78577				
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of thi dvertising Expense	s schedule)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense an Maldonado Memorial Event
	Complete ONLY if direct expenditure to benefit C/Oh		ndidate/Officeholder name	Office sou	yht		Office held
	Date 04/17/2025	ı	ayee name Iercedes Little League				
	Amount (\$) \$200.00	ı	ayee address; City; S 00 Francis Avenue	tate; Zip Co	de		
		L N	lercedes, TX 78570			_	
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of thi dvertising Expense	s schedule)	<u> </u>		de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh		ndidate/Officeholder name	Office sou	yht		Office held
-	rms provided by Tayas F	thiss	Commission	ce etata ty u			Version V// 1.0 cdce8hb6

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

	Candidate/Officeholder/Politica Credit Card Payment		mittee I	Legal Services			ages	/Contract Labor		OTHER (enter	a category not listed abov	e)
			,	The Instruction G	uide explains ho	ow to con	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 23/40 Rpt: 29/59		Martinez, Ar	mando A. (The	Honorable)					00054543		
4	Date	5	Payee name									
	01/27/2025		Mexican-Am	erican Legislat	ive Caucus							
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Cod	de					
	\$1,500.00	:	202 West 13	8th Street								
		,	Austin, TX 7	8701								
8	PURPOSE	(a)	Category (See	e Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Fees					브			nplete Schedule T.	
	LA LIBITORE							ш.	, TX,	officeholder livir	ng expense	
								89th Dues				
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	Off	fice soug	ght			Office h	neld	
	expenditure to benefit Grot											
	Date		Payee name									
	06/10/2025		Miller Blue Ir	maging								
	Amount (\$)		Payee addres	s; City;	State;	Zip Cod	de					
	\$112.96		1000 East 71	th								
			Austin, TX 7	8502								
	PURPOSE	(a)	Category (ca.	e Categories listed at t	he top of this school	اداداد	(b)	Description				
	OF		Fees	e Categories iisted at t	ne top of this sched	uule)	()	_ ·	outsi	de of Texas. Co	nplete Schedule T.	
	EXPENDITURE	'	1 005					Check if Austin	, TX,	officeholder livir	ng expense	
								Copying of C	api	tol Prints		
	Complete ONLY if direct		andidate/Offic	eholder name	Off	fice souç	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	01/22/2025		Montemayor	Pest Control								
	Amount (\$)		Payee addres	s; City;	State;	Zip Cod	de					
	\$216.50		P. O. Box 27	' 04								
			Harlingen, T	X 78551								
	PURPOSE	(a)	Category (See	e Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF EXPENDITURE			ead/Rental Ex		ĺ					mplete Schedule T.	
	EXPENDITORE									officeholder livir		
								District Office	: P	est Control		
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	Off	fice soug	ght			Office h	neld	
	experiorare 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

xpense Travel in Distri Expense Travel Out of E Wages/Contract Labor OTHER (enter

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 24/40 Rpt: 30/59	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	02/19/2025	Montemayor Pest Control
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$216.50	P. O. Box 2704
		Harlingen, TX 78551
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		District Office: Pest Control
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/26/2025	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
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		District Office: Pest Control
	Opening the ONII Wife discort	Openhalte Office held
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	05/16/2025	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.67	1406 West Expressway 83
		Weslaco, TX 78596
	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
		Supplies for Graduation Certificates
	Operation ONE VALUE	Open Highest Office health and a second seco
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cobadula F1	
1	Total pages Schedule F1:	
L	Sch: 25/40 Rpt: 31/59	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	03/16/2025	Ramirez, Abel
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$250.00	1357 Garza
	Ψ230.00	1557 Out24
		Mercedes, TX 78570
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Sponsorship: Cook-Off
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	01/29/2025	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	Content Insurance Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Austin Apartment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	03/31/2025	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	Content Insurance Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Austin Apartment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula E4	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 26/40 Rpt: 32/59	2 FILER NAME Martinez, Armando A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00054543
4	Date	5 Payee name
	04/30/2025	Residentinsure
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.68	4205 Chapel Ridge Rd.
		Lehi, UT 84043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Content Insurance Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Austin Apartment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
L	· 	
	Date	Payee name
	05/30/2025	Residentinsure
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.68	
	\$10.00	4205 Chapel Ridge Rd.
		Lehi, UT 84043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Content Insurance Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Austin Apartment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	<u>'</u>	
	Date	Payee name
	02/26/2025	Residentinsure
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.68	4205 Chapel Ridge Rd.
	\$10.00	4203 Chapel Riuge Ru.
		Lehi, UT 84043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Content Insurance Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Austin Apartment
-	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

