# CAND DATE / OFFICEHOLDER
# CA PAIGN F NANCE REPORT

**FORM C/OH**
**COVER SHEET PG 1**

[redacted]

Date Received

RECEIVED

APR 11 2022

Board of Education

[redacted]

Date [redacted] or Date Postmarked

[redacted]

OFFICEHOLDER NAME

NICKNAME | LAST: Roxanne Martinez | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

PO Box 162253
Fort Worth, TX 76161

Change of Address

5 CANDIDATE/

AREA CODE | PHONE NUMBER | EXTENSION

# CAND DATE / OFF CEHOLDER

**FORM C/OH**
**COVER SHEET PG 2**

16 Filer ID (Ethics Commission Filers)

TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN

TOTAL POLITICAL CONTRIBUTIONS $ 1,866.31

S/OH NAME

CONTRIBUTIONS MADE ELECTRONICALLY)

Roxanne Martinez

17 CONTRIBUTION TOTALS $ 0.00

2.

EXPENDITURE TOTALS $ 0.00

TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

4. TOTAL POLITICAL EXPENDITURES

OUTSTANDING LOAN TOTALS $ 0.00

$ 2,081.64

Roxanne

CONTRIBUTION BALANCE 5

6

18 SIGNATURE 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,

LAST DAY OF THE REPORTING PERIOD

Signature of Candidate or Officeholder

Roxanne Martinez

# 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 | $ 1,866.51 |
| 2 ☐ | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ 0.00 |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | $ 0.00 |
| 4. | SCHEDULE E: LOANS | $ 0.00 |
| 5 ☐ | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 2,081.64 |
| 6 | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ 0.00 |
| 7 ☐ | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | $ 0.00 |
| 8 | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ 0.00 |
| 9. ☐ | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | $ 0.00 |
| 10. ☐ | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | $ 0.00 |
| 11 ☐ | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 0.00 |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ 0.00 |

# 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: 2

2 FILER NAME Roxanne Martinez

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution ($)

[redacted] ☐ out-of-state PAC

Robin Muller

7/29/21 30.00

[redacted]

7/29/21 24.99

[redacted]

Date

[redacted]

[redacted] ☐ out-of-state PAC (ID#: )

[redacted]

8/30/21 186.52

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date Full name of contributor ☐ out-of-state PAC (ID# ) Amount of contribution ($)

Malinda Lievano

[redacted]

Contributor address; City; State; Zip Code

3041 Pueblo Grande, Santa Fe, NM 87507

# 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: 2

2 FILER NAME

Roxanne Martinez

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# )

Victor Beltran

12/13/21

75.00

7 Amount of contribution ($)

6 Contributor address; City State; Zip Code

12/13/21

50.00

Full name of contributor

Amount of contribution ($)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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
Contributions/Donations Made By
Credit Card Payment
Fees
Office Overhead/Rental Expense
Printing Expense
Travel In District
Travel Out Of District

2 FILER NAME

9/1/21

Ruben Garcia

Gift/Awards/Memorials Expense

8

PURPOSE OF EXPENDITURE

1 Total pages Schedule F1

3 Filer ID (Ethics Commission Filers)

4 Date

5 Payee name

Loan Repayment

6 Amount ($)

7 Payee address;

City;

State

Zip Code

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

9 Check box if direct expenditure to benefit C/OH

2123721

(b) Description

PURPOSE OF EXPENDITURE

Office held

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

Check if travel outside of Texas Complete Schedule T.

Check if Austin, TX officeholder living expense

1/11/21

Complete ONLY if direct

Date

Payee name

PURPOSE

Frost Bank