

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00040542	2 Total pages filed: 215	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI The Honorable Trey		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026	
	NICKNAME LAST SUFFIX Martinez Fischer			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 104 Babcock Road Ste. 107 San Antonio, TX 78201		Date Hand-delivered or Date Postmarked	
			Receipt # Amount	
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Jorge A.			
	NICKNAME LAST SUFFIX Herrera			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1800 W. Commerce St. San Antonio, TX 78207			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 224-1054			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2025 12/31/2025			
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) State Representative District 116		12 OFFICE SOUGHT (if known) State Representative District 116	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME	Martinez Fischer, Trey (The Honorable)	14 Filer ID	(Ethics Commission Filers)
		00040542	

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	274,622.78
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	128,230.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	551,013.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Trey Martinez Fischer

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

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

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18 FILER NAME Martinez Fischer, Trey (The Honorable)		19 Filer ID 00040542	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	274,622.78
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	65,876.86
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	62,353.99
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/90 Rpt: 4/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 11/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acosta, Arcilia <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75247	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) CARCON Industries
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Erin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Reception		Employer (See Instructions) VCA Veterinary Hospitals
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkins, Mark <hr/> Contributor address; City; State; Zip Code Sammamish, WA 98029	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) TMO
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkins, Mark <hr/> Contributor address; City; State; Zip Code Sammamish, WA 98029	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) TMO
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alaniz, Linda <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Wyatt Law Firm PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/90 Rpt: 5/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alcantar, Christina <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78216	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Site coordinator		9 Employer (See Instructions) Cis
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Barbara <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almanza, Josephine <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Hilario <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78228	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Hilario <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78228	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/90 Rpt: 6/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amos, John <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ancira Jr., Jesse (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) self employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angel, Nancy V <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angus, Ogboru <hr/> Contributor address; City; State; Zip Code Columbia, MD 21045	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Clinical Research Associate		Employer (See Instructions) Syneos Health
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Archer, Christian <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/90 Rpt: 7/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Archer, Thomas <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78216	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armendariz, Rachel <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00235739) BNSF RAILPAC <hr/> Contributor address; City; State; Zip Code Fort Worth Texas, TX 76161-0039	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Gary <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Gary <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/90 Rpt: 8/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballesteros, Maria 6 Contributor address; City; State; Zip Code San Antonio, TX 78258	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Hawkins Campaign Contributor address; City; State; Zip Code San Antonio, TX 78218	Amount of Contribution (\$) \$55.25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baron, Wendy Contributor address; City; State; Zip Code San Antonio, TX 78250	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer Alliance of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Abbie Contributor address; City; State; Zip Code West Hollywood, CA 90069	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Freelance Writer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/90 Rpt: 9/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berriozbal, Maria A <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78201	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackridge <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaesing, Karen <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaesing, Karen <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00142711) Boeing PAC <hr/> Contributor address; City; State; Zip Code Arlington, VA 22202	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/90 Rpt: 10/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohr, Eric <hr/> 6 Contributor address; City; State; Zip Code Castro Valley, CA 94552	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonitz, Julie <hr/> Contributor address; City; State; Zip Code Burtonsville, MD 20866	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brentwood Public Affairs <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brodnitz, Peter <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78208	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) McCombs
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Jason <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) Booz Allen

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/90 Rpt: 11/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Cecil 6 Contributor address; City; State; Zip Code San Antonio, TX 78229	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burandt, Jacque Contributor address; City; State; Zip Code San Antonio, TX 78250	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burchfield, Billy Contributor address; City; State; Zip Code Converse, TX 78109	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burney, Frank Contributor address; City; State; Zip Code San Antonio, TX 78205	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Martin & Drought P.C.
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bett Contributor address; City; State; Zip Code San Antonio, TX 78228	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/90 Rpt: 12/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bett <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78228	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Button, Angie <hr/> Contributor address; City; State; Zip Code Garland, TX 75044	Amount of Contribution (\$) \$55.25
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self Employed
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calderon, Ricardo <hr/> Contributor address; City; State; Zip Code Oakland, CA 94607	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camacho, Marina L. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78228	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Al <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78220	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/90 Rpt: 13/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 09/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Candy Noble Campaign <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75002	7 Amount of Contribution (\$) \$55.25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, C <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carow, Enlin <hr/> Contributor address; City; State; Zip Code Robbinsville, NJ 08691	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) NYP
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, Michael <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Hector <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78223	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) UX Designer		Employer (See Instructions) Private Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/90 Rpt: 14/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Geralyn <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78257	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassie, Nate <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78208	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Education
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Jennifer <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Writer/Editor		Employer (See Instructions) Mennonite Church USA
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cauthorn, Kim <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Willis Towers Watson
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandarlis, Lucia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) University Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/90 Rpt: 15/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 11/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charter Communications, Inc. Texas PAC <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78701	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chipps, Mary <hr/> Contributor address; City; State; Zip Code Ava, MO 65608	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirlin, Gary <hr/> Contributor address; City; State; Zip Code Derwood, MD 20855	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Randall <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78220	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/90 Rpt: 16/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarke, Hyacinth <hr/> 6 Contributor address; City; State; Zip Code Bowie, MD 20721	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Government
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clayton, Albert <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SAISD		Employer (See Instructions) Teacher
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cody Vasut Campaign <hr/> Contributor address; City; State; Zip Code Angleton, TX 77516	Amount of Contribution (\$) \$55.25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffman, David <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Luann <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/90 Rpt: 17/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colley, Stephen <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78218	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Self
Date 10/17/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00248716) Comcast Corporation & NBCUNIVERSAL PAC <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19103	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comeaux, Bob <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Self
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/90 Rpt: 18/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 07/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Marie <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78201	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordts, Kypfer <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) TAMU
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornett, Michael <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas State University
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortez, Albert <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortez, Tom <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78210	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Data Analyst		Employer (See Instructions) ACCD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/90 Rpt: 19/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotrell, Charles 6 Contributor address; City; State; Zip Code San Antonio, TX 78212	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Rosa Sylvia Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar-Hicks, Norma Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummins, Thomas Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Union President		Employer (See Instructions) Bexar County Federation of Teachers
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curry, Brock Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/90 Rpt: 20/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 11/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis Kaufman PLLC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Trevor <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Garza, Humberto <hr/> Contributor address; City; State; Zip Code Spring, TX 77382	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) A&M
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Paz, Jose <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78228	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Business Analysts		Employer (See Instructions) Amex GBT
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeHoyos, Rosemarie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/90 Rpt: 21/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Juan <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78230	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Juan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Bosque, Nora <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denny, Shane <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Solenis
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devora III, Lorenzo <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78231	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) QVC group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/90 Rpt: 22/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewar, Madeleine <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78201	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Office Manager		9 Employer (See Instructions) BCDP
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz, Reynaldo <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Accident Injury Attorney		Employer (See Instructions) Reynaldo Diaz Accident Injury Attorney PC
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diego Bernal Campaign <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$55.25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dietz, Patricia <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46219	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillard, Deborah <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/90 Rpt: 23/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobay, Helena <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominguez, Priscilla <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78223	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Graphic Designer		Employer (See Instructions) UT Health San Antonio
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominguez, Priscilla <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78223	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Graphic Designer		Employer (See Instructions) UT Health San Antonio
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donahue, Susan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dosier, Hammond <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08542	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/90 Rpt: 24/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffy, Gilda <hr/> 6 Contributor address; City; State; Zip Code Boerne, TX 78006	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Einstein, Edwin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Einstein, Edwin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Einstein, Edwin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Einstein, Edwin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/90 Rpt: 25/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 11/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Einstein, Edwin <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78230	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Einstein, Edwin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Embry, Margaret <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enriquez, Martha <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erben & Yarbrough <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/90 Rpt: 26/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esparza-Hamilton, Elsa <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78240	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fabrizio, Ralph <hr/> Contributor address; City; State; Zip Code Houston, TX 77041	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) The House of Extra Measures Men LLC
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Rebecca <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, Kelley <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) Forbes & Forbes, LLC
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Julia <hr/> Contributor address; City; State; Zip Code Wilmette, IL 60091	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/90 Rpt: 27/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Y <hr/> 6 Contributor address; City; State; Zip Code Del Rio, TX 78840	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Donna <hr/> Contributor address; City; State; Zip Code Denham Springs, LA 70726	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) LPSB
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freudigman, Emily <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of SA Leaders for University Excellence <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furman, Karen <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78231	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/90 Rpt: 28/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabrielson, Neil 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Geaver
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaeta, Marilyn Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Not employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvan, Eva Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTHSCSA
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamboa, Mario Contributor address; City; State; Zip Code San Antonio, TX 78250	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Harlandale ISD
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamez, Edward Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/90 Rpt: 29/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaona, Sylvia <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78226	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, David (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Jesse <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Insurance Broker		Employer (See Instructions) Jesse P Garcia
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Margaret <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Nancy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Health Care Agency

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/90 Rpt: 30/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Debra <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78216	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Daniel <hr/> Contributor address; City; State; Zip Code Conroe, TX 77306	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Emma <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gayler, Michael <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office of Michael L. Gayler PLLC
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilliland Jr., Lukin T <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/90 Rpt: 31/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Carmen <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78261	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Adela <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Roma <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goree, David <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Coordinator		Employer (See Instructions) City of San Antonio
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorman, Susan <hr/> Contributor address; City; State; Zip Code Biddeford, ME 04005	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/90 Rpt: 32/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Anna <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78218	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self-employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grayson, Marcia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78231	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grayson, Verda <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberg, Don <hr/> Contributor address; City; State; Zip Code Sebastopol, CA 95472	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Michael <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78226	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/90 Rpt: 33/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Joaquin <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Conexión
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Julio <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guevara, Debra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gundlach, Cornelius <hr/> Contributor address; City; State; Zip Code Farmers Branch, TX 75234	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gureckis, Kathy <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/90 Rpt: 34/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman, David <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78228	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Harlandale ISD
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman, David <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78228	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Harlandale ISD
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanks, Kim <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) UTH
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hans, Carol <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardy, Sally <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/90 Rpt: 35/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harman, Leslie <hr/> 6 Contributor address; City; State; Zip Code Wimberley, TX 78676	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Server		9 Employer (See Instructions) Miss
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Amelia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Credit Human
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Gordon <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78233	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Gordon Hartman Enterprises
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haygood, Leah <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20902	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) BuzzWord, Inc.
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hays, Janet <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/90 Rpt: 36/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Jannette 6 Contributor address; City; State; Zip Code San Antonio, TX 78253	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helton, Alicia Contributor address; City; State; Zip Code San Antonio, TX 78228	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Cecilia Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Jorge Contributor address; City; State; Zip Code San Antonio, TX 78207	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Herrera Law Firm
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Jorge Contributor address; City; State; Zip Code San Antonio, TX 78207	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Herrera Law Firm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/90 Rpt: 37/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 11/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Jorge <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78207	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) The Herrera Law Firm
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herring, David <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78251	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herring, Jessica <hr/> Contributor address; City; State; Zip Code Burkburnett, TX 76354	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Howmet
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hewitt, Jim <hr/> Contributor address; City; State; Zip Code Selma, TX 78154	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hickok, Kristine <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78231	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Hairstylist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/90 Rpt: 38/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 10/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HillCo PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hirsch, Rebecca <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) AVP		Employer (See Instructions) Argo Group
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hornung, Clarence <hr/> Contributor address; City; State; Zip Code Louisville, KY 40219	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hulse, Donald <hr/> Contributor address; City; State; Zip Code Shelton, WA 98584	Amount of Contribution (\$) \$1.64
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huron, Isaac <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78210	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Archdiocese

