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)

2 Total pages filed: 7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Roxanne | MI

NICKNAME | LAST: Martinez | SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED
JUL -2 2022
Board of E

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: PO Box 162253 | APT / SUITE #: | CITY: Fort Worth | STATE: TX | ZIP CODE: 76161

☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER: (817) 381 6599 | EXTENSION

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

6 CAMPAIGN TREASURER

MS MRS / MR | FIRST: Gerald | MI

[redacted]

NAME

NICKNAME | SUFFIX: Shelbon

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): PO Box 162253 | APT / SUITE #: | CITY: Fort Worth | STATE: TX | ZIP CODE: 76161

[redacted]

AREA CODE | PHONE NUMBER | EXTENSION

Month | Month | Day

[redacted]

PHONE (817) 381 6599

9 REPORT TYPE

January 15 | ☐ 30th day before election | ☐ Runoff | 15th day after campaign treasurer appointment (Officeholder Only)

[redacted]

CAND DATE / OFFICEHOLDER CAMPA GN F NANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Roxanne Martinez

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS

TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) $ 0.00

2 **TOTAL POLITICAL CONTRIBUTIONS** $ 30.00

[redacted]

4. TOTAL POLITICAL EXPENDITURES [redacted]

OF REPORTING PERIOD

TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE [redacted] $ 0.00

18 SIGNATURE [redacted]

Roxanne Martinez

EXPENDITURE TOTALS

3 TOTAL UNITEMIZED POLITICAL EXPENDITURE [redacted]

CONTRIBUTION BALANCE 5

Please complete either option below:

OUTSTANDING LOAN TOTALS 6

(1) Affidavit

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information [redacted]

(2) Unsworn Declaration

[redacted]

Roxanne Martinez
PO Box 162253
Fort Worth TX 76161

6/27/1980

Tarrant Texas

Signature of Candidate or Officeholder

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

20

Roxanne Martinez

$ 30.00

$ /

$

/

$ 425.14

21. SCHEDULE SUBTOTALS
NAME OF SCHEDULE — SUBTOTAL AMOUNT

SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

9. SCHEDULE B: PLEDGED CONTRIBUTIONS /

4. SCHEDULE E: LOANS $

5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS /

6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS $ /

7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS $ /

8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD $ /

SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS $

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH $ /

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS $

12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report**

The Instruction Guide explains how to complete this form

1 Total pages Schedule A1: 1

2 FILER NAME

Roxanne Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

6/29/22

5 Full name of contributor

Robin Muller

☐ out-of-state PAC (ID#

6 Contributor address:

State: Zip Code

7 Amount of contribution ($)

30.00

8 Principal occupation / Job title (See Instructions)

Physician

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#

Amount of contribution ($)

Contributor address:

City

State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#

Amount of contribution ($)

Contributor address

City

State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (I

Amount of contribution ($)

[redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

[redacted]

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

The instruction guide explains how to complete this form.

2 FILER NAME Roxanne Martinez

Date | 5 Payee name: Frost Bank

6 Amount ($) 15.00 | 7 Payee address: P.O. Box 16509 Fort Worth, Texas 76162 | City: | State: | Zip Code

8 (a) PURPOSE OF EXPENDITURE: Banking | (b) Description

(c) Check if Austin, TX officeholder living expense

Candidate / Officeholder name | Office sought

Date | Payee name: Casa Azul

Amount ($) 15.37 | Payee address | City: | State | Zip Code

Category (See Categories listed at the top of this schedule): Food/Beverage Expense | Description

Check if Austin, TX officeholder living expense

3/31/22 | Candidate / Officeholder name | Office sought | Office held

Date

Amount ($) | Payee address | City | State:

PURPOSE OF EXPENDITURE | Description

Payee name: DHHS Athletics Booster Club

4/1/22 | Candidate / Officeholder name | Office sought | Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the uested information is not a cable. **DO NOT include this page in the report**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense

The Instruction Guide explains how to complete this form

2 FILER NAME Roxanne Martinez

3 Filer ID (Ethics Commission Filers)

4 Date 4/29/22

5 Payee name Frost Bank

6 Amount ($) 15.00

7 Payee address: City: State: Zip Code P.O. Box 16509 Fort Worth Texas 76162

8 (a) Description

PURPOSE OF EXPENDITURE

Candidate / Officeholder name | Office sought | Office held

Date

Payee name

Amount ($) 15.00

Payee address P.O

City State Zip Code

Description

Check if travel outside of Texas. Complete Schedule T

Complete ONLY if direct EXPENDITURE

Candidate / Officeholder name

Office held

Payee name

Amount ($) 6/29/22

Payee address Frost Bank

City State Zip Code

15.00

Description P.O. Box 16509 Fort Worth, Texas 76162