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 The Instruction Guide	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 27/40 Rpt: 33/59		rmando A. (The Ho	norable)				00054543		
4	Date	5 Payee name								
	06/30/2025	Residentins	sure							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$18.68	4205 Chap	el Ridge Rd.							
		Lehi, UT 84	.043							
8	PURPOSE OF	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Content Ins	urance			므		de of Texas. Comp		
						Austin Apartn		officeholder living	expense	
						/ tustiii / tpartii	IICI			
_	Complete ONLY if direct	Candidata/Offi	aahaldar nama	Office cou	l abt			Office he	uld	
9	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	ignt			Office ne	eid	
	Date	Payee name								_
	05/05/2025	Saenz, Dar	ielle							
	Amount (\$)	Payee addre	ss; City;	State: Zip Co	ode					
	\$100.00	2113 Harris	on Street							
	,									
		Weslaco, T	X 78599							
	PURPOSE		ee Categories listed at the to		(b)	Description				
	OF EXPENDITURE		ns/Donations Made			=		de of Texas. Com		
		Candidate/0	Officeholder/Politica	d Committee		_		officeholder living		
						Fundraiser: M	n e u	iicai Experisi	5 5	
	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	ıaht			Office he	ald.	
	expenditure to benefit C/OI		centiquel flame	Office Soc	ignt			Office fie	สน	
H	Date	Payee name								_
	03/18/2025	Saldana, To	nnv							
				State: 7in Co	-do					
	Amount (\$)	Payee addre	•	State; Zip Co	oue					
	\$100.00	202 E. Eag	е							
		San Juan, ¹	ΓΧ 78589							
	DUDDOCE				(1-)	<u> </u>				
	PURPOSE OF		ee Categories listed at the to		(D)	Description Check if travel of	nutsi	de of Texas. Com	nlete Schedule T	
	EXPENDITURE		ns/Donations Made Officeholder/Politica					officeholder living		
		odiraraato, s				Fundraiser: M				
								-		
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI				-					
										_
I										

SCHEDULE F1

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

Contributions/ Donations Made By -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: 28/40 Rpt: 34/59	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	01/03/2025	Smith Security Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.83	107 Chaparral
		Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District Office: Security System
		District Office. Security System
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Dougo nama
		Payee name
	02/04/2025	Smith Security Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.83	107 Chaparral
		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 Austin, TX, officeholder living expense
		District Office: Security System
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/04/2025	Smith Security Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.83	107 Chaparral
		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.
		Check if Austin, TX, officeholder living expense District Office: Security System
		District Office. Security System
_	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 Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Salar	-	es/Contract Labor		OTHER (enter a	a category not listed above)	
					iide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers	5)
	Sch: 29/40 Rpt: 35/59		Martinez, Ar	mando A. (The	Honorable)				00054543		
4	Date	5	Payee name								
	04/02/2025		Smith Secur	rity Group							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code					
	\$37.83		107 Chapari								
	701100										
			\\/ T\	, 70F0C							
		L	Weslaco, T	(78596							
8	PURPOSE OF	(a)		e Categories listed at th		(b) Description				
	EXPENDITURE		Office Overh	nead/Rental Exp	oense				ide of Texas. Con , officeholder livin	nplete Schedule T.	
							District Office				
							Diotriot Office	J. U	ocanty Cyc		
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	poholdor nomo	Office	cough	<u> </u>		Office h	old	
9	expenditure to benefit C/OI		Januluale/Onic	centituel flame	Office	Sougii	ι		Office fi	eiu	
_		_									
	Date		Payee name								
	05/02/2025		Smith Secur	rity Group							
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code					
	\$37.83		107 Chapari	ral							
			Weslaco, T	< 78596							
_	PURPOSE	(a)		e Categories listed at th		[(h) Description				
	OF	``'		ie Categories listed at tr nead/Rental Exp		("	`	outsi	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Office Over	icaa/rentai Exp	Clisc		<u> </u>		, officeholder livin		
							District Office	e: S	ecurity Sys	tem	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	t		Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	06/02/2025		Smith Secur	rity Group							
	Amount (\$)	H	Payee addres		State; Zip	Code					
	\$37.83		107 Chapari	•	Otato, 21p	Oodo					
	Ψ07.00		107 Chapan	idi							
			>	. =====							
			Weslaco, T>	(78596							
	PURPOSE OF	(a)		e Categories listed at th		(b) Description				
	EXPENDITURE		Office Overh	nead/Rental Exp	oense				ide of Texas. Con , officeholder livin	nplete Schedule T.	
							District Office				
							District Office	J. J	Journey Oys		
\vdash	Complete ONLY if direct	Ц,	Candidate/Offic	ceholder namo	Office	SULIGE	<u> </u>		Office h	eld.	
	expenditure to benefit C/OI		Janunaie/OIII	Choluel Hallle	Office	sougii	ι		Onice II	Ciu	