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/90 Rpt: 39/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 11/19/2025	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00027342) IBEW PAC <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20001	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Illig, Carl <hr/> Contributor address; City; State; Zip Code Phoenixville, PA 19460	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Independent Insurance Agents <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Isis, Melanie <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20910	Amount of Contribution (\$) \$2.04
Principal occupation / Job title (See Instructions) Gardener		Employer (See Instructions) Self
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Jaffe, Morris Douglas <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/90 Rpt: 40/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janicek, Beth <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jarvis, Ramona <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey, Nancy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeneby, Thomas <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, William <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77701	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Giglio Distributing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/90 Rpt: 41/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jacalyn <hr/> 6 Contributor address; City; State; Zip Code Eugene, OR 97404	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Michael <hr/> Contributor address; City; State; Zip Code Bee Cave, TX 78738	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Self
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Yvondia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78244	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Elizabeth <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorissen, Kathleen <hr/> Contributor address; City; State; Zip Code Greensboro, NC 27455	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/90 Rpt: 42/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juarez, Anthony <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78201	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kellum, David <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenfield, Julie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Airport Planner		Employer (See Instructions) Jacobsen Daniels
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerr, Mary <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55404	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) House Cleaning		Employer (See Instructions) Two Bettys Green Cleaning
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keslar, Susan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/90 Rpt: 43/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kestenbaum, Marianne <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78231	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kincaid, Dana <hr/> Contributor address; City; State; Zip Code Leesburg, VA 20176	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) La Vernia ISD
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Sue F. <hr/> Contributor address; City; State; Zip Code Sausalito, CA 94965	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Shop owner		Employer (See Instructions) Self
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klodginski, Robert <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Timberlyne
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kralj, Nick <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Lobby		Employer (See Instructions) Kralj Consulting Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/90 Rpt: 44/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristin, Keith <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78249	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) NEISD
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruse, David <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Urban Planner		Employer (See Instructions) Alamo Area COG
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaNew, Maryann <hr/> Contributor address; City; State; Zip Code San Clemente, CA 92673	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lankford, Martha <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/03/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00562777) Latino Victory Fund <hr/> Contributor address; City; State; Zip Code San Antonio, TX 20005	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/90 Rpt: 45/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latteo, Philip 6 Contributor address; City; State; Zip Code San Antonio, TX 78240	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Picnic
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latteo, Philip Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Picnic
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laufer, Judith Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laufer, Judith Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laufer, Judith Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/90 Rpt: 46/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Tinsman & Sciano <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78216	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawler, Martha <hr/> Contributor address; City; State; Zip Code La Pine, OR 97739	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laycock, David <hr/> Contributor address; City; State; Zip Code Chester, NJ 07930	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) UPS
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Jennette <hr/> Contributor address; City; State; Zip Code Old Greenwich, CT 06870	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeper, Jaime <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) United Health Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/90 Rpt: 47/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehmberg, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78724	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Dell Medical School
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehtinen, Steve <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Regional Scientific Director		Employer (See Instructions) Merch Research Labs
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lievrouw, Ann <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) SWISD
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsey, Linda <hr/> Contributor address; City; State; Zip Code Windcrest, TX 78239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson LLP <hr/> Contributor address; City; State; Zip Code Austin, TX 78760	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/90 Rpt: 48/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockard, Anne <hr/> 6 Contributor address; City; State; Zip Code Cleveland, OH 44120	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jessica <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) SLPA		Employer (See Instructions) Children's Clinic
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Karina <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78237	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) PwC
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Ollie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78225	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucero, Vickie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78218	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) MPN inc

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/90 Rpt: 49/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lundquist, Cara <hr/> 6 Contributor address; City; State; Zip Code Flower Mound, TX 75022	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) HR Director		9 Employer (See Instructions) Textron Bell
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maebius, Jed <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) San Antonio City Council Member
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Eduardo <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maloney, Pat <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78205	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Offices of Pat Maloney Jr
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Gay <hr/> Contributor address; City; State; Zip Code Bonita Springs, FL 34134	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/90 Rpt: 50/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 10/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Enrique <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78735	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Ellen <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Miriam <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Raul <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78207	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Linda <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78228	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/90 Rpt: 51/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathiasmeier, David <hr/> 6 Contributor address; City; State; Zip Code Menlo Park, CA 94025	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matiella, Tessa <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Restaurant Worker		Employer (See Instructions) Restaurant/Arcade
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Sharon <hr/> Contributor address; City; State; Zip Code Austin, TX 78727	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Mtg planner		Employer (See Instructions) Insights
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElroy, Charlene <hr/> Contributor address; City; State; Zip Code Lafayette, CO 80026	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Chemical Manufacturing Tech		Employer (See Instructions) Hospira Boulder
Date 12/12/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00225342) McGuire Woods Federal PAC Fund <hr/> Contributor address; City; State; Zip Code Richmond, VA 23219-3916	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/90 Rpt: 52/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, James <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78205	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Shareholder/Attorney		9 Employer (See Instructions) Ortiz McKnight PLLC
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McSwain, Susie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mccullom, Victoria <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Amanda <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Lyft Driver/Retired Teacher		Employer (See Instructions) Self
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Gabriel A <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78207	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Gabriel Mendoza

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/90 Rpt: 53/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/06/2025	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00097485) Merck PAC <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20004	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Michaud, John-Paul <hr/> Contributor address; City; State; Zip Code Hays, KS 67601	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) K-State U
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Mid Spine Clinic LLC <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78231	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Millard, Margot <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Millard, Margot <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/90 Rpt: 54/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Peter <hr/> 6 Contributor address; City; State; Zip Code West Hartford, CT 06119	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) MDC
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Shanley <hr/> Contributor address; City; State; Zip Code San Diego, CA 92116	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) UC San Diego
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, William <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90027	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moak Casey PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moilanen, Erin <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95404	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Family Nurse Practitioner		Employer (See Instructions) Santa Rosa Community Health Centers

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/90 Rpt: 55/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monseau, Michele <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78210	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) UT
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montez Felder, Debra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montez Felder, Debra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montez Felder, Debra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montez Felder, Debra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/90 Rpt: 56/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 11/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montez Felder, Debra <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78253	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montez Felder, Debra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montford, Debbie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montford, John T. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Atty/consultant		Employer (See Instructions) JTM Consulting LLC
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Helen <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) iHeartMedia

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/90 Rpt: 57/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Nell <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78231	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mora, Mary G <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78221	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Debra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78228	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions) Silver Eagle Beverages
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Mark <hr/> Contributor address; City; State; Zip Code Bulverde, TX 78163	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Mark <hr/> Contributor address; City; State; Zip Code Bulverde, TX 78163	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/90 Rpt: 58/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moya, Kimberly <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78216	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munn, Virginia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Security information specialist		Employer (See Instructions) DoD
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Debbie <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28277	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Microsoft
Date 10/17/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00366559</u>) NRG Energy PAC <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540-6213	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nava, Alex <hr/> Contributor address; City; State; Zip Code Shavano Park, TX 78230	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) ANG PLLC

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/90 Rpt: 59/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nava, Alex 6 Contributor address; City; State; Zip Code Shavano Park, TX 78230	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) ANG PLLC
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Negrete, George R Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) UTSA
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Therese Contributor address; City; State; Zip Code Chicago, IL 60615	Amount of Contribution (\$) \$8.20
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novak, Rosemarie Contributor address; City; State; Zip Code Hillsborough Township, NJ 08844	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, William Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/90 Rpt: 60/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, John <hr/> 6 Contributor address; City; State; Zip Code Terrell Hills, TX 78209	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Kenneth <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) One Texas PAC <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$100,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oney, Thomas <hr/> Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) LCRA
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osoria, Patricia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/90 Rpt: 61/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padilla III, Frank <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78249	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Hearing Officer		9 Employer (See Instructions) North East Independent School District
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Jean <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Texas Biomedical Research Institute
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Roman <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78207	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peranteau, Jan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Brandon, Fielder, Collina & Mott, LLP <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79408-0817	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/90 Rpt: 62/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Carlos <hr/> 6 Contributor address; City; State; Zip Code Helotes, TX 78023	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Elsa L <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Frost Bank
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Lucy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78228	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Melody <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Aircraft Dispatcher		Employer (See Instructions) Bloomberg
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Marvin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78203	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/90 Rpt: 63/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Eric <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78247	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Kelly <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$55.25
Principal occupation / Job title (See Instructions) Staff Member		Employer (See Instructions) Rep. Chris Turner
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfrimmer, Heather Anne <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) SEIU
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Physicians for Free Market Healthcare PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Picken, Sarah <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78228	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Sarah Picken

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2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickett, Tina <hr/> 6 Contributor address; City; State; Zip Code Saratoga Springs, NY 12866	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pina-Hernandez, Diana <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78251	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poensch, Gary <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Politi, Lia <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Leander ISD
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollard, Mary <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/90 Rpt: 65/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priego, Yolanda <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78201	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priego, Yolanda <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Putman, Michael <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Putman Law Firm
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radmann, Francille <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Rene <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Self

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2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Mercedes <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78240	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raney, Gail <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Rosa M <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Rosa M <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Bonnie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-1819	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Carol 6 Contributor address; City; State; Zip Code Manchester, NH 03104	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richter, Linda Contributor address; City; State; Zip Code San Antonio, TX 78228	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riexinger, Mary Contributor address; City; State; Zip Code San Antonio, TX 78228	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Practice Management Institute
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riojas, Beatrice Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riojas, Beatrice Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/90 Rpt: 68/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Cathy <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78628	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jean <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Landscape Designer		Employer (See Instructions) Self
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodine, Richard <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Colleen <hr/> Contributor address; City; State; Zip Code Essex, CT 06426	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Gene <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/90 Rpt: 69/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 10/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Driftwood, TX 78619	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Jose <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78239	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Jose <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Lori <hr/> Contributor address; City; State; Zip Code Garland, TX 75041	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) Hospital
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Marc A. <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/90 Rpt: 70/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Maria <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78228	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sonia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cowen Law Group
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romero, Rebecca <hr/> Contributor address; City; State; Zip Code Corona, CA 92883	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Lewis & Associates <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Barry <hr/> Contributor address; City; State; Zip Code Stormville, NY 12582	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/90 Rpt: 71/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, David <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78201	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Pediatrician		9 Employer (See Instructions) Pediatric Medicine PA
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothstein, Susan <hr/> Contributor address; City; State; Zip Code Brookline, MA 02445	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Hammond Real Estate
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruvalcaba, Carla <hr/> Contributor address; City; State; Zip Code San Juan, TX 78589	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) McAllen ISD
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Jorge <hr/> Contributor address; City; State; Zip Code Weslaco, TX 78596	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Velia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78228	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/90 Rpt: 72/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Venisa <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78212	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Operational Advisor		9 Employer (See Instructions) None
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Claudia <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Chrysler
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Antonio Spine and Rehab <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78214	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Richard <hr/> Contributor address; City; State; Zip Code Bulverde, TX 78163	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sankey, Patricia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Real Estate Sales		Employer (See Instructions) Self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/90 Rpt: 73/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sasser, Gloria S <hr/> 6 Contributor address; City; State; Zip Code Converse, TX 78109	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sasser, Gloria S <hr/> Contributor address; City; State; Zip Code Converse, TX 78109	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sasser, Gloria S <hr/> Contributor address; City; State; Zip Code Converse, TX 78109	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saucedo, Jessica <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Talent Manager		Employer (See Instructions) Convене Inc
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saucedo, Jessica <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Talent Manager		Employer (See Instructions) Convене Inc

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2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauseda, Roger <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78238	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Brenda <hr/> Contributor address; City; State; Zip Code Pipe Creek, TX 78063	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Milinda <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232-4963	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Huey <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78239	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segovia, Andrew <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) City of San Antonio

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/90 Rpt: 75/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segovia, Evelyn <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78211	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) CNA		9 Employer (See Instructions) Healthcare
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serna, Baltazar <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78205	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Serna and Serna
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serna, Baltazar <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78205	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Serna and Serna
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serna-Wallender, Elena <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Princeton University
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Parin <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/90 Rpt: 76/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Kelly <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78212	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Tom <hr/> Contributor address; City; State; Zip Code San Jose, CA 95126	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipton, Patricia <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Self
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shott, Sally <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78233	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegel, Naomi <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15238	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/90 Rpt: 77/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva, Juan <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78245	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Auditor		9 Employer (See Instructions) Finance
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Dawn <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Data Analyst		Employer (See Instructions) Vista Defense
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Katrina <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Judson ISD
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Rose <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76111	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slusher, Candyce <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/90 Rpt: 78/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David 6 Contributor address; City; State; Zip Code San Antonio, TX 78255	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David Contributor address; City; State; Zip Code San Antonio, TX 78255	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David Contributor address; City; State; Zip Code San Antonio, TX 78255	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David Contributor address; City; State; Zip Code San Antonio, TX 78255	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David Contributor address; City; State; Zip Code San Antonio, TX 78255	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/90 Rpt: 79/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Michelle 6 Contributor address; City; State; Zip Code Leesburg, VA 20175	7 Amount of Contribution (\$) \$6.58
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Sandra Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder-Alonzo, Janice Contributor address; City; State; Zip Code San Antonio, TX 78224	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, Irene Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Sandra Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) BHS

