

CAND DATE / OFF CEHOLDER CAMPA GN F NANCE 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: 8

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

OFFICE USE ONLY

Roxanne

Date Received

NICKNAME

LAST

SUFFIX

Martinez

RECEIVE

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 162253

Fort Worth, TX 76161

111 12 9898

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

296-6586

Date Hand-delivered or Date Postmarked

7-15-2021

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Gerald

Receipt #

Amount \$

NICKNAME

LAST

SUFFIX

Shelbon

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE

ZIP CODE

1315 NE 37th St, Fort Worth TX 76106

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

☒

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

THROUGH

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month

Day

Year

☐ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Fort Worth ISD Trustee District 9

13 OFFICE SOUGHT (if known)

FOR THE PURPOSES OF THIS REPORT, ALL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT

CAND DATE / OFF CEHOLDER
CAMPAIGN F NANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Roxanne Martinez

FILE ID (Ethics Commission File No.)
N

17 CONTRIBUTION
TOTALS

\$

2. TOTAL POLITICAL CONTRIBUTIONS

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

\$ 2,611.66

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 6,593.97

CONTRIBUTION
BALANCE

\$ 758.49

LOAN TOTALS

Please complete either option below:

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY

(a) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by

this the _____ day of

to certify which, witness my hand and seal of office

LAST DAY OF THE REPORTING PERIOD

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
☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,611.66
2 ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3 SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4 SCHEDULE E: LOANS	\$
5 ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,593.97
6 ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7 SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. 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	\$

SCHEMII E Δ1

2 FILÉR NAME

3 Filer ID (Ethics Commission Filers)

_____ **DO NOT** write on this page for the answer

4	File	out-of-state PAC ID#	7	Amount of contribution (\$)
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6 Contributor address;

City; _____ State; _____ Zip Code _____

8 Principal occupation / Job title (See Instructions)

Date	Full name of contributor
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Contributor address;

State; Zip Code

The Instruction Guide explains how to complete this form. Employer (See Instructions)

Detailed list of monetary political contributions		
Date	Full name of contributor	Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Contributor Name	Address	City	State	Occupation	Employer	Amount
Roxanne Martinez	P. O. Box 430	Hurst	TX	VP of Finance and Operations	Philanthropy Southwest	\$100.00
ix Voter Outreach	4513 Ohio Garden Rd	Fort Worth	TX	114 Counselor	TCU	\$100.00
rtinez	380 Jefferson Avenue apt 9	Fort Worth	TX	414 Resident physician	Wvu	\$5.00
iller	3041 Pueblo Grande	Charles Fe	NM	507 Not Employed	Not Employed	\$8.33
vano	5745 WIMBLETON WAY	FORT WORTH	TX	133 Higher Education	Texas Christian University	\$100.00
mos-Soto	1013 E Davis AVE	Fort Worth	TX	132 Research Assistant	2M Research	\$1,000.00
na	1425 Alston Avenue	Fort Worth	TX	104 Not Employed	Not Employed	\$50.00
reda	3033 6th Ave	Fort Worth	TX	110 Professor	Texas Christian University	\$25.00
ig	2701 Willing Ave	Fort Worth	TX	110		\$100.00
arthoe	5104 Sunshine Dr	Fort Worth	TX	105 Code Officer	City of Fort Worth	\$10.00
ylor	980 Jefferson Avenue apt 9	Charles Town	WV	414 Resident physician	Wvu	\$5.00
iller	3041 Pueblo Grande	Santa Fe	NM	507 Not Employed	Not Employed	\$8.33
vano	PO Box 17428	Austin	TX	1760		\$1,000.00
igan Blair & Sampson						\$2,611.66

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)

Advertising Expense
Accounting/Banking
Consulting Expense

Event Expense
Fees
Food/Beverage Expense

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Printing Expense

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

1 Total pages Schedule F1

2 FILER NAME

Roxanne Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

5/28/21

5 Payee name

Amazing Mail

6 Amount (\$)

\$2666.90

7 Payee address;

City;

State

Zip Code

8 Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Gift/Awards/Memorials Expense
Legal Services

Printing Expense
Salaries/Wages/Contract Labor

Travel Out Of District
Other (enter a category not listed above)

PURPOSE
OF
EXPENDITURE

Printing Expense

Print Mailers & Postage

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

☐ Check if Austin, TX, officeholder living expense

Office sought

Office held

Date

5/28/21

Payee name

4over

(a) Category (See Categories listed at the top of this schedule)

Payee address;

State

Zip Code

Amount (\$)

\$268.59

9 Complete ONLY if direct
expenditure to benefit C/OH
PURPOSE
OF
EXPENDITURE

Printing Expense

Signs

☐ Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

☐ Check if Austin, TX, officeholder living expense

Office sought

Office held

City;

Date

6/1/21

Payee name

Category (See Categories listed at the top of this schedule)

Lowe's

Amount (\$)

Payee address;

State;

Zip Code

Complete ONLY if direct
expenditure to benefit C/OH
PURPOSE
OF
EXPENDITURE

Advertising Expense

Description

Hardware

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 8/17/2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

1 Total pages Schedule F1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
6 Amount (\$)					
\$540.00					
7 Payee address;					
City;					
State;					
Zip Code					
(b) Description					
Roxanne Martinez					
4 Date					
6/14/21					
Candidate / Officeholder name					
Office sought					
Office held					
Payee name					
ActBlue					
Amount (\$)					
\$132.51					
Payee address;					
City;					
State;					
Zip Code					
Description					
EXPENDITURE					
(c)					
Candidate / Officeholder name					
Office sought					
Office held					
Payee name					
6/3/21					
Date					
PURPOSE					
OF					
Fees					
\$620.00					
6/5/21					
Taqueria J.B					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Postage Expense	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Printing Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Benefit/Miscellaneous Expense	Telephone Expense	Travel Out Of District

Legal Services

Salaries/Wages/Contract Labor

Instructions: See Instructions for Schedule F1, line 1, for more information. See the instructions for how to complete this form.

Total pages Schedule F1 2 FILER NAME

3 Filer ID (Ethics Commission Filers)

City State Zip Code

Check if travel outside of Texas. Complete Schedule I.

Check if Austin, TX, officeholder living expense

Credit Card Payment

\$450.00

Roxanne Martinez

5 Payee name

(b) Description

6/4/21

Diamond Johnson

Check if travel outside of Texas. Complete Schedule I.

Check if Austin, TX, officeholder living expense

Office sought

Office held

PURPOSE OF EXPENDITURE

(c)

Payee name

6/5/21

Paco's Mexican Cuisine

Check if Austin, TX, officeholder living expense

Amount (\$)

Payee address

Description

State

Zip Code

PURPOSE OF EXPENDITURE

Food Expense

Food for event