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		mmittee	Legal Services	Sal		iges	Contract Labor		OTHER (enter	a category not listed a	bove)
		_		The Instruction G	uide explains now	to com	ipie	te this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 30/40 Rpt: 36/59		Martinez, Ar	mando A. (The	Honorable)					00054543		
4	Date	5	Payee name									
	01/21/2025		Spectrum									
6	Amount (\$)	7	Payee addres	ss; City;	State; Zi	p Code	е					
	\$209.07		P. O. Box 60			•						
			City of Indus	stry, CA 91716								
Ļ	DUDDO05	_		-		10						
8	PURPOSE OF	(a)		e Categories listed at t	he top of this schedule	e) (I	b)	Description		d4.T O-	and the Calcadala T	
	EXPENDITURE		Cable and Ir	nternet				Check if travel of			mplete Schedule T.	
								Austin Apartn			ng expense	
								,				
9	Complete ONLY if direct	<u> </u>		ceholder name	Office	e sough	ht			Office I	neld	
ľ	expenditure to benefit C/OI		Janaidate/Onic	scrioider ridirie	Onio	c sougi				Onice	icia	
_	D :	_										
	Date		Payee name									
	03/03/2025		Spectrum									
	Amount (\$)		Payee addres	ss; City;	State; Zi	p Code	е					
	\$83.73		P. O. Box 60	0074								
			City of Indus	stry, CA 91716								
	PURPOSE	(a)	Category (sc	e Categories listed at t	ho top of this schodula	, (I	b)	Description				
	OF	 ` ´	Cable and Ir		ne top of this scriedule			_ :	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Cable and II	1.011101				X Check if Austin,	, TX,	officeholder livi	ng expense	
								Austin Apartn	ner	ıt		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	e sougl	ht			Office I	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	03/31/2025		Spectrum									
	Amount (\$)		Payee addres	ss; City;	State; Zi	p Code	е					
	\$83.73		P. O. Box 60	•	,	•						
	,											
			City of Indus	stry, CA 91716								
		<u> </u>				1						
	PURPOSE OF	(a)		e Categories listed at t	he top of this schedule	e) (I	b)	Description	outoi.	do of Toyon Co	mulata Cabadula T	
	EXPENDITURE		Cable and Ir	nternet				X Check if Austin,			mplete Schedule T.	
								Austin Apartn			д сиропос	
\vdash	Complete ONLY if direct	L(Candidate/Offic	ceholder name	Office	e sough	ht			Office I	neld	
	expenditure to benefit C/OI		Janaidato, Offic	co.ioidoi fidific	Onio	o oougi				Jilloc I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica 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		Travel Out of District abor 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: 31/40 Rpt: 37/59	Martinez, Armando A. (The Honorable)	00054543				
4	Date	5 Payee name					
	04/30/2025	Spectrum					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
U	\$83.73	P. O. Box 60074					
	φ03.73	F. O. BOX 00074					
		0' 11 1 1 0 0 0 7 7 0					
		City of Industry, CA 91716					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense				
		X Check if Austin, Austin Apartm					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
•	expenditure to benefit C/OI		Cinice field				
	Data						
	Date	Payee name					
	05/30/2025	Spectrum					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$83.73	P. O. Box 60074					
		City of Industry, CA 91716					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE		outside of Texas. Complete Schedule T.				
		, <u> </u>	Check if Austin, TX, officeholder living expense Ustin Apartment				
		Austin Apartin	iciit				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI		Office field				
	Date	Payee name					
	06/30/2025	Spectrum					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$83.73	P. O. Box 60074					
		City of Industry, CA 91716					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE		outside of Texas. Complete Schedule T.				
		X Check if Austin, Austin Apartm	TX, officeholder living expense				
		Austin Apartin					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI		Office field				