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/90 Rpt: 80/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spickard, James <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78212	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spontak, Dede <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Architerra Inc
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, Sharon <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steele, Deborah <hr/> Contributor address; City; State; Zip Code Spring, TX 77381	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steele, Jennifer <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Trinity University

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/90 Rpt: 81/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stehlik, Richard <hr/> 6 Contributor address; City; State; Zip Code Morris Plains, NJ 07950	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stehlik, Richard <hr/> Contributor address; City; State; Zip Code Morris Plains, NJ 07950	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sterling, Karen <hr/> Contributor address; City; State; Zip Code Cedar Creek, TX 78612	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Patricia <hr/> Contributor address; City; State; Zip Code Oceanside, CA 92054	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stifter, Monique <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) VA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/90 Rpt: 82/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockard, Natalie 6 Contributor address; City; State; Zip Code St. Petersburg, FL 33701	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Storm, Mary Contributor address; City; State; Zip Code Corvallis, OR 97330	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strickland, Sherilyn Contributor address; City; State; Zip Code San Antonio, TX 78228	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strickland, Sherilyn Contributor address; City; State; Zip Code San Antonio, TX 78228	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sundt Texas PAC Contributor address; City; State; Zip Code Tempe, AZ 85282	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/90 Rpt: 83/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Surratt, Cynthia <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78220	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swize, Elizabeth <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tagle, Marie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tapia, F Michael <hr/> Contributor address; City; State; Zip Code Littleton, CO 80125	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Workforce Development Specialist		Employer (See Instructions) CDC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/90 Rpt: 84/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Soheila <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75013	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teague, Susan <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teague, Susan <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Telfer, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$8.34
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teneyuca, Sharyll <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Offices of Sharyll S Teneyuca PLLC

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/90 Rpt: 85/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teniente, Melanie 6 Contributor address; City; State; Zip Code San Antonio, TX 78201	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Automobile Dealers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dairymen PAC Contributor address; City; State; Zip Code Austin, TX 78711	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Optometric PAC Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/90 Rpt: 86/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 10/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Elwood <hr/> Contributor address; City; State; Zip Code Jacksonville, FL 32256	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Global Leadership Academy High School
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomson, Sandra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78233	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tong, Bee <hr/> Contributor address; City; State; Zip Code Springfield, IL 62712	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Herlinda <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78228	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) IT Product Specialist		Employer (See Instructions) Frost

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/90 Rpt: 87/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 09/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troxclair for Texas <hr/> 6 Contributor address; City; State; Zip Code Lakeway, TX 78734	7 Amount of Contribution (\$) \$55.25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) True-Courage, Zada <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turek, Lauren <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dissertation Fellow		Employer (See Instructions) Institute for Advanced Studies in Culture
Date 11/19/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00164145</u>) USAA Employee PAC <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78288-0453	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ufert, Bailee <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Education Consultant		Employer (See Instructions) Scoot Education

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/90 Rpt: 88/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 10/17/2025	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00010470) Union Pacific Corporation Fund for Effective Government <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20005	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Universal Rehab Center <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Valdez, Jerry <hr/> Contributor address; City; State; Zip Code Austin, TX 78711	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Valenzuela, Joe <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Self
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Vasquez, Priscilla <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/90 Rpt: 89/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Priscilla <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78254	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viera, Alfonso <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) NISD
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villareal, Alejandra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Adan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78238	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Grace H <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78228	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/90 Rpt: 90/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vimont, Gerald <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78217	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retail		9 Employer (See Instructions) Hudson Group
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent Perez Campaign <hr/> Contributor address; City; State; Zip Code El Paso, TX 79915	Amount of Contribution (\$) \$55.25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00226548) Vistra Employee PAC <hr/> Contributor address; City; State; Zip Code Irving, TX 75039	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Nathaniel J <hr/> Contributor address; City; State; Zip Code Austin, TX 78753	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Self
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, William <hr/> Contributor address; City; State; Zip Code Dublin, OH 43017	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) William Walker

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/90 Rpt: 91/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waller, Paula <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78754	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts Law Firm <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Darlene <hr/> Contributor address; City; State; Zip Code Everett, WA 98201	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Sno-Isle Libraries
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Shauna <hr/> Contributor address; City; State; Zip Code Midlothian, TX 76065	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Zale
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Widell, Heidi <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social studies teacher		Employer (See Instructions) San Antonio Independent School District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/90 Rpt: 92/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilensky, Sharon <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94122	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth <hr/> Contributor address; City; State; Zip Code Alamogordo, NM 88310	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Jackie <hr/> Contributor address; City; State; Zip Code Upper Sandusky, OH 43351	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Susanne <hr/> Contributor address; City; State; Zip Code Lafayette, CA 94549	Amount of Contribution (\$) \$1.64
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Oil Change International
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Sharon <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/90 Rpt: 93/215
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Sharon 6 Contributor address; City; State; Zip Code San Antonio, TX 78217	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zepeda, Joe Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Home Team of America

