

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 Files)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS FIRST Roxanne LAST Martinez SUFFIX	OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX PO Box 162253 Fort Worth TX 76161 APT / SUITE # CITY STATE ZIP CODE	RECEIVED APR 01 2021	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817) PHONE NUMBER 296-6586 EXTENSION	Date Hand-delivered or Date Postmarked Board of Education	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr FIRST Gerald LAST Shelton SUFFIX	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) 1315 NE 37th St Ft Worth TX 76106 APT / SUITE # CITY STATE ZIP CODE	Date Processed	Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE (817) PHONE NUMBER 368-2730 EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)		
10 PERIOD COVERED	Month Day Year 1 / 1 / 21 THROUGH 3 / 31 / 21		
11 ELECTION	ELECTION DATE Month Day Year 5 / 1 / 21 ELECTION TYPE Primary General Runoff Special Other Description		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) FWISD School Board Trustee	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Roxanne Martinez</u>		16 Filer ID (Ethics Commission Filers)
17 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)	\$ 9,032.96
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,272.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,571.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

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.

R Martinez
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Roxanne Martinez this the 1 day of April

20 Myra Segura to certify which, witness my hand and seal of office
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath manager

OR

(2) Unsworn Declaration

My name is _____ and my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Roxanne Martinez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>9032.96</i>
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0.00</i>
4	SCHEDULE E: LOANS	\$ <i>2,000.00</i>
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>5272.32</i>
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0.00</i>
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>
8	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0.00</i>
9	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0.00</i>
10	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0.00</i>
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0.00</i>