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 Committ

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: 32/40 Rpt: 38/59	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	05/15/2025	TDCJ Manufacturing and Logistics
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$714.46	P. O. Box 4013
		Huntsville, TX 77342
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense Gifts for Constituents and Others
		Girls for Constituents and Others
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Data	
	Date	Payee name
	01/27/2025	Tatemada, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	1709 E. Pike Blvd.
		Bldg. B
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense Members' Gifts
		Methibers Girls
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date 02/24/2025	Payee name
		Toyor Energy and Climate Caucus
_		Texas Energy and Climate Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	Amount (\$)	Payee address; City; State; Zip Code P. O. Box 2910
	Amount (\$)	Payee address; City; State; Zip Code
	Amount (\$) \$200.00	Payee address; City; State; Zip Code P. O. Box 2910 Austin, TX 78768 (a) Category (See Categories listed at the top of this schedule) (b) Description
	Amount (\$) \$200.00	Payee address; City; State; Zip Code P. O. Box 2910 Austin, TX 78768 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	Amount (\$) \$200.00 PURPOSE OF	Payee address; City; State; Zip Code P. O. Box 2910 Austin, TX 78768 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Amount (\$) \$200.00 PURPOSE OF	Payee address; City; State; Zip Code P. O. Box 2910 Austin, TX 78768 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	Amount (\$) \$200.00 PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code P. O. Box 2910 Austin, TX 78768 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 89th Caucus Dues
	Amount (\$) \$200.00 PURPOSE OF	Payee address; City; State; Zip Code P. O. Box 2910 Austin, TX 78768 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 89th Caucus Dues Candidate/Officeholder name Office sought Office held
	Amount (\$) \$200.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; City; State; Zip Code P. O. Box 2910 Austin, TX 78768 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 89th Caucus Dues Candidate/Officeholder name Office sought Office held
	Amount (\$) \$200.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; City; State; Zip Code P. O. Box 2910 Austin, TX 78768 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 89th Caucus Dues Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing 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: 33/40 Rpt: 39/59	Martinez, Armando A. (The Honorable) 00054543						
4	Date	5 Payee name						
	06/24/2025	Valley Trophies						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$23.22	529 S. Texas Blvd.						
		Weslaco, TX 78596						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Gift/Awards/Memorials Expense						
	LAI LINDITORE	Check if Austin, TX, officeholder living expense						
		Plaque Engraving						
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	03/27/2025	Wal-Mart - Weslaco						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$97.30	1310 N. Texas Blvd.						
	Ψ37.30	1010 N. TCAUS BIVU.						
		Weslaco, TX 78596						
	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 Frames and Fabric for Constituent Presentations						
		Flames and Fabric for Constituent Flesentations						
	Computate ONLY if diseast	Condidate/Office holds						
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held						
	<u>'</u>							
	Date	Payee name						
	05/23/2025	Wal-Mart - Weslaco						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$42.74	1310 N. Texas Blvd.						
		Weslaco, TX 78596						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Gift/Awards/Memorials Expense						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Frames for Resolutions						
L								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	1						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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: 34/40 Rpt: 40/59	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	02/13/2025	Wal-Mart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.43	1310 N. Texas Blvd.
		Weslaco, TX 78596
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Frames for Constituent Presentations
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/27/2025	Wal-Mart
	Amount (\$)	Payee address; City; State; Zip Code
	\$157.19	1310 N. Texas Blvd.
	Ψ101.13	1010 W. 10Ad3 Bivd.
		Weslaco, TX 78596
	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
		Frames for Constituent Presentations
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/13/2025	Wal-Mart
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.25	1310 N. Texas Blvd.
		Weslaco, TX 78596
	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
		District Office Snacks
		District Office Stracks
	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 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 - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form.					
-	Total pages Caladula 51:	,			
1	Total pages Schedule F1:				
L	Sch: 35/40 Rpt: 41/59	Martinez, Armando A. (The Honorable) 00054543			
4	Date	5 Payee name			
	01/29/2025	Walmart - Online			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$285.78	702 SW 8th Street			
	Ψ203.70	702 SW dui Succi			
		Bentonville, AR 72712			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Apartment Dry Goods, Food, and Drinks			
	EXPENDITORE	X Check if Austin, TX, officeholder living expense			
		Austin Apartment			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
_	Date	Payoo namo			
		Payee name			
	02/07/2025	Walmart - Online			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$111.34	702 SW 8th Street			
		Bentonville, AR 72712			
	PURPOSE	1			
	OF	(a) Category (See Categories listed at the top of this schedule) Anartment Dry Goods Food and Drinks Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Apartment Dry Goods, Food, and Drinks Check if travel outside of Texas. Complete Schedule T.			
		Austin Apartment			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	03/10/2025	Walmart - Online			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$193.97	702 SW 8th Street			
	,				
		Ponton illo AD 70710			
		Bentonville, AR 72712			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Apartment Dry Goods, Food, and Drinks			
		X Check if Austin, TX, officeholder living expense			
		Austin Apartment			
	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 36/40 Rpt: 42/59	2 FILER NAME Martinez, Armando A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00054543
4	Date	5 Payee name
	03/18/2025	Walmart - Online
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$112.76	702 SW 8th Street
		Bentonville, AR 72712
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Apartment Dry Goods, Food, and Drinks Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Austin Apartment
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/O	
	Date	Payee name
	04/08/2025	Walmart - Online
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.14	702 SW 8th Street
	Ψ34.14	702 3W 6th Street
		Bentonville, AR 72712
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Apartment Dry Goods, Food, and Drinks
	LAFENDITORE	X Check if Austin, TX, officeholder living expense
		Austin Apartment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/24/2025	Walmart - Online
	Amount (\$)	Payee address; City; State; Zip Code
	` '	
	\$101.03	702 SW 8th Street
		Bentonville, AR 72712
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Apartment Dry Goods, Food, and Drinks
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Austin Apartment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 37/40 Rpt: 43/59	Martinez, Armando A. (The Honorable) 00054543			
4	Date	5 Payee name			
	01/10/2025	Weslaco Athletic Booster Club			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,000.00	1005 Pike Blvd.			
		Weslaco, TX 78596			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_		
	expenditure to benefit C/O				
_	Date	Payee name	=		
	01/08/2025	Weslaco Chamber of Commerce			
	Amount (\$)	Payee address; City; State; Zip Code	_		
	\$150.00	255 S. Kansas Ave.			
		Weslaco, TX 78596			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_		
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
	LAI LINDITORE	Check if Austin, TX, officeholder living expense			
		Sponsorship - Mr. Weslaco Pageant			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	U			
	Date	Payee name	_		
	04/07/2025	Weslaco East Booster Club			
	Amount (\$)	Payee address; City; State; Zip Code	_		
	\$200.00	810 Pleasantview Dr.			
	+ =00.00				
		Weslaco, TX 78596			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		Sponsorship: 7 on 7 Football			
	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct expenditure to benefit C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 38/40 Rpt: 44/59	Martinez, Armando A. (The Honorable) 00054543					
4	Date	5 Payee name					
	03/08/2025	Weslaco High School Softball					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$500.00	1005 W. Pike Blvd.					
		Weslaco, TX 78596					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Sponsorship					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
F	Date	Payee name					
	04/09/2025	Weslaco High School Softball					
Г	Amount (\$)	Payee address; City; State; Zip Code					
	\$50.00	1005 W. Pike Blvd.					
		Weslaco, TX 78596					
Г	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: Constituent					
		Sportsonomp. Contaction					
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
F	Date	Payee name					
	04/09/2025	Weslaco High School Softball					
Г	Amount (\$)	Payee address; City; State; Zip Code					
	\$50.00	1005 W. Pike Blvd.					
		Weslaco, TX 78596					
Г	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: Constituent					
		Sportsorship. Sortsutdent					
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
ı							