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/20 Rpt: 94/215	2 FILER NAME Martinez Fischer, Trey (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040542
4 Date 07/27/2025	5 Payee name ActBlue	
6 Amount (\$) \$3.17	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/03/2025	Payee name ActBlue	
Amount (\$) \$225.10	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/10/2025	Payee name ActBlue	
Amount (\$) \$612.98	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/20 Rpt: 95/215	2 FILER NAME Martinez Fischer, Trey (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/17/2025	5 Payee name ActBlue	
6 Amount (\$) \$5.32	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/24/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$4.16	Payee name ActBlue Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/31/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$0.68	Payee name ActBlue Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/20 Rpt: 96/215	2 FILER NAME Martinez Fischer, Trey (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040542
4 Date 09/07/2025	5 Payee name ActBlue	
6 Amount (\$) \$7.32	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/14/2025	Payee name ActBlue	
Amount (\$) \$2.97	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/21/2025	Payee name ActBlue	
Amount (\$) \$0.99	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/20 Rpt: 97/215	2 FILER NAME Martinez Fischer, Trey (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040542
4 Date 09/28/2025	5 Payee name ActBlue	
6 Amount (\$) \$0.28	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$80.39	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/12/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$79.00	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/20 Rpt: 98/215	2 FILER NAME Martinez Fischer, Trey (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040542
4 Date 10/19/2025	5 Payee name ActBlue	
6 Amount (\$) \$40.49	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2025	Payee name ActBlue	
Amount (\$) \$415.03	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/02/2025	Payee name ActBlue	
Amount (\$) \$188.31	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/20 Rpt: 99/215	2 FILER NAME Martinez Fischer, Trey (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040542
4 Date 11/09/2025	5 Payee name ActBlue	
6 Amount (\$) \$142.20	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/16/2025	Payee name ActBlue	
Amount (\$) \$158.00	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2025	Payee name ActBlue	
Amount (\$) \$282.43	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/20 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040542
4 Date 11/30/2025	5 Payee name ActBlue	
6 Amount (\$) \$0.68	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2025	Payee name ActBlue	
Amount (\$) \$5.93	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/28/2025	Payee name ActBlue	
Amount (\$) \$0.68	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/20 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040542
4 Date 12/31/2025	5 Payee name ActBlue	
6 Amount (\$) \$0.60	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2025	Payee name Alvarez, Madison	
Amount (\$) \$500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78741	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff bonus
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2025	Payee name Amazon	
Amount (\$) \$27.11	Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texas flag
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/20 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040542
4 Date 12/04/2025	5 Payee name Bexar County Democratic Party	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code PO Box 12534 San Antonio, TX 78212	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Re-election filing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2025	Payee name Church, Riley	
Amount (\$) \$295.26	Payee address; City; State; Zip Code 5501 Guadalupe St Austin, TX 78751	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Quorum Break expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Church, Riley	
Amount (\$) \$1,919.26	Payee address; City; State; Zip Code 5501 Guadalupe St Austin, TX 78751	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for computer for video editing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/20 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040542
4 Date 12/17/2025	5 Payee name Church, Riley	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78751	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Bonus
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2025	Payee name Gaudi Holdings LLC	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 104 Babcock San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Office Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/01/2025	Payee name Gaudi Holdings LLC	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 104 Babcock San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Office Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/20 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040542
4 Date 10/01/2025	5 Payee name Gaudi Holdings LLC	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 104 Babcock San Antonio, TX 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Office Rent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2025	Payee name Gaudi Holdings LLC	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 104 Babcock San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Office Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name Gaudi Holdings LLC	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 104 Babcock San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Office Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/20 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040542
4 Date 12/17/2025	5 Payee name Hilton, Sam	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78735	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Bonus
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/20/2025	Payee name Mahajan, Karin	
Amount (\$) \$3,995.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Deposit/Rent for Austin Rental property
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/20/2025	Payee name Mahajan, Karin	
Amount (\$) \$902.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Pro-rated Rent for Austin Rental property
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/20 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040542
4 Date 08/01/2025	5 Payee name Mahajan, Karin	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Austin Rental property
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/01/2025	Payee name Mahajan, Karin	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Austin Rental property
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2025	Payee name Mahajan, Karin	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Austin Rental property
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/20 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040542
4 Date 11/01/2025	5 Payee name Mahajan, Karin	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Austin Rental property
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name Mahajan, Karin	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Austin Rental property
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2025	Payee name Mahajan, Karin	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Austin Rental property
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/20 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040542
4 Date 07/15/2025	5 Payee name Salinas, Claudia	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary Supplement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2025	Payee name Salinas, Claudia	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary Supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2025	Payee name Salinas, Claudia	
Amount (\$) \$798.22	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for town hall event expenses, supply purchases and framing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/20 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040542
4 Date 09/08/2025	5 Payee name Salinas, Claudia	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary Supplement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2025	Payee name Salinas, Claudia	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary Supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2025	Payee name Salinas, Claudia	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary Supplement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/20 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040542
4 Date 12/01/2025	5 Payee name Salinas, Claudia	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary Supplement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2025	Payee name Salinas, Claudia	
Amount (\$) \$2,524.67	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expense Reimbursement for Quorum Break expenses and Engagement expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2025	Payee name Salinas, Claudia	
Amount (\$) \$2,596.81	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expense reimbursement for Engagement events, Framing and Furniture purchases for Campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/20 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040542
4 Date 12/17/2025	5 Payee name Salinas, Claudia	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Bonus
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2025	Payee name Texas Department of Criminal Justice	
Amount (\$) \$3,413.12	Payee address; City; State; Zip Code PO Box 4013 Huntsville, TX 77342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Replica desk, chair, and gavels
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2025	Payee name Texas Department of Criminal Justice	
Amount (\$) \$259.80	Payee address; City; State; Zip Code 8801 S. 1st Street Austin, TX 78748	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gavel purchase for gifts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/20 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040542
4 Date 12/11/2025	5 Payee name Texas House of Representatives	
6 Amount (\$) \$292.53	7 Payee address; City; State; Zip Code PO Box 12910 Austin, TX 78711	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texas flags for community members
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2025	Payee name Van Maanen, Cynthia	
Amount (\$) \$296.37	Payee address; City; State; Zip Code 130 Cumberland Rd Apt 321 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Quorum Break expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2025	Payee name Van Maanen, Cynthia	
Amount (\$) \$700.00	Payee address; City; State; Zip Code 130 Cumberland Rd Apt 321 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for photo licenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/20 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)	3 Filer ID (Ethics Commission Filers) 00040542
4 Date 12/17/2025	5 Payee name Van Mannen, Cynthia	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Bonus
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2025	Payee name Woodlawn Pointe	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 702 Donaldson San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2025	Payee name Z to A Polling, LLC	
Amount (\$) \$12,950.00	Payee address; City; State; Zip Code 1109 N Interstate 35 Apt 1502 Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Polling
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution American Express		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$366.48	(b) Date of Charge 08/03/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; City, State, Zip Code 2702 Love Field Drive Dallas, TX 75235
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Staff travel out of district
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$366.48	(b) Date of Charge 08/11/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name United Airlines		(b) Payee address; City, State, Zip Code 233 S. Wacker Drive Chicago, IL 60606
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Staff travel to Austin from out of district
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$2,611.06	(b) Date of Charge 08/11/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Fairmont Hotel		(b) Payee address; City, State, Zip Code 200 North Columbus Drive Chicago, IL 60601
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Lodging for Quorum Break
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$29.21	(b) Date of Charge 07/01/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
7 PAYEE	(a) Payee name Los Cocos Taqueria		(b) Payee address; City, State, Zip Code 1502 Bandera Rd. San Antonio, TX 78228
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Getting with Colleague
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$126.91	(b) Date of Charge 07/13/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Jack Allens Kitchen		(b) Payee address; City, State, Zip Code 3600 N Capital of Texas Hwy Austin, TX 78746
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Donor Lunch
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$246.40	(b) Date of Charge 08/07/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Courtyard by Marriott		(b) Payee address; City, State, Zip Code 700 Courtyard Dr St Charles, IL 60174
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Staff lodging
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$246.40	(b) Date of Charge 08/07/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Courtyard by Marriott		(b) Payee address; City, State, Zip Code 700 Courtyard Dr St Charles, IL 60174
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Staff lodging
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$136.20	(b) Date of Charge 09/10/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name Josephine House		(b) Payee address; City, State, Zip Code 1601 Waterson Ave Austin, TX 78703
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff lunch
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$163.16	(b) Date of Charge 09/26/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name Ironworks BBQ		(b) Payee address; City, State, Zip Code 100 Red River St. Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff Lunch
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$194.05	(b) Date of Charge 10/09/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
7 PAYEE	(a) Payee name La Gloria		(b) Payee address; City, State, Zip Code 7622 Kennedy Hill San Antonio, TX 78235
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description staff lunch for video production shoot
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$118.04	(b) Date of Charge 08/04/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Fairfield by Marriott		(b) Payee address; City, State, Zip Code 2096 Bricher Rd St. Charles, IL 60174
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Staff lodging
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$157.05	(b) Date of Charge 10/13/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name Mailchimp		(b) Payee address; City, State, Zip Code 405 North Angier Avenue North East Atlanta, GA 30308
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Email platform
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$88.09	(b) Date of Charge 10/14/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
7 PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 2400 S Congress Ave Austin, TX 78704
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$19.99	(b) Date of Charge 10/18/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name Capcut		(b) Payee address; City, State, Zip Code 961 E 61st St Los Angeles, CA 90001
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Video editing application
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$12.97	(b) Date of Charge 11/18/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Etsy		(b) Payee address; City, State, Zip Code 117 Adams St Brooklyn, NY 11201
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Framing supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 6/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$100.77	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name American Association of Notaries,		(b) Payee address; City, State, Zip Code 7438 Park Place Blvd Hosuton, TX 77087
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Notary supplies and bond
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$437.06	(b) Date of Charge 11/29/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Mailchimp		(b) Payee address; City, State, Zip Code 405 North Angier Avenue North East Atlanta, GA 30308
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Email platform
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$64.95	(b) Date of Charge 12/03/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Texas Capitol Gift Shop		(b) Payee address; City, State, Zip Code PO Box 12910 Austin, TX 78711
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Ornaments for community members
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 7/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$19.99	(b) Date of Charge 12/18/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Capcut		(b) Payee address; City, State, Zip Code 961 E 61st St Los Angeles, CA 90001
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Video editing application
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$7,000.54	(b) Date of Charge 12/22/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name American Printing & Mailing		(b) Payee address; City, State, Zip Code 1606 Headway Circle Austin, TX 78754
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Postage for mailing calendars
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$25.72	(b) Date of Charge 12/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Michael's		(b) Payee address; City, State, Zip Code 1201 Barbara Jordan Blvd #200 Austin, TX 78723
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Framing supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 8/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$437.06	(b) Date of Charge 12/29/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Mailchimp		(b) Payee address; City, State, Zip Code 405 North Angier Avenue North East Atlanta, GA 30308
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Email platform
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$41.16	(b) Date of Charge 07/07/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Texas General Land Office		(b) Payee address; City, State, Zip Code 1700 N. Congress Ave Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Map prints for District and Capitol offices
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$1,033.59	(b) Date of Charge 07/08/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Community Foundation of the		(b) Payee address; City, State, Zip Code 241 Earl Garrett Street Kerrville, TX 78028
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Donation to flood relief efforts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 9/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$129.38	(b) Date of Charge 07/10/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
7 PAYEE	(a) Payee name Bedoy's Bakery		(b) Payee address; City, State, Zip Code 803 W Hildebrand Ave San Antonio, TX 78212
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Food for town hall event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$97.43	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Prestige Printing		(b) Payee address; City, State, Zip Code 8 Burwood Ln San Antonio, TX 78216
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printing for stickers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$62.87	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name The Original Donut Shop		(b) Payee address; City, State, Zip Code 3307 Fredericksburg Rd San Antonio, TX 78201
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Food for town hall event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 10/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$107.39	(b) Date of Charge 07/15/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
7 PAYEE	(a) Payee name Dillard's		(b) Payee address; City, State, Zip Code 1600 Cantrell Rd Little Rock, AR 72201
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Staff shirts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$123.76	(b) Date of Charge 07/15/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 2400 S Congress Ave Austin, TX 78704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies for Capitol and District offices
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$145.23	(b) Date of Charge 07/15/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Macy's		(b) Payee address; City, State, Zip Code 151 West 34th Street New York, NY 10001
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Staff shirts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 11/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$350.00	(b) Date of Charge 07/15/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
7 PAYEE	(a) Payee name Northwest Democrats		(b) Payee address; City, State, Zip Code P.O. Box 681911 San Antonio, TX 78268
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Sponsorship for event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$29.89	(b) Date of Charge 07/16/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Meta Platforms, Inc		(b) Payee address; City, State, Zip Code 1 Meta Way Menlo Park, CA 94025
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Social media ads
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$127.30	(b) Date of Charge 07/17/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Best Quality Daughter		(b) Payee address; City, State, Zip Code 602 Avenue A San Antonio, TX 78215
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff lunch
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 12/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$161.26	(b) Date of Charge 07/17/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
7 PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Avenue North Seattle, WA 98109
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$19.99	(b) Date of Charge 07/18/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Capcut		(b) Payee address; City, State, Zip Code 961 E 61st St Los Angeles, CA 90001
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Video editing application
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$974.25	(b) Date of Charge 07/20/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name CCR Studios		(b) Payee address; City, State, Zip Code 9501 Argyle Dr Austin, TX 78749
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Video filming and editing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 13/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$207.21	(b) Date of Charge 07/21/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Holland Photo Imaging		(b) Payee address; City, State, Zip Code 2125 Goodrich Ave Suite A Austin, TX 78704
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Framing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$1,041.00	(b) Date of Charge 07/28/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Texas Democratic Party		(b) Payee address; City, State, Zip Code 314 Highland Blvd Austin, TX 78752
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Polling Expense		(b) Description Voter database access
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$59.52	(b) Date of Charge 07/29/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Avenue North Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 14/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$245.18	(b) Date of Charge 07/29/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Mailchimp		(b) Payee address; City, State, Zip Code 405 North Angier Avenue North East Atlanta, GA 30308
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Email platform
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$45.00	(b) Date of Charge 07/30/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Meta Platforms, Inc		(b) Payee address; City, State, Zip Code 1 Meta Way Menlo Park, CA 94025
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Social media ads
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$225.33	(b) Date of Charge 07/31/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Scale to Win		(b) Payee address; City, State, Zip Code 455 Market St Ste 1940 San Francisco, CA 94105
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Text reminders about town hall event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 15/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$5.18	(b) Date of Charge 08/01/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Meta Platforms, Inc		(b) Payee address; City, State, Zip Code 1 Meta Way Menlo Park, CA 94025
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Social media ads
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$45.00	(b) Date of Charge 08/02/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Meta Platforms, Inc		(b) Payee address; City, State, Zip Code 1 Meta Way Menlo Park, CA 94025
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Social media ads
