

CAND DATE / OFF CEHOLDER  
CAMPA GN F NANCE REPORT

FORM C/OH  
COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers) 2 Total pages filed

44

RECEIVED  
MAY 28 2021

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

OFFICE USE ONLY

Roxanne

Date Received

NICKNAME

LAST

SUFFIX

Martinez

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 162253

Fort Worth, TX 76161

Change of Address

CANDIDATE

AREA CODE

PHONE NUMBER

EXTENSION

Date Received or Date Reentered

OFFICEHOLDER  
PHONE

(817 )

296-6586

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Receipt #

Amount \$

Mr

Gerald

Date Processed

NICKNAME

LAST

SUFFIX

Date Imaged

Shelbon

STREET ADDRESS (NO BOXES PLEASE)

APT / SUITE #

CITY:

STATE:

ZIP CODE

CAND DATE / OFF CEHOLDER  
CAMPA GN F NANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

Roxanne Martinez

17 CONTRIBUTION

\$ 0.00

TOTALS

2. TOTAL POLITICAL CONTRIBUTIONS

(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 8,875.00

EXPENDITURE

TOTALS

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 8,882.83

CONTRIBUTION  
BALANCE

\$ 4,740.80

OUTSTANDING  
LOAN TOTALS

\$ 0.00

18 SIGNATURE

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

PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
OTHER FINANCIAL CONTRIBUTIONS (OTHER THAN  
CONTRIBUTIONS)

Please complete either option below:

NOTARY STAMP / SEAL

Sworn to and subscribed before me by

this the \_\_\_\_\_ day of

20\_\_\_\_\_, to certify which, witness my hand and seal of office.

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

(Signature)

Executed in Tarrant

County, State of

on the 27 day of May

2021  
(year)

Roxanne Martinez  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Roxanne Martinez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

\$ 8,875.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 8,862.63

\$ 0.00

\$ 0.00

\$

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

SCHEDULE B: PLEDGED CONTRIBUTIONS

SCHEDULE E: LOANS

5 SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F2: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

7 SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

1 Total pages Schedule A1

2 (For Use With Commission Filers)

out-of-state PAC

political contributions

4 Date

5 Full name of contributor

7 Amount of contribution (\$)

out-of-state PAC (ID#)

out-of-state PAC (ID#)

6 Job title (See Instructions)

8 Employer (See Instructions)

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

out-of-state PAC (ID#)

2 FILER NAME

Roxanne Martinez

See attached list of monetary

Employer

Employed

dra

Employed

A

Maryland

Employed

Employed

Employed

F Dennison P.C.

Orange School District

P

Government

employed

Employed

urate Interpreters LLC

Employed

Cielo

Employed

Environmental

P

Employed

Jacol

S

Hership Connect

art Media

Employed

Employed

Employed

Employed

employed

Skidoo Corp.

|      |                        |                          |
|------|------------------------|--------------------------|
| 317  | Not Employed           | Employed                 |
| 234  | IT Director            | JUSTUS Health            |
| 229  | Not Employed           | Employed                 |
| 207  | Not Employed           | Employed                 |
| 236  | Not Employed           | Employed                 |
| 063  | Not Employed           | Employed                 |
| 58   | Not Employed           | Employed                 |
| 502  | Not Employed           | Employed                 |
| 901  | engineer               | ia                       |
| 692  | Not employed           | employed                 |
| 831  | Not Employed           | Employed                 |
| 209  | Attorney               | ina & Larson PC          |
| 230  | RN LMSW                | n Presbyterian Hospice   |
| 018  | Not Employed           | Employed                 |
| 303  | Physician              | S                        |
| 110  | Manager RME            | Inc                      |
| 16   | Executive              |                          |
| 11   | artist                 |                          |
| 507  | Not Employed           | Employed                 |
| 665  | Not Employed           | Employed                 |
| 912  | Clinical psychologist  | Employed                 |
| 602  | Not Employed           | Employed                 |
| 602  | Not Employed           | Employed                 |
| 602  | Not Employed           | Employed                 |
| 608  | Not Employed           | Employed                 |
| 312  | Professor              | Employed                 |
| 30   | Manager                | arge Washington Univer   |
| 925  | Not employed           | ays health partners      |
| 42   | Consultant             | e                        |
| 731  | Not Employed           | -employed                |
| 079  | Associate Editor       | Employed                 |
| 368  | Not Employed           | ament Magazine           |
| 4767 | Not Employed           | Employed                 |
| 4530 | Not employed           | Employed                 |
| 6109 | Neuropsychologist      | employed                 |
| 2679 | Director Research & Ed | rk Children's Medical Ce |
| 5080 | Public School Teacher  | lubon                    |
| 6179 | Not Employed           | no ISD                   |
| 6110 | Professor              | Employed                 |
|      |                        | as Christian University  |