SCHEDULE F1

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

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

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

	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: 39/40 Rpt: 45/59	Martinez, Armando A. (The Honorable)	00054543				
4	Date	5 Payee name					
	04/09/2025	Weslaco High School Softball					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$50.00	1005 W. Pike Blvd.					
		Weslaco, TX 78596					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel.	el outside of Texas. Complete Schedule T.				
	EXPENDITURE	/ Advertising Expense	tin, TX, officeholder living expense				
		Sponsorshi	p: Constituent				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
	experientare to benefit Great	**					
	Date	Payee name					
	04/09/2025	Weslaco High School Softball					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$50.00	1005 W. Pike Blvd.					
		W. J. v. TV 70500					
		Weslaco, TX 78596					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if trave	el outside of Texas. Complete Schedule T.				
	EXPENDITURE	/ Advertising Expense	tin, TX, officeholder living expense				
		Sponsorshi	p: Constituent				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
	- Componential of the second control of the						
	Date	Payee name					
	04/09/2025	Weslaco High School Softball					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$50.00	1005 W. Pike Blvd.					
		Weslaco, TX 78596					
	DUDDOOF	<u> </u>					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if trave	el outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Aus	tin, TX, officeholder living expense				
		Sponsorshi	p: Constituent				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
	p = 1 2 12 3/01						

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	Salaries/\	Expense Wages/Contract Labor	Travel in D Travel Out OTHER (er	
1	Total pages Schedule F1:					3 Filer ID	(Ethics Commission Filers)
	Sch: 40/40 Rpt: 46/59	Martinez,	Armando A. (The Hon	orable)		000545	43
4	Date	5 Payee nam	е				
	02/02/2025	Weslaco F	ligh School				
6	Amount (\$)	7 Payee addr	ress; City;	State; Zip Co	ode		
	\$250.00	1005 W. F	Pike Blvd.				
		Weslaco,	TX 78596				
8	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b) Description		
	OF EXPENDITURE	Advertisin	g Expense				Complete Schedule T.
						in, TX, officeholder	ympics Powerlifting Team
					Sportoororing	o. Opoolai Oi	inploe i ewermang ream
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	<u>l</u> ught	Offic	e held

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

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 1/6 Rpt: 47/59	Martinez, Armando			00054543			
4 CREDIT CARD ISSUER		ncial institution n Express	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$44.34	(b) Date of Charge 05/11/2025	(c) Date(s) (05/13/202	Credit Card Issuer 5	r Paid		
7 PAYEE	(a) Payee name GoDaddy		Ste. 219	ddress; Hayden Street e, AZ 85260	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	SE OF (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Domain Renewa						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuei	r Paid		
PAYEE	PAYEE (a) Payee name (b) Paye		(b) Payee a	ddress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	(b) Descripti	ion				
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>'</u>				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuei	r Paid		
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	ion			
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		

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

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Comm			sion Filers)
Sch: 2/6 Rpt: 48/59	Martinez, Armando	A. (The Honorable)	00054543				
4 CREDIT CARD ISSUER	Name of financial institution ! CitiBank		5 TOTAL OF UNITEMIZED EXPENDITURES \$ CHARGED TO A CREDIT CARD				
6 PAYMENT	(a) Amount Charged \$119.88	(b) Date of Charge 02/05/2025	(c) Date(s) 0 02/07/202	Credit Card Issuer 5	Paid		
	\$110.00	02/00/2020					
7 PAYEE	(a) Payee name		(b) Payee at		City,	State,	Zip Code
	UBER		1725 3rd S	street			
			San Franc	isco, CA 94158			
8 PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr Expense		Transporta	ition While in Ai	ustin		
Non-Political		of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$81.82	04/07/2025	04/10/202	5			
PAYEE	(a) Payee name		(b) Payee at	ddress;	City,	State,	Zip Code
	UBER		1725 3rd S	Street			
			San Francisco, CA 94158				
PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE	(See Categories listed at the top Transportation Equipr		Transportation While in Austin				
X Political	Expense						
Non-Political	(⁹	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH			•				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 0 05/10/202	Credit Card Issuer	r Paid		
	\$55.98	04/28/2025	03/10/202	J			
PAYEE	(a) Payee name		(b) Payee at	ddress;	City,	State,	Zip Code
			1725 3rd Street				
	UBER						
			San Franc	isco, CA 94158			
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE (See Categories listed at the top of this schedule) Transportation Equipment And Related		Transportation While in Austin					
Transportation Equipment And Related Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