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$33.55	(b) Date of Charge 08/03/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name InMotion		(b) Payee address; City, State, Zip Code 9501 Cargo Ave Ste 500 Austin, TX 78719
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Electronic equipment
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 16/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$45.00	(b) Date of Charge 08/03/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Meta Platforms, Inc		(b) Payee address; City, State, Zip Code 1 Meta Way Menlo Park, CA 94025
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Social media ads
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$245.16	(b) Date of Charge 08/05/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name OfficeMax		(b) Payee address; City, State, Zip Code 6600 North Military Trail Boca Raton, FL 33496
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Printer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$183.00	(b) Date of Charge 08/07/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name United States Postal Service		(b) Payee address; City, State, Zip Code 2600 Oak St St. Charles, IL 60175
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Postage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 17/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$48.68	(b) Date of Charge 08/08/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Shake Shack		(b) Payee address; City, State, Zip Code 1950 Spring Rd. Oak Brook, IL 60523
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff lunch
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$19.14	(b) Date of Charge 08/09/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Target		(b) Payee address; City, State, Zip Code 60 Yorktown Shopping Center Lombard, IL 60148
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$70.95	(b) Date of Charge 08/15/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 2400 S Congress Ave Austin, TX 78704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 18/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$19.99	(b) Date of Charge 08/18/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Capcut		(b) Payee address; City, State, Zip Code 961 E 61st St Los Angeles, CA 90001
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Video editing application
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$114.60	(b) Date of Charge 08/22/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name Local Foods		(b) Payee address; City, State, Zip Code 454 W 2nd St Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff lunch
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$52.99	(b) Date of Charge 08/25/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 2400 S Congress Ave Austin, TX 78704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 19/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$52.37	(b) Date of Charge 08/26/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
7 PAYEE	(a) Payee name Office Depot		(b) Payee address; City, State, Zip Code 907 W 5th St #101 Austin, TX 78703
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$424.27	(b) Date of Charge 08/29/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name Mailchimp		(b) Payee address; City, State, Zip Code 405 North Angier Avenue North East Atlanta, GA 30308
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Email platform
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$2,088.70	(b) Date of Charge 08/31/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name Scale to Win		(b) Payee address; City, State, Zip Code 455 Market St Ste 1940 San Francisco, CA 94105
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Fundraising texts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 20/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$24.45	(b) Date of Charge 08/31/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
7 PAYEE	(a) Payee name Meta		(b) Payee address; City, State, Zip Code 1 Meta Way Menlo Park, CA 94025
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Social media ads
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$40.89	(b) Date of Charge 09/08/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 2400 S Congress Ave Austin, TX 78704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$54.11	(b) Date of Charge 09/11/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name Michael's		(b) Payee address; City, State, Zip Code 1201 Barbara Jordan Blvd #200 Austin, TX 78723
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Framing supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 21/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$19.99	(b) Date of Charge 09/18/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
7 PAYEE	(a) Payee name Capcut		(b) Payee address; City, State, Zip Code 961 E 61st St Los Angeles, CA 90001
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Video editing application
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$32.41	(b) Date of Charge 09/22/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name Holland Photo Imaging		(b) Payee address; City, State, Zip Code 2125 Goodrich Ave Suite A Austin, TX 78704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Photo prints
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$424.27	(b) Date of Charge 09/29/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name Mailchimp		(b) Payee address; City, State, Zip Code 405 North Angier Avenue North East Atlanta, GA 30308
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Email platform
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 22/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 10/08/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
7 PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 2118 Fredericksburg Road San Antonio, TX 78201
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Gift card for community event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$97.50	(b) Date of Charge 10/08/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name Crystal's Cafe		(b) Payee address; City, State, Zip Code 2420 N Zarzamora St San Antonio, TX 78201
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food for community event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$32.44	(b) Date of Charge 10/08/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name Michael's		(b) Payee address; City, State, Zip Code 1201 Barbara Jordan Blvd #200 Austin, TX 78723
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 23/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$366.48	(b) Date of Charge 08/03/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; City, State, Zip Code 2702 Love Field Drive Dallas, TX 75235
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Staff travel out of district
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$32.42	(b) Date of Charge 10/21/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Holland Photo Imaging		(b) Payee address; City, State, Zip Code 2125 Goodrich Ave Suite A Austin, TX 78704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Photo prints
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$70.34	(b) Date of Charge 10/28/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Avenue North Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Framing supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 24/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$437.06	(b) Date of Charge 10/29/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
7 PAYEE	(a) Payee name Mailchimp		(b) Payee address; City, State, Zip Code 405 North Angier Avenue North East Atlanta, GA 30308
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Email platform
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$207.31	(b) Date of Charge 11/05/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Avenue North Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Framing supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$19.99	(b) Date of Charge 11/18/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Capcut		(b) Payee address; City, State, Zip Code 961 E 61st St Los Angeles, CA 90001
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Video editing application
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 25/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$25.96	(b) Date of Charge 11/18/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
7 PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Avenue North Seattle, WA 98109
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Framing supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$71.96	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Holland Photo Imaging		(b) Payee address; City, State, Zip Code 2125 Goodrich Ave Suite A Austin, TX 78704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Photo prints
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$143.41	(b) Date of Charge 09/29/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name Texas General Land Office		(b) Payee address; City, State, Zip Code 1700 N. Congress Ave Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Map prints for office
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 26/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$366.48	(b) Date of Charge 08/03/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; City, State, Zip Code 2702 Love Field Drive Dallas, TX 75235
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Staff travel out of district
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$961.89	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Casa Hernán		(b) Payee address; City, State, Zip Code 411 E. Cevallos St San Antonio, TX 78204
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Food for town hall event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$197.60	(b) Date of Charge 08/04/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Routes Car Rental		(b) Payee address; City, State, Zip Code 3901 Mannheim Road Schiller Park, IL 60176
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Car rental
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 27/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$356.48	(b) Date of Charge 08/09/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name United Airlines		(b) Payee address; City, State, Zip Code 233 S. Wacker Drive Chicago, IL 60606
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Staff travel to Austin from out of state
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$9.98	(b) Date of Charge 08/08/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Travelguard		(b) Payee address; City, State, Zip Code 3300 Business Park Dr Stephens Point, WI 54482
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel insurance
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$12.00	(b) Date of Charge 08/03/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Allianz Insurance		(b) Payee address; City, State, Zip Code 9950 Mayland Drive Richmond, VA 23233
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel insurance
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 28/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$73.64	(b) Date of Charge 09/29/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
7 PAYEE	(a) Payee name Spectrum		(b) Payee address; City, State, Zip Code 400 Washington Boulevard Stamford, CT 06902
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Internet service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$300.00	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Bexar County Young Democrats		(b) Payee address; City, State, Zip Code PO Box 830651 San Antonio, TX 78283
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Event sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$21.63	(b) Date of Charge 11/06/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Holland Photo Imaging		(b) Payee address; City, State, Zip Code 2125 Goodrich Ave Ste A Austin, TX 78704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Photo prints
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 29/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$26.61	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
7 PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 2400 S Congress Ave Austin, TX 78704
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$63.85	(b) Date of Charge 11/15/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Avenue North Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Framing supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$21.57	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Texas Secretary of State		(b) Payee address; City, State, Zip Code 1019 Brazos St Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Notary commission filing fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 30/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$286.32	(b) Date of Charge 12/02/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Prestige Printing		(b) Payee address; City, State, Zip Code 8 Burwood Ln San Antonio, TX 78216
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printing campaign letterhead
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$12.96	(b) Date of Charge 12/04/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Crystal's Cafe		(b) Payee address; City, State, Zip Code 2420 N Zarzamora St San Antonio, TX 78201
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff lunch
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$44.68	(b) Date of Charge 10/21/2025	(c) Date(s) Credit Card Issuer Paid 12/12/2025
PAYEE	(a) Payee name Rosario's ComidaMex & Bar		(b) Payee address; City, State, Zip Code 722 South St Mary's St San Antonio, TX 78205
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff lunch
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 31/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$142.99	(b) Date of Charge 10/22/2025	(c) Date(s) Credit Card Issuer Paid 12/12/2025
7 PAYEE	(a) Payee name J. Alexander's		(b) Payee address; City, State, Zip Code 255 E. Basse Road, #1300 San Antonio, TX 78209
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff lunch
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$122.96	(b) Date of Charge 09/30/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name Texas General Land Office		(b) Payee address; City, State, Zip Code 1700 N. Congress Ave Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Map prints for office
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$100.20	(b) Date of Charge 10/22/2025	(c) Date(s) Credit Card Issuer Paid 12/12/2025
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 2652 Lake Austin Blvd Austin, TX 78703
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 32/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 10/22/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
7 PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Avenue South Seattle, WA 98134
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with community representatives
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Avenue South Seattle, WA 98134
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with community representatives
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 10/25/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Avenue South Seattle, WA 98134
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with community representatives
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 33/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$99.32	(b) Date of Charge 10/26/2025	(c) Date(s) Credit Card Issuer Paid 12/12/2025
7 PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 2652 Lake Austin Blvd Austin, TX 78703
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$162.07	(b) Date of Charge 10/28/2025	(c) Date(s) Credit Card Issuer Paid 12/12/2025
PAYEE	(a) Payee name J. Alexander's		(b) Payee address; City, State, Zip Code 255 E Basse Rd Suite 1300 San Antonio, TX 78209
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with community representatives
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$73.64	(b) Date of Charge 10/29/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Spectrum		(b) Payee address; City, State, Zip Code 400 Washington Boulevard Stamford, CT 06902
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Internet service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 34/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$73.64	(b) Date of Charge 11/29/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Spectrum		(b) Payee address; City, State, Zip Code 400 Washington Boulevard Stamford, CT 06902
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Internet service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$73.64	(b) Date of Charge 12/29/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Spectrum		(b) Payee address; City, State, Zip Code 400 Washington Boulevard Stamford, CT 06902
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Internet service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 11/01/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Avenue South Seattle, WA 98134
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with community representatives
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 35/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 11/02/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
7 PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Avenue South Seattle, WA 98134
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with community representatives
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$55.94	(b) Date of Charge 11/04/2025	(c) Date(s) Credit Card Issuer Paid 12/12/2025
PAYEE	(a) Payee name Pollos Asados Don Jose		(b) Payee address; City, State, Zip Code 6038 Old Pearsall Rd San Antonio, TX 78242
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food for social media video
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 11/04/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Avenue South Seattle, WA 98134
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with community representatives
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 36/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 11/06/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
7 PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Avenue South Seattle, WA 98134
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with community representatives
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 11/08/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Avenue South Seattle, WA 98134
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with community representatives
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$181.55	(b) Date of Charge 11/09/2025	(c) Date(s) Credit Card Issuer Paid 12/12/2025
PAYEE	(a) Payee name J. Alexander's		(b) Payee address; City, State, Zip Code 255 E Basse Rd Suite 1300 San Antonio, TX 78209
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with community representative
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 37/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 11/09/2025	(c) Date(s) Credit Card Issuer Paid 12/12/2025
7 PAYEE	(a) Payee name Westin San Antonio North		(b) Payee address; City, State, Zip Code 9821 Colonnade Blvd San Antonio, TX 78230
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with community representative
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$82.20	(b) Date of Charge 11/11/2025	(c) Date(s) Credit Card Issuer Paid 12/12/2025
PAYEE	(a) Payee name J. Alexander's		(b) Payee address; City, State, Zip Code 255 E Basse Rd Suite 1300 San Antonio, TX 78209
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with community representative
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$10.71	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid 12/12/2025
PAYEE	(a) Payee name Medici Roasting		(b) Payee address; City, State, Zip Code 1101 W Lynn St Austin, TX 78703
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with vendor
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 38/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
7 PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Avenue South Seattle, WA 98134
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with community representatives
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Avenue South Seattle, WA 98134
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with community representatives
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$10.08	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid 12/12/2025
PAYEE	(a) Payee name Grubhub		(b) Payee address; City, State, Zip Code 111 W. Washington St Chicago, IL 60602
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff lunch
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 39/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$66.36	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid 12/12/2025
7 PAYEE	(a) Payee name La Fonda on Main		(b) Payee address; City, State, Zip Code 2415 N Main Ave San Antonio, TX 78212
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with community representative
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$58.95	(b) Date of Charge 11/15/2025	(c) Date(s) Credit Card Issuer Paid 12/12/2025
PAYEE	(a) Payee name UberEats		(b) Payee address; City, State, Zip Code 1455 Market St #400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with colleague
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$38.13	(b) Date of Charge 08/16/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 182 Howard Street, Ste. 8 San Francisco, CA 94105
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Ground transportation out of district
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 40/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$182.93	(b) Date of Charge 08/01/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description G Suite Monthly fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$45.00	(b) Date of Charge 09/01/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name Authorize.Net		(b) Payee address; City, State, Zip Code P.O. Box 8999 San Francisco, CA 94128-8999
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Online Fundraising License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$45.00	(b) Date of Charge 11/01/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Authorize.Net		(b) Payee address; City, State, Zip Code P.O. Box 8999 San Francisco, CA 94128-8999
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Online Fundraising License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 41/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$8.64	(b) Date of Charge 10/02/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
7 PAYEE	(a) Payee name Twitter		(b) Payee address; City, State, Zip Code 1355 Market Square San Francisco, CA 94103
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Monthly License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$182.93	(b) Date of Charge 07/01/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description G Suite Monthly fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$182.93	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description G Suite Monthly fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 42/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$45.00	(b) Date of Charge 07/01/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
7 PAYEE	(a) Payee name Authorize.Net		(b) Payee address; City, State, Zip Code P.O. Box 8999 San Francisco, CA 94128-8999
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Online Fundraising License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$8.64	(b) Date of Charge 07/02/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Twitter		(b) Payee address; City, State, Zip Code 1355 Market Square San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Monthly License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$182.93	(b) Date of Charge 09/01/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description G Suite Monthly fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 43/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$182.93	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
7 PAYEE	(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description G Suite Monthly fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$182.93	(b) Date of Charge 11/01/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Google		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description G Suite Monthly fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$45.00	(b) Date of Charge 08/01/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Authorize.Net		(b) Payee address; City, State, Zip Code P.O. Box 8999 San Francisco, CA 94128-8999
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Online Fundraising License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 44/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$72.15	(b) Date of Charge 07/02/2025	(c) Date(s) Credit Card Issuer Paid 07/15/2025
7 PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Avenue North Seattle, WA 98109
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Event supplies for Town Hall
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$422.58	(b) Date of Charge 07/07/2025	(c) Date(s) Credit Card Issuer Paid 07/15/2025
PAYEE	(a) Payee name JW Marriott		(b) Payee address; City, State, Zip Code 110 E. 2nd St Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Lodging Expense for meetings in Austin