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 18
2 FILER NAME Roxanne Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 1/10/21	5 Full name of contributor Allison Craig out-of-state PAC (ID#) 6 Contributor address: 3033 6th Ave Ft Worth TX 76160 City: State: Zip Code	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/15/21	Full name of contributor Miriam Frias out-of-state PAC (ID#) Contributor address: 2854 Audras Way Ct Ft Worth 76116 City: State: Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) Premise
Date 1/24/21	Full name of contributor Scioseia Flowers out-of-state PAC (ID#) Contributor address: 6731 Trail Cliff Way Ft Worth 76132 City: State: Zip Code	Amount of contribution (\$) \$63.00
Principal occupation / Job title (See Instructions) Contract Administrator		Employer (See Instructions) DFW
Date 1/25/21	Full name of contributor Bill West out-of-state PAC (ID#) Contributor address: City: State: Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME Roxanne Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 1/28/21	5 Full name of contributor Jennifer Trevino out-of-state PAC (ID#)	7 Amount of contribution (\$) \$50.00
6 Contributor address: City, State, Zip Code 4917 Robinson Ft Worth TX 76114		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/16/21	Full name of contributor Allison Craig out-of-state PAC (ID#)	Amount of contribution (\$) \$25.00
Contributor address: City, State, Zip Code 3033 4th Ave Ft Worth TX 76110		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) TCU
Date 2/16/21	Full name of contributor Patricia Martinez out-of-state PAC (ID#)	Amount of contribution (\$) \$10.00
Contributor address: City, State, Zip Code 1421 Michael Ft Worth TX 76106		
Principal occupation / Job title (See Instructions) Attendant		Employer (See Instructions) Self
Date 2/22/21	Full name of contributor Ruben Garcia out-of-state PAC (ID#)	Amount of contribution (\$) \$2,000.00
Contributor address: City, State, Zip Code 1000 Boxcar Blvd Ft Worth TX 76107		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Roxanne Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 2/23/21	5 Full name of contributor Angela Lendzioszek out-of-state PAC (ID# _____)	7 Amount of contribution (\$) \$25.00
6 Contributor address: 2271 Lipscomb Ft Worth TX 76110 City: State: Zip Code		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) FWISD
Date 2/25/21	Full name of contributor Cintia Cordova out-of-state PAC (ID# _____)	Amount of contribution (\$) \$25.00
Contributor address: 1027 Winter Fire Way Arlington TX 76005 City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/26/21	Full name of contributor Sara Pereda out-of-state PAC (ID# _____)	Amount of contribution (\$) \$100.00
Contributor address: 2321 Ryan Ave Ft Worth TX 76110 City: State: Zip Code		
Principal occupation / Job title (See Instructions) US Surgical cfo		Employer (See Instructions) Alcon
Date 2/26/21	Full name of contributor Joel Burns out-of-state PAC (ID# _____)	Amount of contribution (\$) \$250.00
Contributor address: 2420 S. Adams Ft Worth TX 76110 City: State: Zip Code		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME: <u>Roxanne Martinez</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/27/21</u>	5 Full name of contributor <u>Rachel Delira</u> out-of-state PAC (ID#)	7 Amount of contribution (\$) <u>\$50.00</u>
6 Contributor address; City; State; Zip Code <u>3208 River lakes Hurst TX 76053</u>		
8 Principal occupation / Job title (See Instructions) <u>Photographer</u>		9 Employer (See Instructions) <u>Self</u>
Date <u>2/27/21</u>	Full name of contributor <u>Araedy Chavez</u> out-of-state PAC (ID#)	Amount of contribution (\$) <u>\$60.00</u>
Contributor address; City; State; Zip Code <u>6920 Wicks Trail Ft Worth TX 76133</u>		
Principal occupation / Job title (See Instructions) <u>Director</u>		Employer (See Instructions) <u>FWISD</u>
Date <u>2/27/21</u>	Full name of contributor <u>Jennifer Limas</u> out-of-state PAC (ID#)	Amount of contribution (\$) <u>\$50.00</u>
Contributor address; City; State; Zip Code <u>208 Oak Forest Euless TX 76039</u>		
Principal occupation / Job title (See Instructions) <u>Executive</u>		Employer (See Instructions) <u>Girls Inc.</u>
Date <u>2/27/21</u>	Full name of contributor <u>Bob Bonilla</u> out-of-state PAC (ID#)	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>362 Foch Ft Worth TX 76107</u>		
Principal occupation / Job title (See Instructions) <u>Educator</u>		Employer (See Instructions) <u>FWISD</u>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <i>Roxanne Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/27/21</i>	5 Full name of contributor <i>Veronica Lopez</i> out-of-state PAC ID# _____	7 Amount of contribution (\$) <i>\$25.00</i>
6 Contributor address; City; State; Zip Code <i>3251 Medina Ave Ft Worth TX 76133</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/27/21</i>	Full name of contributor <i>Velia Varela</i> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>2500 Vera Cruz Ft Worth TX 76106</i>		
Principal occupation / Job title (See Instructions) <i>Teacher</i>		Employer (See Instructions) <i>FWS D</i>
Date <i>2/27/21</i>	Full name of contributor <i>Alicia Jimenez</i> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>3609 Hardy Ft Worth TX 76106</i>		
Principal occupation / Job title (See Instructions) <i>HR Coordinator</i>		Employer (See Instructions) <i>DR Horton</i>
Date <i>2/27/21</i>	Full name of contributor <i>Ricky Cotto</i> out-of-state PAC ID# _____	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>4600 Yellowleaf Ft Worth TX 76133</i>		
Principal occupation / Job title (See Instructions) <i>Pastor</i>		Employer (See Instructions) <i>City Post Church</i>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME Roxanne Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 2/27/21	5 Full name of contributor Lisa Acevedo out-of-state PAC (ID# _____)	7 Amount of contribution (\$) \$ 50.00
6 Contributor address: 1722 S. Carson Tulsa Ok 74119 City, State, Zip Code		
8 Principal occupation / Job title (See Instructions) HR		9 Employer (See Instructions) Sodexo
Date 2/28/21	Full name of contributor Sally Gulde out-of-state PAC (ID# _____)	Amount of contribution (\$) \$ 200.00
Contributor address: 1801 5th Ave Ft Worth TX 76110 City, State, Zip Code		
Principal occupation / Job title (See Instructions) Graphic Designer		Employer (See Instructions) Self
Date 3/1/21	Full name of contributor Laura Mendez out-of-state PAC (ID# _____)	Amount of contribution (\$) \$ 50.00
Contributor address: Ft Worth TX City, State, Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/21	Full name of contributor Allison Craig out-of-state PAC (ID# _____)	Amount of contribution (\$) \$ 25.00
Contributor address: 3033 4th Ave Ft Worth TX 76110 City, State, Zip Code		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) TCU
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <i>Roxanne Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/14/21</i>	5 Full name of contributor <i>Patricia Martinez</i> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <i>\$10.00</i>
6 Contributor address: <i>1421 Michael Ft Worth TX 76106</i> City: _____ State: _____ Zip Code: _____		
8 Principal occupation / Job title (See Instructions) <i>Attendant</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>3/1/21</i>	Full name of contributor <i>Cameron Szok</i> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$60.00</i>
Contributor address: <i>3010 6th Ave Ft Worth TX 76110</i> City: _____ State: _____ Zip Code: _____		
Principal occupation / Job title (See Instructions) <i>Acupuncturist</i>		Employer (See Instructions) <i>Southside acupuncture</i>
Date <i>3/1/21</i>	Full name of contributor <i>Zeida Forrest</i> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$50.00</i>
Contributor address: <i>5336 New Castle Ft Worth TX 76135</i> City: _____ State: _____ Zip Code: _____		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/1/21</i>	Full name of contributor <i>Natalia Fernandez</i> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$50.00</i>
Contributor address: <i>404 Ryan Ct Edmond OK 73003</i> City: _____ State: _____ Zip Code: _____		
Principal occupation / Job title (See Instructions) <i>Social Worker</i>		Employer (See Instructions) <i>Parent Promise</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME
Roxanne Martinez