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

1 Total pages Schedule F4: Sch: 3/6 Rpt: 49/59 Martinez, Armando A. (The Honorable) 4 CREDIT CARD ISSUER Name of financial institution see previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD (a) Amount Charged \$37.10 (b) Date of Charge 05/10/2025 7 PAYEE (a) Payee name Lyft (a) Payee name Lyft (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 3 Filer ID (Ethic 000054543) 3 Filer ID (Ethic 000054543) 5 TOTAL OF UNITEMIZED EXPENDITURES (CHARGED TO A CREDIT CARD) 5 TOTAL OF UNITEMIZED (C) Date(s) Credit Card Issuer Paid 05/10/2025 (b) Payee address; City, 548 Market Street San Francisco, CA 94104 (b) Description Transportation While in Austin	State,	zip Code					
A CREDIT CARD ISSUER Name of financial institution see previous See previous (a) Amount Charged \$37.10 (b) Date of Charge 05/10/2025 7 PAYEE (a) Payee name Lyft (a) Payee name Lyft (b) Payee address; City, 548 Market Street San Francisco, CA 94104 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Transportation While in Austin	State,	Zip Code					
See previous EXPENDITURES CHARGED TO A CREDIT CARD (a) Amount Charged \$37.10 Colored San Francisco, CA 94104 EXPENDITURES CHARGED TO A CREDIT CARD (b) Date of Charge 05/10/2025 (c) Date(s) Credit Card Issuer Paid 05/10/2025 (b) Payee address; City, 548 Market Street San Francisco, CA 94104 EXPENDITURE (a) Category (See Categories listed at the top of this schedule) City San Francisco, CA 94104 (b) Description Transportation While in Austin	State,	Zip Code					
\$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10 \$37.10	State,	Zip Code					
\$37.10 05/08/2025 7 PAYEE (a) Payee name (b) Payee address; City, 548 Market Street San Francisco, CA 94104 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description Transportation While in Austin	State,	Zip Code					
Lyft San Francisco, CA 94104 8 PURPOSE OF (See Categories listed at the top of this schedule) (b) Description Transportation While in Austin	State,	Zip Code					
Lyft San Francisco, CA 94104 8 PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule) Transportation While in Austin							
8 PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule) Transportation While in Austin							
EXPENDITURE (See Categories listed at the top of this schedule) Transportation While in Austin							
I Talispoliation wille in Austri							
X Political Expense Expense							
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exp	ense						
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH							
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 06/10/2025							
PAYEE (a) Payee name (b) Payee address; City,	State,	Zip Code					
Lyft 548 Market Street							
San Francisco, CA 94104							
PURPOSE OF (a) Category (b) Description EXPENDITURE (see Categories listed at the top of this schedule) Transportation While in Austin							
Transportation While in Austin X Political	Transportation While in Austin						
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exp	. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	ice sought Office held						
expenditure to benefit C/OH							
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 03/10/2025							
PAYEE (a) Payee name (b) Payee address; City,	State,	Zip Code					
14455 N. Hayden Street							
GoDaddy Ste. 219	Ste. 219						
Scottsdale, AZ 85260							
PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule)							
Fees							
X Political Po							
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exp	ense						
Complete ONLY if direct							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 4/6 Rpt: 50/59	Martinez, Armando			00054543				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDI	\$			
6	PAYMENT	(a) Amount Charged \$105.93	(b) Date of Charge 04/27/2025	(c) Date(s 05/10/20) Credit Card Issu 25	er Paid			
7	PAYEE	(a) Payee name (b) Payee address; 548 Market Street					State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	URE (See Categories listed at the top of this schedule) Transportation Equipment And Related Transportation While in Au							
L	Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		Check if Austin, T.	X, officeholder living e	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$19.72	(b) Date of Charge 01/29/2025	(c) Date(s 02/06/20) Credit Card Issu 25	er Paid			
	PAYEE (a) Payee name UBER				address; Street ncisco, CA 9415	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	TURE (See Categories listed at the top of this schedule) Transportation Equipment And Related			(b) Description Transportation While in Austin				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.						
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$50.64	(b) Date of Charge 02/10/2025	(c) Date(s 02/10/20) Credit Card Issu 25	er Paid			
	PAYEE	(a) Payee name UBER		(b) Payee 1725 3rd San Fran		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense				(b) Description Transportation While in Austin				
\vdash	Non-Political Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	e sought	CHECK II AUSIIN, T.	X, officeholder living e	:лрепое		
e	xpenditure to benefit C/OH	Janadato/Onicencide	name office	o sought		Cilico Held			

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

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filer						
	Sch: 5/6 Rpt: 51/59	Martinez, Armando			00054543				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDI	\$			
6	PAYMENT	(a) Amount Charged \$11.97	(b) Date of Charge 03/05/2025	(c) Date(s) 03/10/20	Credit Card Issu 25	er Paid			
7	PAYEE	(a) Payee name (b) Payee address; 1725 3rd Street UBER San Francisco, CA 94158					State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Transportation While in Au							
	Non-Political	· · -	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living exp	pense		
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$107.06	(b) Date of Charge 03/21/2025	(c) Date(s) 03/21/20	Credit Card Issu 25	er Paid			
	PAYEE (a) Payee name UBER				address; Street	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense				cisco, CA 9415 otion tation While in A				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$63.83	(b) Date of Charge 03/31/2025	(c) Date(s) 04/10/20	Credit Card Issue 25	er Paid			
	PAYEE	(a) Payee name UBER		(b) Payee 1725 3rd San Fran		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense	ment And Related	(b) Description Transportation While in Austin					
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living exp	pense		
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			

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

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Co	ommissio	n Filers)					
Sch: 6/6 Rpt: 52/59	Martinez, Armando	A. (The Honorable)		00054543					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid					
	\$60.52	06/09/2025	06/10/2025						
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, S	tate,	Zip Code			
	Lyft		548 Market Street						
			San Francisco, CA 9410	4					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodule)	(b) Description						
X Political	Transportation Equipment Expense	,	Transportation While in A	Austin					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$202.95	(b) Date of Charge 01/15/2025	(c) Date(s) Credit Card Issu 01/21/2025	er Paid					
PAYEE	(a) Payee name		(b) Payee address;	City, S	tate, 2	Zip Code			
	UBER	1725 3rd Street							
			San Francisco, CA 94158						
PURPOSE OF	(a) Category	of this cohodule)	(b) Description						
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipm Expense		Transportation While in Austin						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	ice sought Office held						
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$35.99	(b) Date of Charge 06/04/2025	(c) Date(s) Credit Card Issu 06/10/2025	er Paid					
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, S	tate,	Zip Code			
			548 Market Street						
	Lyft								
			San Francisco, CA 94104						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Transportation Equip	,	Transportation While in	Austin					
X Political	Expense								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held					