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 08/21/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name Apollo Artistry		(b) Payee address; City, State, Zip Code 1165 N. Clark St., # 700 Chicago, IL 60610
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website Hosting Monthly Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 45/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 09/21/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
7 PAYEE	(a) Payee name Apollo Artistry		(b) Payee address; City, State, Zip Code 1165 N. Clark St., # 700 Chicago, IL 60610
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website Hosting Monthly Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$45.00	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name Authorize.Net		(b) Payee address; City, State, Zip Code P.O. Box 8999 San Francisco, CA 94128-8999
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Online Fundraising License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 10/21/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Apollo Artistry		(b) Payee address; City, State, Zip Code 1165 N. Clark St., # 700 Chicago, IL 60610
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website Hosting Monthly Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 46/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Bexar County Democratic Party		(b) Payee address; City, State, Zip Code PO Box 12534 San Antonio, TX 78212
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$45.00	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Authorize.Net		(b) Payee address; City, State, Zip Code P.O. Box 8999 San Francisco, CA 94128-8999
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Online Fundraising License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$15.60	(b) Date of Charge 07/01/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Lyft		(b) Payee address; City, State, Zip Code 185 Berry Street, Suite 5000 San Francisco, CA 94107
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Rideshare to a Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 47/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$8.64	(b) Date of Charge 11/02/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
7 PAYEE	(a) Payee name Twitter		(b) Payee address; City, State, Zip Code 1355 Market Square San Francisco, CA 94103
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Monthly License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$8.64	(b) Date of Charge 08/02/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Twitter		(b) Payee address; City, State, Zip Code 1355 Market Square San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Monthly License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$8.64	(b) Date of Charge 09/02/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name Twitter		(b) Payee address; City, State, Zip Code 1355 Market Square San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Monthly License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 48/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$8.64	(b) Date of Charge 12/02/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Twitter		(b) Payee address; City, State, Zip Code 1355 Market Square San Francisco, CA 94103
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Monthly License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$303.11	(b) Date of Charge 07/12/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name La Fonda on Main		(b) Payee address; City, State, Zip Code 2415 N Main Ave San Antonio, TX 78212
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff lunch Town Hall
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$109.81	(b) Date of Charge 07/01/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 S IH35 Austin , TX 78747
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Water Service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 49/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$304.92	(b) Date of Charge 07/03/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
7 PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 2118 Fredericksburg RD San Antonio, TX 78201
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Snacks, Drinks and Cleaning Supplies for Capitol, District and Campaign Offices
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$231.64	(b) Date of Charge 07/08/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Avenue North Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign Office Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$1,028.38	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name CCR Studios		(b) Payee address; City, State, Zip Code 9501 Argyle Dr Austin, TX 78749
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Videography for Town Hall
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 50/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$41.12	(b) Date of Charge 12/16/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Adobe Systems, Inc		(b) Payee address; City, State, Zip Code 345 Park Ave. San Jose, CA 95110-2704
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Monthly License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 07/21/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Apollo Artistry		(b) Payee address; City, State, Zip Code 1165 N. Clark St., # 700 Chicago, IL 60610
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website Hosting Monthly Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$12.77	(b) Date of Charge 07/13/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name DropBox		(b) Payee address; City, State, Zip Code 333 Brannan St. San Francisco, CA 94107
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Cloud Service Monthly Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 51/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$12.78	(b) Date of Charge 08/13/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name DropBox		(b) Payee address; City, State, Zip Code 333 Brannan St. San Francisco, CA 94107
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Cloud Service Monthly Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$12.78	(b) Date of Charge 09/09/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name DropBox		(b) Payee address; City, State, Zip Code 333 Brannan St. San Francisco, CA 94107
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Cloud Service Monthly Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$12.78	(b) Date of Charge 10/13/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name DropBox		(b) Payee address; City, State, Zip Code 333 Brannan St. San Francisco, CA 94107
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Cloud Service Monthly Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 52/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$12.78	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
7 PAYEE	(a) Payee name DropBox		(b) Payee address; City, State, Zip Code 333 Brannan St. San Francisco, CA 94107
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Cloud Service Monthly Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$12.78	(b) Date of Charge 12/13/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name DropBox		(b) Payee address; City, State, Zip Code 333 Brannan St. San Francisco, CA 94107
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Cloud Service Monthly Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$38.97	(b) Date of Charge 07/21/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Wix.com		(b) Payee address; City, State, Zip Code P.O. Box 40190 San Francisco, CA 94140
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website Hosting Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 53/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$41.12	(b) Date of Charge 08/16/2025	(c) Date(s) Credit Card Issuer Paid 09/16/2025
7 PAYEE	(a) Payee name Adobe Systems, Inc		(b) Payee address; City, State, Zip Code 345 Park Ave. San Jose, CA 95110-2704
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Monthly License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$41.12	(b) Date of Charge 07/16/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Adobe Systems, Inc		(b) Payee address; City, State, Zip Code 345 Park Ave. San Jose, CA 95110-2704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Monthly License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$41.12	(b) Date of Charge 09/16/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name Adobe Systems, Inc		(b) Payee address; City, State, Zip Code 345 Park Ave. San Jose, CA 95110-2704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Monthly License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 54/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$41.12	(b) Date of Charge 10/16/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
7 PAYEE	(a) Payee name Adobe Systems, Inc		(b) Payee address; City, State, Zip Code 345 Park Ave. San Jose, CA 95110-2704
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Monthly License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Apollo Artistry		(b) Payee address; City, State, Zip Code 1165 N. Clark St., # 700 Chicago, IL 60610
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website Hosting Monthly Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 12/21/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Apollo Artistry		(b) Payee address; City, State, Zip Code 1165 N. Clark St., # 700 Chicago, IL 60610
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website Hosting Monthly Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 55/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$41.12	(b) Date of Charge 11/16/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
7 PAYEE	(a) Payee name Adobe Systems, Inc		(b) Payee address; City, State, Zip Code 345 Park Ave. San Jose, CA 95110-2704
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Monthly License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$25.98	(b) Date of Charge 07/26/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Wix.com		(b) Payee address; City, State, Zip Code P.O. Box 40190 San Francisco, CA 94140
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website Hosting Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$25.98	(b) Date of Charge 09/26/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name Wix.com		(b) Payee address; City, State, Zip Code P.O. Box 40190 San Francisco, CA 94140
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website Hosting Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 56/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$25.98	(b) Date of Charge 11/26/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Wix.com		(b) Payee address; City, State, Zip Code P.O. Box 40190 San Francisco, CA 94140
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website Hosting Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$62.40	(b) Date of Charge 07/27/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name United States Postal Service		(b) Payee address; City, State, Zip Code 1064 Vance Jackson San Antonio, TX 78201
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Postage purchase
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$18.13	(b) Date of Charge 07/29/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Zoom		(b) Payee address; City, State, Zip Code 55 Almaden Boulevard San Jose, CA 95113
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Monthly License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 57/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$18.13	(b) Date of Charge 08/29/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
7 PAYEE	(a) Payee name Zoom		(b) Payee address; City, State, Zip Code 55 Almaden Boulevard San Jose, CA 95113
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Monthly License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$18.13	(b) Date of Charge 10/29/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Zoom		(b) Payee address; City, State, Zip Code 55 Almaden Boulevard San Jose, CA 95113
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Monthly License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$18.13	(b) Date of Charge 11/29/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Zoom		(b) Payee address; City, State, Zip Code 55 Almaden Boulevard San Jose, CA 95113
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Monthly License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 58/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$18.13	(b) Date of Charge 12/29/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Zoom		(b) Payee address; City, State, Zip Code 55 Almaden Boulevard San Jose, CA 95113
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Monthly License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$864.98	(b) Date of Charge 08/17/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Fairmont Hotel		(b) Payee address; City, State, Zip Code 200 North Columbus Drive Chicago, IL 60601
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Lodging during Quorum Break
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$92.98	(b) Date of Charge 08/18/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Lyft		(b) Payee address; City, State, Zip Code 185 Berry Street, Suite 5000 San Francisco, CA 94107
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Ride Share to Airport
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 59/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$25.98	(b) Date of Charge 08/26/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
7 PAYEE	(a) Payee name Wix.com		(b) Payee address; City, State, Zip Code P.O. Box 40190 San Francisco, CA 94140
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website Hosting Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$25.98	(b) Date of Charge 12/26/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Wix.com		(b) Payee address; City, State, Zip Code P.O. Box 40190 San Francisco, CA 94140
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website Hosting Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$38.97	(b) Date of Charge 10/21/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name Wix.com		(b) Payee address; City, State, Zip Code P.O. Box 40190 San Francisco, CA 94140
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website Hosting Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 60/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$38.97	(b) Date of Charge 12/21/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Wix.com		(b) Payee address; City, State, Zip Code P.O. Box 40190 San Francisco, CA 94140
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website Hosting Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$25.98	(b) Date of Charge 10/26/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Wix.com		(b) Payee address; City, State, Zip Code P.O. Box 40190 San Francisco, CA 94140
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website Hosting Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$18.13	(b) Date of Charge 09/29/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name Zoom		(b) Payee address; City, State, Zip Code 55 Almaden Boulevard San Jose, CA 95113
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Monthly License Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 61/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$92.29	(b) Date of Charge 08/05/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Lyft		(b) Payee address; City, State, Zip Code 185 Berry Street, Suite 5000 San Francisco, CA 94107
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Ride Share to political meetings
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$377.14	(b) Date of Charge 08/14/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name American Airlines		(b) Payee address; City, State, Zip Code 1 Skyview Drive Fort Worth, TX 76155
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Staff travel to Austin from out of state
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$845.43	(b) Date of Charge 07/31/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Post Oak Hotel		(b) Payee address; City, State, Zip Code 1600 W Loop South Houston, TX 77027
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Lodging for political and donor meetings
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 62/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$32.49	(b) Date of Charge 08/01/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Lyft		(b) Payee address; City, State, Zip Code 185 Berry Street, Suite 5000 San Francisco, CA 94107
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Ride share to a meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$1,715.17	(b) Date of Charge 08/10/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name DoubleTree		(b) Payee address; City, State, Zip Code 800 National Parkway Schaumburg, IL 60173
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Lodging for Quorum Break
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$338.88	(b) Date of Charge 08/16/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Maple and Ash		(b) Payee address; City, State, Zip Code 8 West Maple St Chicago, IL 60610
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Dinner with colleagues
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 63/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$25.53	(b) Date of Charge 08/01/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 S IH35 Austin, TX 78747
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Water Service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$645.44	(b) Date of Charge 07/24/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name JW Marriott		(b) Payee address; City, State, Zip Code 110 E. 2nd St Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Lodging for Meetings in Austin
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$142.95	(b) Date of Charge 07/22/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Hertz		(b) Payee address; City, State, Zip Code 9559 Airport Blvd San Antonio, TX 78216
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Rental Car for Travel to Political Meetings
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 64/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$935.65	(b) Date of Charge 07/29/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Avenue North Seattle, WA 98109
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Bed		(b) Description Bed and Bed Frame for Austin Rental
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$953.32	(b) Date of Charge 08/02/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name W Hotel		(b) Payee address; City, State, Zip Code 200 Lavaca Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Lodging for political meetings in Austin
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$204.17	(b) Date of Charge 08/03/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Lyft		(b) Payee address; City, State, Zip Code 185 Berry Street, Suite 5000 San Francisco, CA 94107
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Ride Share for travel from San Antonio to Austin for political meetings
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 65/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$587.27	(b) Date of Charge 08/08/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Hertz		(b) Payee address; City, State, Zip Code 10255 W Zemke Blvd Chicago, IL 60666
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Rental Car for staff transportation
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$25.29	(b) Date of Charge 08/12/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Lyft		(b) Payee address; City, State, Zip Code 185 Berry Street, Suite 5000 San Francisco, CA 94107
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Ride Share for a meeting
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$727.47	(b) Date of Charge 08/17/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name American Airlines		(b) Payee address; City, State, Zip Code 1 Skyview Drive Fort Worth, TX 76155
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Return Travel to Austin
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 66/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$38.97	(b) Date of Charge 08/21/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Wix.com		(b) Payee address; City, State, Zip Code P.O. Box 40190 San Francisco, CA 94140
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website Hosting Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$38.97	(b) Date of Charge 09/21/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name Wix.com		(b) Payee address; City, State, Zip Code P.O. Box 40190 San Francisco, CA 94140
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website Hosting Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$38.97	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Wix.com		(b) Payee address; City, State, Zip Code P.O. Box 40190 San Francisco, CA 94140
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Website Hosting Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 67/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$70.59	(b) Date of Charge 08/16/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Lyft		(b) Payee address; City, State, Zip Code 185 Berry Street, Suite 5000 San Francisco, CA 94107
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Ride Share to a Meeting
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$48.37	(b) Date of Charge 08/21/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Avenue North Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Printer ink
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$505.53	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Prestige Printing		(b) Payee address; City, State, Zip Code 8 Burwood Lane San Antonio, TX 78216
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printing business cards and event materials
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 68/94 Rpt:		2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$111.50	(b) Date of Charge 08/29/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025	
7 PAYEE		(a) Payee name Prestige Printing		(b) Payee address; City, State, Zip Code 8 Burwood Lane San Antonio, TX 78216	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printing member note cards	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$188.00	(b) Date of Charge 08/11/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025	
PAYEE		(a) Payee name Minuteman Press		(b) Payee address; City, State, Zip Code 61 Executive Boulevard Farmingdale, NY 11735	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printing postcards	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$615.94	(b) Date of Charge 09/23/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025	
PAYEE		(a) Payee name Prestige Printing		(b) Payee address; City, State, Zip Code 8 Burwood Ln San Antonio, TX 78216	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printing letterhead and envelopes	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 69/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$99.67	(b) Date of Charge 09/24/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
7 PAYEE	(a) Payee name Rosario's ComidaMex & Bar		(b) Payee address; City, State, Zip Code 722 South St Mary's St San Antonio, TX 78205
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Lunch with donor
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$151.55	(b) Date of Charge 10/07/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name Prestige Printing		(b) Payee address; City, State, Zip Code 8 Burwood Ln San Antonio, TX 78216
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printing stickers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$58.26	(b) Date of Charge 08/25/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Avenue North Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description video recording equipment
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 70/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$299.42	(b) Date of Charge 09/05/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
7 PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 2118 Fredericksburg Rd San Antonio, TX 78201
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Snacks, beverages and cleaning supplies for Capitol, District and Campaign Offices
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$250.71	(b) Date of Charge 09/22/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name Adam Hollier for Congress		(b) Payee address; City, State, Zip Code P.O. Box 2624 Detroit, MI 48202
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Campaign contribution
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$18.95	(b) Date of Charge 08/29/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name Lyft		(b) Payee address; City, State, Zip Code 185 Berry Street, Suite 5000 San Francisco, CA 94107
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Ride share to a meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 71/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$89.97	(b) Date of Charge 09/05/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
7 PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Avenue North Seattle, WA 98109
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description video equipment purchase
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$30.81	(b) Date of Charge 10/14/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Avenue North Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description video production equipment