|                |                            |
|----------------|----------------------------|
| Employed       | Not Employed               |
| ications       | Texas Christian University |
|                | Crowley ISD                |
|                | COSCO Shipping Lines       |
| Administrator  | Atos IT Solutions          |
| Owner          | Owner                      |
| FWISD          | FWISD                      |
| Alcon          | Alcon                      |
| Broward County | Broward County             |
| Not employed   | Not employed               |
| Homemaker self | Homemaker self             |
| Executive      | Dialpad                    |
| FWISD          | FWISD                      |
| language patho | HALB                       |
| loyed          | Not Employed               |
| Designer       | Freelance                  |
| loyed          | Not Employed               |
| loyed          | Not Employed               |
| loyed          | Not Employed               |
| loyed          | Not Employed               |
| t              | The Rios Group Inc         |
|                | Flores Income tax          |
|                | CVS                        |
|                | FWISD                      |
| tourist        | Southside Acupuncture      |
|                | Nissan                     |
| loyed          | Not Employed               |
| onal Coach     | Fort Worth ISD             |
| Administrator  | Atos IT Solutions          |
| er service     | Flagship credit            |
|                | Tarrant County Criminal    |
| st             | District Attorney's Office |
| nce specialist | Jay Transport              |
|                | Riskys BBQ                 |
|                | Waves of Faith             |
|                | Health Corporation of Ame  |
| or             | Unthsc                     |
|                | Fort Worth ISD             |
| played         | Not Employed               |
| played         | Not Employed               |

|     |            |         |           |                          |            |    |       |                    |                            |
|-----|------------|---------|-----------|--------------------------|------------|----|-------|--------------------|----------------------------|
| 021 | \$10.00    | Sandra  | Biroc     | 1036 Camellia Drive      | Alameda    | CA | 94502 | Not Employed       | Not Employed               |
| 021 | \$50.00    | Miriam  | FrÃ¡s     | 2854 Audras way s #1113  | Fort Worth | TX | 76116 | Healthcare         | Premise health             |
| 021 | \$25.00    | Lydia   | Galvan    | 206 Hoover Rd            | Burleson   | TX | 76028 | Realtor            | Self employed              |
| 021 | \$100.00   | Robert  | Fernandez | 2305 Colonial Pkwy       | Fort Worth | TX | 76109 | CPA                | Fernandez & Company PC     |
| 021 | \$1,000.00 | Ruben   | Garcia    | 1000 Boxcar Boulevard    | Fort Worth | TX | 76107 | Not Employed       | Not Employed               |
| 021 | \$1,000.00 | Ruben   | Garcia    | 1000 Boxcar Boulevard    | Fort Worth | TX | 76107 | Not Employed       | Not Employed               |
| 021 | \$10.00    | Tiffany | Taylor    | 5104 Sunshine Dr         | Fort Worth | TX | 76105 | Code Officer       | City of Fort Worth         |
| 021 | \$50.00    | William | Schur     | 912 N Bailey Ave         | Fort Worth | TX | 76107 | Attorney (retired) | None                       |
| 021 | \$1,000.00 | Domingo | Garcia    | 400 South Zang Suite 600 | dallas     | TX | 75208 | attorney           | Law offices of Domingo Gai |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not available, DO NOT include this in the

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

2 FILER NAME  
Deyenne Martinez

5/27/2021

Facebook

6 Amount (\$)

7 Payee address

\$515.38

PURPOSE

Advertising

Digital advertising

Contributions Made By

(b) Description

EXPENDITURE

(c)

Credit Card Payment

Office sought

Payee name

5/27/21

Marissa Sanchez

1,000.00

Description

Consulting/Contract Labor

Campaign/Field Support

Food/Beverage Expense

Polling Expense

Travel In District

Gift/Award/Memorial Expense

Printing Expense

Travel Out Of District

Candidate/Officeholder name

Date

OF  
EXPENDITURE

Amount (\$)

2257.07

5/27/21

Amazing Mail

ailers

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not available, DO NOT include this expenditure in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District

1 Candidate/Officeholder/Political Committee

Credit

#### 2 FILER NAME

Roxanne Martinez

#### 4 Date

5/25/21

#### 5 Payee name

QT

#### 6 Amount (\$)

Zip Code

48.59

#### 8

PURPOSE  
OF

Food/Beverage Expense

(b) Description

Snacks/beverages for volunteers

Candidate / Officeholder name

Office held

05/21/2021

Dos Molinas

City,

140.86

Description

PURPOSE  
OF  
EXPENDITURE

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

05/21/2021

Home Depot

17.77

for signs

1 Total page of Schedule F1  
EXPENDITURE

SUBMIT

3 Filer ID (Ethics Commission Filers)

7 Payee address;

Office sought  
City;