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
-	Total pages Cabadula Co	12	·				Filer ID (Ethios Commission Filers)			
	Total pages Schedule G: Sch: 1/6 Rpt: 53/59	ı	FILER NAME Martinez, Armando A. (The Honorable)				Filer ID (Ethics Commission Filers) 00054543			
4	Date	5	Payee name							
Ĺ	06/22/2025	ı	3 Men Movers							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode					
	\$552.00		1005 Congress Ave., #151							
	Reimbursement from political contributions intended		Austin, TX 78701							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.			
	OF	l`	Moving Expense	,	X	⊒ .	eck if Austin, TX, officeholder living expense			
	EXPENDITURE			į	Moved Austin An	- artn	ment Household Goods to Storage			
				į			2.2.2.2.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0			
9	Complete ONLY if direct		ndidate/Officeholder name		Office sought		Office held			
9	Complete ONLY if direct expenditure to benefit C/OH	-ar	шиале/Описеновиен патпе		Onice sought		Onice nela			
	Date	Г	Payee name							
	04/07/2025		AMLI Eastside							
	Amount (\$)	Г	Payee address; City; State; Zip Code							
\$2,417.14 1000 San Marcos St.										
	Reimbursement from									
	political contributions intended		Austin, TX 78702							
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Rent	į	<u> </u>	Ch	eck if Austin, TX, officeholder living expense			
	LAI LIIDITOILE			į	Austin Apartment					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held			
F	Date	一	Payee name			_				
	05/13/2025	ı	American Express							
\vdash		╙	·	Zin C-						
	Amount (\$)	ı		Zip Co	ouc					
	\$44.34		P. O. Box 650448							
	Reimbursement from political contributions intended		Dallas, TX 75265			_				
	PURPOSE	<u> </u>	Category (See Categories listed at the top of this sched	dule)	Description	₫ .	eck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Credit Card Payment	į	j Ē	Ch	eck if Austin, TX, officeholder living expense			
	LA LIBITORE				Payment					
				į						
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held			

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Gift/Awards/Memorials Expense Printin	g Expense g Expense es/Wages/Contract Labor complete this form.	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/6 Rpt: 54/59	Martinez, Armando A. (The Honorable)		00054543
4	Date	5 Payee name		<u></u>
	01/26/2025	Angie's Mexican Restaurant		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$17.01	1307 E. 7th Street		
	Reimbursement from political contributions intended	Austin, TX 78702		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
			Meal with Staff	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	05/06/2025	Capitol Gift Shop		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$303.10	P. O. Box 2910		
	Reimbursement from political contributions intended	Austin, TX 78769		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Gift/Awards/Memorials Expense	L	Check if Austin, TX, officeholder living expense
			End of Session (JITS FOR STATE
	Complete ONL V if direct	Candidate/Officeholder name	Office sought	Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Onicerolider Hame	Office Sought	Office field
	Date	Payee name		
	05/29/2025	Capitol Gift Shop		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$119.08	P. O. Box 2910		
	Reimbursement from political contributions			
	x political contributions intended	Austin, TX 78769		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Gift/Awards/Memorials Expense		Check if Austin, TX, officeholder living expense
			Member's Gift	
	2			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Fees