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$10.83	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 S IH35 Austin , TX 78747
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Water Service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 72/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$23.81	(b) Date of Charge 09/02/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
7 PAYEE	(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 S IH35 Austin, TX 78747
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Capitol Water Service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$56.95	(b) Date of Charge 10/18/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name Wilco Omega Scholarship		(b) Payee address; City, State, Zip Code 1320 Arrow Point Cedar Park, TX 78613
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$434.26	(b) Date of Charge 08/17/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name City of Austin Utilities		(b) Payee address; City, State, Zip Code PO Box 2267 Austin, TX 78783
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Utility Payment for Austin Rental
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 73/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$568.53	(b) Date of Charge 09/17/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
7 PAYEE	(a) Payee name City of Austin Utilities		(b) Payee address; City, State, Zip Code PO Box 2267 Austin, TX 78783
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Utility Payment for Austin Rental
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 10/08/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 2118 Fredericksburg Rd San Antonio, TX 78201
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Gift Card for Fenwick ES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$97.50	(b) Date of Charge 10/08/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name Crystal's Cafe		(b) Payee address; City, State, Zip Code 2420 N Zarzamora St San Antonio, TX 78201
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Breakfast for Fenwick ES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 74/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$300.00	(b) Date of Charge 11/01/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
7 PAYEE	(a) Payee name University of Texas		(b) Payee address; City, State, Zip Code 110 Inner Campus Dr Austin, TX 78712
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Tickets for game with Colleagues
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$200.00	(b) Date of Charge 11/08/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Coalition of Black Trade Unionists		(b) Payee address; City, State, Zip Code 1106 Lavaca Ste 200 Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$316.07	(b) Date of Charge 12/10/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 2118 Fredericksburg Rd San Antonio, TX 78201
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Gift Cards and Event Supplies for Engagement events
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 75/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$129.44	(b) Date of Charge 12/18/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Domino's Pizza		(b) Payee address; City, State, Zip Code 129 Bandera Rd San Antonio, TX 78201
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Pizza Party for Fenwick ES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$297.84	(b) Date of Charge 12/19/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Central Market		(b) Payee address; City, State, Zip Code 4821 Broadway San Antonio, TX 78209
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Gifts for Colleagues and Supporters
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$403.50	(b) Date of Charge 11/08/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Post Oak Hotel		(b) Payee address; City, State, Zip Code 1600 W Loop South Houston, TX 77027
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Lodging for Political and Donor Meetings
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 76/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$365.38	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
7 PAYEE	(a) Payee name City of Austin Utilities		(b) Payee address; City, State, Zip Code PO Box 2267 Austin, TX 78783
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Utilities for Austin Rental
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$55.78	(b) Date of Charge 11/14/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name GoDaddy.com		(b) Payee address; City, State, Zip Code 14455 W. Hayden Rd., Ste. 219 Scottsdale, AZ 85260
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Domain Renewals
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$68.26	(b) Date of Charge 11/20/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name De Nada Cantina		(b) Payee address; City, State, Zip Code 4715 East Cesar Chavez Austin, TX 78702
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with Campaign Staff
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 77/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$35.33	(b) Date of Charge 11/03/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
7 PAYEE	(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 S IH35 Austin, TX 78747
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Water Service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$24.82	(b) Date of Charge 12/15/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Hill Country Springs		(b) Payee address; City, State, Zip Code 10019 S IH35 Austin, TX 78747
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Capitol Water Service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$5,000.00	(b) Date of Charge 12/15/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Partnership for Children		(b) Payee address; City, State, Zip Code 14000 Summit Drive Austin, TX 78728
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Donation for Toy Drive
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 78/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$218.61	(b) Date of Charge 12/11/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Bliss		(b) Payee address; City, State, Zip Code 926 S. Presa San Antonio, TX 78210
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Dinner with Donor
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$52.28	(b) Date of Charge 12/17/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name HEB Gas		(b) Payee address; City, State, Zip Code 2118 Fredericksburg Rd San Antonio, TX 78201
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel for staff vehicle
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$81.89	(b) Date of Charge 07/14/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Halcyon		(b) Payee address; City, State, Zip Code 1414 South Alamo San Antonio, TX 78210
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 79/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$300.06	(b) Date of Charge 12/11/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Mongers		(b) Payee address; City, State, Zip Code 4119 Guadalupe Street Austin, TX 78751
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description lunch with donors and colleagues
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$131.60	(b) Date of Charge 09/18/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name Crystal's Cafe		(b) Payee address; City, State, Zip Code 2420 N Zarzamora St San Antonio, TX 78201
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff luncheon
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$213.20	(b) Date of Charge 10/08/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name Ruth's Chris		(b) Payee address; City, State, Zip Code 107 W. 6th Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Donor Dinner
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 80/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$776.02	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Casa Hernán		(b) Payee address; City, State, Zip Code 411 E. Cevallos St San Antonio, TX 78204
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Fundraising Event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$319.64	(b) Date of Charge 08/09/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Shake Shack		(b) Payee address; City, State, Zip Code 1950 Spring Rd. Oak Brook, IL 60523
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Lunch for colleagues and staff
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$220.94	(b) Date of Charge 08/10/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name A Plus Italian		(b) Payee address; City, State, Zip Code 6690 Northwest Hwy Chicago, IL 60631
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Dinner with Staff and Colleagues
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 81/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$292.89	(b) Date of Charge 08/14/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Maple and Ash		(b) Payee address; City, State, Zip Code 8 West Maple St Chicago, IL 60610
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Dinner with Staff and Colleagues
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$180.00	(b) Date of Charge 08/17/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Maple and Ash		(b) Payee address; City, State, Zip Code 8 West Maple St Chicago, IL 60610
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Lunch with Staff and Colleagues
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$445.37	(b) Date of Charge 09/16/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name Walmart		(b) Payee address; City, State, Zip Code 702 South West 8th St Bentonville, AR 72716
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Furnishings, Cleaning Supplies and Linens for Austin Rental
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 82/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$107.72	(b) Date of Charge 09/24/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
7 PAYEE	(a) Payee name Josephine House		(b) Payee address; City, State, Zip Code 1601 Waterson Ave Austin, TX 78703
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Fundraising lunch
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$144.88	(b) Date of Charge 10/21/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Rosario's ComidaMex & Bar		(b) Payee address; City, State, Zip Code 722 South St Mary's St San Antonio, TX 78205
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description staff lunch
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$142.99	(b) Date of Charge 10/22/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name J. Alexander's		(b) Payee address; City, State, Zip Code 255 E Basse Rd Suite 1300 San Antonio, TX 78209
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff Lunch
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 83/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$310.72	(b) Date of Charge 08/09/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Beatrix		(b) Payee address; City, State, Zip Code 272 Oakbrook Center Oak Brook, IL 60523
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff Dinner
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$61.55	(b) Date of Charge 09/10/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name Quince		(b) Payee address; City, State, Zip Code 3825 Lake Austin Blvd Austin, TX 78703
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description staff lunch
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$42.70	(b) Date of Charge 09/10/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name Mozarts Coffee		(b) Payee address; City, State, Zip Code 3825 Lake Austin Blvd Austin, TX 78703
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff Coffee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 84/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$181.55	(b) Date of Charge 11/09/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
7 PAYEE	(a) Payee name J. Alexander's		(b) Payee address; City, State, Zip Code 255 E Basse Rd Suite 1300 San Antonio, TX 78209
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Lunch with Campaign Staff
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$40.35	(b) Date of Charge 12/19/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Los Cocos Taqueria		(b) Payee address; City, State, Zip Code 1502 Bandera Rd. San Antonio, TX 78228
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description meeting with colleague
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$291.93	(b) Date of Charge 09/04/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name Sixty Vines		(b) Payee address; City, State, Zip Code 3401 Esperanza Crossing Austin, TX 78758
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Dinner with colleague
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 85/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$219.85	(b) Date of Charge 12/04/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Crystal's Cafe		(b) Payee address; City, State, Zip Code 2420 N Zarzamora St San Antonio, TX 78201
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff and Supporter lunch candidate filing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$162.07	(b) Date of Charge 10/28/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name J. Alexander's		(b) Payee address; City, State, Zip Code 255 E Basse Rd Suite 1300 San Antonio, TX 78209
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Lunch with Constituents
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$155.26	(b) Date of Charge 11/04/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Pollos Asados Don Jose		(b) Payee address; City, State, Zip Code 5525 Blanco Road San Antonio, TX 78216
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Staff Lunch for video production
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 86/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$94.28	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
7 PAYEE	(a) Payee name La Fonda on Main		(b) Payee address; City, State, Zip Code 2415 N Main Ave San Antonio, TX 78212
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Political Meeting with Colleagues
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$112.20	(b) Date of Charge 11/11/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name J. Alexander's		(b) Payee address; City, State, Zip Code 255 E Basse Rd Suite 1300 San Antonio, TX 78209
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Political meeting with Colleagues
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$257.41	(b) Date of Charge 11/20/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Sway		(b) Payee address; City, State, Zip Code 3437 Bee Cave Austin, TX 78746
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Fundraising Dinner
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 87/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$63.87	(b) Date of Charge 08/24/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
7 PAYEE	(a) Payee name UberEats		(b) Payee address; City, State, Zip Code 1455 Market St #400 San Francisco, CA 94103
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Working campaign lunch
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$59.08	(b) Date of Charge 07/15/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name UberEats		(b) Payee address; City, State, Zip Code 1455 Market St #400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff lunch
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$50.12	(b) Date of Charge 07/02/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Avenue South Seattle, WA 98134
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign staff lunch
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 88/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$24.68	(b) Date of Charge 07/09/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
7 PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Avenue South Seattle, WA 98134
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with colleague
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$27.31	(b) Date of Charge 07/10/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Avenue South Seattle, WA 98134
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with colleague
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$28.04	(b) Date of Charge 07/28/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Avenue South Seattle, WA 98134
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with donor
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 89/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$29.26	(b) Date of Charge 08/05/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
7 PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Avenue South Seattle, WA 98134
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with donor
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$30.58	(b) Date of Charge 08/16/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Avenue South Seattle, WA 98134
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with colleague
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$27.01	(b) Date of Charge 08/23/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Avenue South Seattle, WA 98134
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with colleague
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 90/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$24.14	(b) Date of Charge 09/27/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
7 PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Avenue South Seattle, WA 98134
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with colleague
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$30.94	(b) Date of Charge 10/11/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, Zip Code 2401 Utah Avenue South Seattle, WA 98134
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with donor
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$14.00	(b) Date of Charge 08/22/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name AML on 2nd St		(b) Payee address; City, State, Zip Code 421 W 3rd St Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Parking fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 91/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$367.95	(b) Date of Charge 11/07/2025	(c) Date(s) Credit Card Issuer Paid 12/12/2025
7 PAYEE	(a) Payee name Mastros Steakhouse Houston		(b) Payee address; City, State, Zip Code 1650 W Loop S Houston, TX 77027
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting with donor
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$83.00	(b) Date of Charge 08/15/2025	(c) Date(s) Credit Card Issuer Paid 09/15/2025
PAYEE	(a) Payee name Shift 4 Integrated		(b) Payee address; City, State, Zip Code 2202 N. Irving St. Allentown, PA 18001
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description digital fundraising license fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$83.00	(b) Date of Charge 09/15/2025	(c) Date(s) Credit Card Issuer Paid 10/15/2025
PAYEE	(a) Payee name Shift 4 Integrated		(b) Payee address; City, State, Zip Code 2202 N. Irving St. Allentown, PA 18001
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description digital fundraising license fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 92/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$83.00	(b) Date of Charge 12/15/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Shift 4 Integrated		(b) Payee address; City, State, Zip Code 2202 N. Irving St. Allentown, PA 18001
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description digital fundraising license fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$83.00	(b) Date of Charge 11/15/2025	(c) Date(s) Credit Card Issuer Paid 12/15/2025
PAYEE	(a) Payee name Shift 4 Integrated		(b) Payee address; City, State, Zip Code 2202 N. Irving St. Allentown, PA 18001
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description digital fundraising license fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 12/02/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name National Urban Fellows		(b) Payee address; City, State, Zip Code 1120 6th Avenue New York, NY 10036
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 93/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$270.09	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Texas Standard		(b) Payee address; City, State, Zip Code 1603 South Congress Austin, TX 78704
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Gift for Supporter
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$83.00	(b) Date of Charge 10/15/2025	(c) Date(s) Credit Card Issuer Paid 11/15/2025
PAYEE	(a) Payee name Shift 4 Integrated		(b) Payee address; City, State, Zip Code 2202 N. Irving St. Allentown, PA 18001
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description digital fundraising license fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$487.10	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Best Buy		(b) Payee address; City, State, Zip Code 6001 NW Loop 410 San Antonio, TX 78238
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description supplies for video production and digital communications
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 94/94 Rpt:	2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$83.00	(b) Date of Charge 07/15/2025	(c) Date(s) Credit Card Issuer Paid 08/15/2025
7 PAYEE	(a) Payee name Shift 4 Integrated		(b) Payee address; City, State, Zip Code 2202 N. Irving St. Allentown, PA 18001
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description digital fundraising license fee
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: Sch: 1/8 Rpt: 208/215												
2 FILER NAME Martinez Fischer, Trey (The Honorable)		3 Filer ID (Ethics Commission Filers) 00040542												
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Allianz Insurance														
5 Contribution / Expenditure reported on: <table><tr><td><input type="checkbox"/> Schedule A2</td><td><input type="checkbox"/> Schedule B</td><td><input type="checkbox"/> Schedule B(J)</td><td><input type="checkbox"/> Schedule C2</td><td><input type="checkbox"/> Schedule D</td><td><input type="checkbox"/> Schedule F1</td></tr><tr><td><input type="checkbox"/> Schedule F2</td><td><input checked="" type="checkbox"/> Schedule F4</td><td><input type="checkbox"/> Schedule G</td><td><input type="checkbox"/> Schedule H</td><td><input type="checkbox"/> Schedule COH-UC</td><td></td></tr></table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input checked="" type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input checked="" type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
6 Dates of Travel 08/03/2025 08/03/2025	7 Name of person(s) traveling Salinas, Claudia													
	8 Departure city or name of departure location Austin TX													
	9 Destination city or name of destination location Chicago IL													
10 Means of transportation		11 Purpose of travel (including name of conference, seminar, or other event) Staff travel out of state												
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines														
Contribution / Expenditure reported on: <table><tr><td><input type="checkbox"/> Schedule A2</td><td><input type="checkbox"/> Schedule B</td><td><input type="checkbox"/> Schedule B(J)</td><td><input type="checkbox"/> Schedule C2</td><td><input type="checkbox"/> Schedule D</td><td><input type="checkbox"/> Schedule F1</td></tr><tr><td><input type="checkbox"/> Schedule F2</td><td><input checked="" type="checkbox"/> Schedule F4</td><td><input type="checkbox"/> Schedule G</td><td><input type="checkbox"/> Schedule H</td><td><input type="checkbox"/> Schedule COH-UC</td><td></td></tr></table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input checked="" type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input checked="" type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
Dates of Travel 08/17/2025 08/17/2025	Name of person(s) traveling Salinas, Claudia													
	Departure city or name of departure location Chicago IL													
	Destination city or name of destination location Austin TX													
Means of transportation Commercial Airplane		Purpose of travel (including name of conference, seminar, or other event) Staff travel out of state												
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines														
Contribution / Expenditure reported on: <table><tr><td><input type="checkbox"/> Schedule A2</td><td><input type="checkbox"/> Schedule B</td><td><input type="checkbox"/> Schedule B(J)</td><td><input type="checkbox"/> Schedule C2</td><td><input type="checkbox"/> Schedule D</td><td><input type="checkbox"/> Schedule F1</td></tr><tr><td><input type="checkbox"/> Schedule F2</td><td><input checked="" type="checkbox"/> Schedule F4</td><td><input type="checkbox"/> Schedule G</td><td><input type="checkbox"/> Schedule H</td><td><input type="checkbox"/> Schedule COH-UC</td><td></td></tr></table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input checked="" type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input checked="" type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
Dates of Travel 08/18/2025 08/18/2025	Name of person(s) traveling Trey, Martinez Fischer													
	Departure city or name of departure location Chicago IL													
	Destination city or name of destination location Austin TX													
Means of transportation Commercial Airplane		Purpose of travel (including name of conference, seminar, or other event) Return to Austin following Quorum Break												