State

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

[illegible]

106.45

Office sought

4 Date 5 Payee name 6 Amount

[illegible]

| PURPOSE<br>OF<br>EXPENDITURE | Supplies | Payee name |                          |
|------------------------------|----------|------------|--------------------------|
|                              |          |            | Pens, paper clips, water |
|                              | 4over    |            |                          |

| 9          | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office held |
|------------|------------------------------------------------------------|-------------------------------|-------------|
| 05/14/2021 | Kendyll Locke                                              |                               |             |
| Date       | Payee name                                                 |                               |             |

300.00

\_\_\_\_\_

## SCHEDULE F1

If the requested information is ~~not~~ **impossible** DO NOT include this page in the report.

[illegible]

~~The Instruction Guide explains how to complete this form.~~

| 6 Amount (\$) | 2 FILER NAME     |
|---------------|------------------|
| 82.24         | Roxanne Martinez |
| 5/10/2021     | Staples          |

|                                                   |                                      |                                                  |
|---------------------------------------------------|--------------------------------------|--------------------------------------------------|
| <b>Candidate's Name</b>                           |                                      | <b>Office Held</b>                               |
|                                                   |                                      |                                                  |
| <b>Date</b>                                       |                                      |                                                  |
|                                                   |                                      |                                                  |
| <b>Candidate/Officeholder/Political Committee</b> | <b>Legal Services</b>                | <b>State</b>                                     |
| <b>Amount (\$)</b>                                | <b>Polling Expense</b>               | <b>Travel In District</b>                        |
| <b>Credit Card Payment</b>                        | <b>Printing Expense</b>              | <b>Travel Out Of District</b>                    |
|                                                   | <b>Salaries/Wages/Contract Labor</b> | <b>Other (enter a category not listed above)</b> |

[illegible]

| (c)<br>7   | Payee address;    | City; | State; | Zip Code |
|------------|-------------------|-------|--------|----------|
|            | Payee name        |       |        |          |
|            | Payee name        |       |        |          |
| 05/10/2021 | Love Sweet Things |       |        | Zip Code |
| 96.28      |                   |       |        |          |
| 432.48     |                   |       |        |          |
| 9          |                   |       |        |          |

| PURPOSE<br>OF<br>EXPENDITURE | Candidate / Officeholder name | Office sought | Office held |
|------------------------------|-------------------------------|---------------|-------------|
|                              | [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)

| Event Expense                          | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
|----------------------------------------|------------------------------|----------------------------------|
| Accounting/Bookkeeping                 |                              |                                  |
| Consulting Expense                     |                              |                                  |
| Contributions/Donations Made By        |                              |                                  |
| Candidate/Officeholder/Political Party |                              |                                  |
| Credit Card Payment                    |                              |                                  |
| Date                                   |                              |                                  |
| 05/03/2021                             |                              |                                  |
| Amount (\$)                            |                              |                                  |
| 400.00                                 |                              |                                  |

2 FILER NAME  
Roxanne Martinez

Tres Betos

## Food/Beverage Expense

| PURPOSE OF EXPENDITURE                                 | Food/Beverage Expense | Polling Expense | Travel In District | Travel Out Of District |
|--------------------------------------------------------|-----------------------|-----------------|--------------------|------------------------|
| (c)                                                    |                       |                 |                    |                        |
| Check if travel outside of Texas: Complete Schedule I. |                       |                 |                    |                        |
| Check if Austin, TX: Officeholder living expense       |                       |                 |                    |                        |
| Date                                                   |                       |                 |                    |                        |
| 05/03/2021                                             |                       |                 |                    |                        |
| Candidate / Officeholder name                          |                       |                 |                    |                        |
| Office sought                                          |                       |                 |                    |                        |
| Amount (\$)                                            |                       |                 |                    |                        |
| 55.55                                                  |                       |                 |                    |                        |

## Food/Beverage Expense

## Volunteer food/beverages

| PURPOSE OF EXPENDITURE                                       | Food/Beverage Expense | Volunteer food/beverages |
|--------------------------------------------------------------|-----------------------|--------------------------|
| Frost Bank                                                   |                       |                          |
| Date                                                         |                       |                          |
| 4/20/21                                                      |                       |                          |
| Amount (\$)                                                  |                       |                          |
| 5.00                                                         |                       |                          |
| Description                                                  |                       |                          |
| Bank Error                                                   |                       |                          |
| Category (See Categories listed at the top of this schedule) |                       |                          |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1

3 Filer ID (Ethics Commission Filers)

Office sought

Office held

## SCHEDULE F1

16. Do not include this in the report

1. PURPOSE OF \_\_\_\_\_ Signs/Literature \_\_\_\_\_