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense		kpense /ages/Contract Labor		Travel in District Travel Out of District OTHER (enter a categ	ory not listed above)
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID (Ethics	Commission Filers)
	Sch: 3/6 Rpt: 55/59		Martinez, A	rmando A. (The F	Honorable)				00054543	
4	Date	5	Payee name							
	02/06/2025		Citi Cards							
6	Amount (\$)	7	Payee addre		State;	Zip Co	de			
	\$139.60		P. O. Box 7	8045						
	X Reimbursement from political contributions intended		Phoenix, Az	Z 85062						
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b) Description	=		Texas. Complete Schedule T.
	OF EXPENDITURE		Credit Card	Payment			L	Ch	eck if Austin, TX, office	holder living expense
							Payment			
9	Complete ONLY if direct	Car	ndidate/Officel	aoldor namo			Office cought		Office	hold
9	expenditure to benefit C/OH	Car	ididate/Officer	loider flame			Office sought		Office	neid
	Date		Payee name							
	05/22/2025		Community	Link						
	Amount (\$)		Payee address; City; State; Zip Code							
\$66.00 300 Belmont St.										
	Reimbursement from political contributions intended		Saginaw, T	X 76179						
	PURPOSE		Category (Se	ee Categories listed at the	top of this sche	edule)	Description	=		Texas. Complete Schedule T.
	OF EXPENDITURE		Gift/Awards	/Memorials Expe	nse		L	Ch	eck if Austin, TX, office	holder living expense
							Chairman's Gift			
	Complete ONLY if direct	<u> </u> Car	ndidate/Officel	nolder name			Office sought		Office	held
	expenditure to benefit C/OH									
		_								
	Date		Payee name							
	06/12/2025	L	GoDaddy							
	Amount (\$) \$255.71		Payee addre	•	State;	Zip Co	ae			
				ayden Street						
	Reimbursement from political contributions intended		Ste. 219	A 7 0E260						
		┞	Scottsdale,				- · · · -	7		
	PURPOSE OF		Fees (Se	ee Categories listed at the	top of this sche	edule)	Description [=	eck if travel outside of eck if Austin, TX, office	Texas. Complete Schedule T. holder living expense
	EXPENDITURE		rees				Campaign Webs	_		- '
							, , , , , , , , , , , , , , , , , , ,			
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officel	nolder name			Office sought		Office	held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/N	Expense Wages/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
			The Instruction Guide explains	how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAM	Ε			3	Filer ID (Ethics Commission Filers)		
	Sch: 4/6 Rpt: 56/59	Martinez, A	rmando A. (The Honorable	!)			00054543		
4	Date	5 Payee name				•			
	05/19/2025	McBride's	Guns, Inc.						
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Co	ode				
	\$55.25	2915 San (Gabriel Street						
	Reimbursement from								
	X political contributions intended	Ausrin, TX	78705						
8	PURPOSE	(a) Category (s	see Categories listed at the top of this sci	hedule)	(b) Description	=	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Gift/Awards	s/Memorials Expense		L	Ch	neck if Austin, TX, officeholder living expense		
					Chairman's Gift				
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held		
	C/OH								
	Date	Payee name							
	01/05/2025	Mid Valley							
	Amount (\$)	Payee addre		; Zip Co	ode.				
	\$1,600.00		400 S. Bicentennial Blvd.						
Reimbursement from									
	X political contributions intended	McAllen, T	x 78501						
_	PURPOSE	_	see Categories listed at the top of this sol	hodulo)	Description	⊤ Ch	neck if travel outside of Texas. Complete Schedule T.		
	OF		head/Rental Expense	nedule)		=	neck if Austin, TX, officeholder living expense		
	EXPENDITURE	011100 0101	Troda/Tromai Expones		District Office: Re	- ent			
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held		
	expenditure to benefit C/OH								
		<u> </u>							
	Date	Payee name							
	02/05/2025	Mid Valley							
	Amount (\$)	Payee addre	·	e; Zip Co	ode				
	\$1,600.00	400 S. Bice	entennial Blvd.						
	Reimbursement from political contributions								
	intended	McAllen, T	X 78501						
	PURPOSE	1	see Categories listed at the top of this so	hedule)	Description	=	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Office Over	head/Rental Expense		L L	_	neck if Austin, TX, officeholder living expense		
					District Office: Re	ent			
	Complete ONE V. C.	Condidate 10"	haldar nam-		O#:		O#: 1:-1:1		
	Complete ONLY if direct expenditure to benefit	Candidate/Office	noider name		Office sought		Office held		
L	C/OH								

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ov Polling Ex Printing Ex Salaries/N	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:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 5/6 Rpt: 57/59		Martinez, Armando A. (The Honorable)			00054543
4	Date	5	Payee name			<u>I</u>
	03/05/2025	ľ	Mid Valley Care, LLC			
6	Amount (\$)	7	•	Zip Co	ndo	
١	\$1,600.00	ľ	400 S. Bicentennial Blvd.	Zip Ct	oue	
	·		400 3. Dicentennial biva.			
	X Reimbursement from political contributions intended		McAllen, TX 78501			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			Check if Austin, TX, officeholder living expense
	LXI LINDITORL				District Office: R	ent
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	04/05/2025		Mid Valley Care, LLC			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$1,600.00		400 S. Bicentennial Blvd.			
	Reimbursement from					
	X political contributions intended		McAllen, TX 78501			
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense		L	Check if Austin, TX, officeholder living expense
					District Office: R	ent
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	05/05/2025		Mid Valley Care, LLC			
	Amount (\$)	Т	Payee address; City; State;	Zip Co	ode	
	\$1,600.00		400 S. Bicentennial Blvd.	•		
	Reimbursement from					
	X political contributions intended		McAllen, TX 78501			
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense		L	Check if Austin, TX, officeholder living expense
					District Office: R	ent
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule G: FILER NAME (Ethics Commission Filers) Sch: 6/6 Rpt: 58/59 Martinez, Armando A. (The Honorable) 00054543 Date Payee name 06/05/2025 Mid Valley Care, LLC Payee address; Amount (\$) State; Zip Code 400 S. Bicentennial Blvd. \$1,600.00 Reimbursement from political contributions intended Х McAllen, TX 78501 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** District Office: Rent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/02/2025 **NALEO** Amount (\$) Payee address; City; State; Zip Code \$700.00 1000 Corporate Center Dr., Ste. 310 Reimbursement from political contributions Monterey Park, TX 91754 intended PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Registration for Annual Conference Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 59/59 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Martinez, Armando A. (The Honorable) 00054543 5 Name of person from whom amount is received 8 Amount (\$) Date 01/24/2025 \$300.00 City of Donna 6 Address of person from whom amount is received; City; State; Zip Code Donna, TX 78537 Purpose for which amount is received Check if political contribution returned to filer Refund of Deposit for Posting Signs