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

Courtyard by Marriott

5 Contribution / Expenditure reported on:

☐

Schedule A2

☐

Schedule B

☐

Schedule B(J)

☐

Schedule C2

☐

Schedule D

☐

Schedule F1

☐

Schedule F2

☒

Schedule F4

☐

Schedule G

☐

Schedule H

☐

Schedule COH-UC

6 Dates of Travel

08/04/2025

08/07/2025

7 Name of person(s) traveling

Church, Riley

8 Departure city or name of departure location

St. Charles IL

9 Destination city or name of destination location

St. Charles IL

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Staff travel out of state

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

Courtyard by Marriott

Contribution / Expenditure reported on:

☐

Schedule A2

☐

Schedule B

☐

Schedule B(J)

☐

Schedule C2

☐

Schedule D

☐

Schedule F1

☐

Schedule F2

☒

Schedule F4

☐

Schedule G

☐

Schedule H

☐

Schedule COH-UC

Dates of Travel

08/04/2025

08/07/2025

Name of person(s) traveling

Salinas, Claudia

Departure city or name of departure location

St. Charles IL

Destination city or name of destination location

St. Charles IL

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Staff travel out of state

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

Courtyard by Marriott

Contribution / Expenditure reported on:

☐

Schedule A2

☐

Schedule B

☐

Schedule B(J)

☐

Schedule C2

☐

Schedule D

☐

Schedule F1

☐

Schedule F2

☒

Schedule F4

☐

Schedule G

☐

Schedule H

☐

Schedule COH-UC

Dates of Travel

08/04/2025

08/07/2025

Name of person(s) traveling

Van Maanen, Cynthia

Departure city or name of departure location

St. Charles IL

Destination city or name of destination location

St. Charles IL

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Staff travel out of state

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
DoubleTree

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

08/13/2025

08/18/2025

7 Name of person(s) traveling

Martinez Fischer, Trey (The Honorable)

8 Departure city or name of departure location

Schaumburg IL

9 Destination city or name of destination location

Schaumburg IL

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Member travel out of state

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Fairfield by Marriott

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

08/03/2025

08/04/2025

Name of person(s) traveling

Church, Riley

Departure city or name of departure location

St. Charles IL

Destination city or name of destination location

St. Charles IL

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Staff travel out of state

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Fairfield by Marriott

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

08/03/2025

08/04/2025

Name of person(s) traveling

Van Maanen, Cynthia

Departure city or name of departure location

St. Charles IL

Destination city or name of destination location

St. Charles IL

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Staff travel out of state

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Fairmont Hotel

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

08/07/2025

08/11/2025

7 Name of person(s) traveling

Martinez Fischer, Trey (The Honorable)

8 Departure city or name of departure location

Chicago IL

9 Destination city or name of destination location

Chicago IL

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Member travel out of state

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Fairmont Hotel

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

08/12/2025

08/17/2025

Name of person(s) traveling

Martinez Fischer, Trey (The Honorable)

Departure city or name of departure location

Chicago IL

Destination city or name of destination location

Chicago IL

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Member travel out of district

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Hertz

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

08/10/2025

08/17/2025

Name of person(s) traveling

Salinas, Claudia

Departure city or name of departure location

Chicago IL

Destination city or name of destination location

Chicago IL

Means of transportation

Commercial Automobile

Purpose of travel (including name of conference, seminar, or other event)

Staff travel out of state

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Lyft

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

08/05/2025

08/05/2025

7 Name of person(s) traveling

Martinez Fischer, Trey (The Honorable)

8 Departure city or name of departure location

Chicago IL

9 Destination city or name of destination location

Chicago IL

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Member travel out of state

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Lyft

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

08/12/2025

08/12/2025

Name of person(s) traveling

Martinez Fischer, Trey (The Honorable)

Departure city or name of departure location

Chicago IL

Destination city or name of destination location

Chicago IL

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Member travel out of state

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Lyft

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

08/16/2025

08/16/2025

Name of person(s) traveling

Martinez Fischer, Trey (The Honorable)

Departure city or name of departure location

Chicago IL

Destination city or name of destination location

Chicago IL

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Member travel out of state

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Routes Car Rental

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

08/04/2025

08/09/2025

7 Name of person(s) traveling

Van Maanen, Cynthia

8 Departure city or name of departure location

Chicago IL

9 Destination city or name of destination location

Chicago IL

10 Means of transportation

Commercial Automobile

11 Purpose of travel (including name of conference, seminar, or other event)

Staff travel out of state

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Southwest Airlines

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

08/03/2025

08/03/2025

Name of person(s) traveling

Church, Riley

Departure city or name of departure location

Austin TX

Destination city or name of destination location

Chicago IL

Means of transportation

Commercial Airplane

Purpose of travel (including name of conference, seminar, or other event)

Staff travel out of state

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Southwest Airlines

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

08/03/2025

08/03/2025

Name of person(s) traveling

Salinas, Claudia

Departure city or name of departure location

Austin TX

Destination city or name of destination location

Chicago IL

Means of transportation

Commercial Airplane

Purpose of travel (including name of conference, seminar, or other event)

Staff travel out of state

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Southwest Airlines

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

08/03/2025

08/03/2025

7 Name of person(s) traveling

Van Maanen, Cynthia

8 Departure city or name of departure location

Austin TX

9 Destination city or name of destination location

Chicago IL

10 Means of transportation

Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event)

Staff travel out of state

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Travelguard

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

08/09/2025

08/09/2025

Name of person(s) traveling

Van Maanen, Cynthia

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Staff travel out of state

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Uber

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

08/16/2025

08/16/2025

Name of person(s) traveling

Martinez Fischer, Trey

Departure city or name of departure location

Chicago IL

Destination city or name of destination location

Chicago IL

Means of transportation

Commercial Automobile

Purpose of travel (including name of conference, seminar, or other event)

Member travel out of district

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
United Airlines

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

08/12/2025

08/12/2025

7 Name of person(s) traveling

Church, Riley

8 Departure city or name of departure location

Chicago IL

9 Destination city or name of destination location

Austin TX

10 Means of transportation

Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event)

Staff travel out of district

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
United Airlines

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

08/09/2025

08/09/2025

Name of person(s) traveling

Van Maanen, Cynthia

Departure city or name of departure location

Chicago IL

Destination city or name of destination location

Austin TX

Means of transportation

Commercial Airplane

Purpose of travel (including name of conference, seminar, or other event)

Staff travel out of state