3 Filer ID (Ethics Commission Filers)

4 Date
3/2/21

5 Full name of contributor
Jesus Olivares

out-of-state PAC (ID#)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
4601 Fawn Dr Ft Worth TX 76132

\$100.00

8 Principal occupation / Job title (See Instructions)
minister

9 Employer (See Instructions)
Waves of Faith

Date
3/2/21

Full name of contributor
Allison Craig

out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address; City; State; Zip Code
3033 6th Ave Ft Worth TX 76160

\$100.00

Principal occupation / Job title (See Instructions)
Faculty

Employer (See Instructions)
TCU

Date
3/2/21

Full name of contributor
Rachel Martinez

out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1114 Terrace Ave Ft Worth TX 76164

\$50.00

Principal occupation / Job title (See Instructions)
Clerk

Employer (See Instructions)
Fairfield

Date
3/2/21

Full name of contributor
Maria Hernandez

out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address; City; State; Zip Code
3162 N Crump Ft Worth TX 76106

\$10.00

Principal occupation / Job title (See Instructions)
Trainer

Employer (See Instructions)
Stericycle

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <i>Roxanne Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/4/21</i>	5 Full name of contributor <i>Joe Gonzales</i> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <i>\$10.00</i>
6 Contributor address; City; State; Zip Code <i>13740 Hickory Creek Haslet TX 76052</i>		
8 Principal occupation / Job title (See Instructions) <i>Teacher</i>		9 Employer (See Instructions) <i>FWISD</i>
Date <i>3/5/21</i>	Full name of contributor <i>Diana Rodriguez</i> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>1711 Beaumont Ft Worth TX 76106</i>		
Principal occupation / Job title (See Instructions) <i>Surgery scheduler</i>		Employer (See Instructions) <i>THR</i>
Date <i>3/5/21</i>	Full name of contributor <i>Francisco Aguayo</i> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>806 W. 31st Houston TX 77018</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Trans Canada USA</i>
Date <i>3/6/21</i>	Full name of contributor <i>Rosanna Flores</i> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>4204 Fernleaf Dr Ft Worth TX 76137</i>		
Principal occupation / Job title (See Instructions) <i>Customer Service Supervisor</i>		Employer (See Instructions) <i>YSTAS</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Roxanne Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/21	5 Full name of contributor Dillon Metzgar out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code 2200 W Magnolia Ft Worth TX 76110	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) FWISD
Date 3/6/21	Full name of contributor Cristina Ramirez out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 3054 Weber Ft Worth TX 76106	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions) FWISD
Date 3/8/21	Full name of contributor Steven Poole out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 3612 W. 5th St Ft Worth TX 76140	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) DEA
Date 3/14/21	Full name of contributor Marsha Moore out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 2200 Washington Ft Worth TX 76110	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) American College of Education
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Roxanne Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/21	5 Full name of contributor Melissa Avalos out-of-state PAC (ID# _____) 6 Contributor address, City, State, Zip Code 6006 Copperfield Ft Worth TX 76132	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) HR Specialist		9 Employer (See Instructions) First Command Financial
Date 3/15/21	Full name of contributor Sandra Garcia out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 3315 N Nichols Ft Worth TX 76106	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/21	Full name of contributor Bianca Cerda out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 2816 Lulu Ft Worth TX 76106	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/16/21	Full name of contributor Victor Beltran out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 3024 Marigold Ft Worth TX 76111	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Systems Administrator		Employer (See Instructions) Atas IT Solutions
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Roxanne Martinez</i>		3 Filer ID (Ethics Commission Filer)
4 Date <i>3/16/21</i>	5 Full name of contributor <i>Rachel Jenkins</i> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address; City; State; Zip Code <i>1402 7th Ave Ft Worth TX 76104</i>		
8 Principal occupation / Job title (See Instructions) <i>Transportation Planner</i>		9 Employer (See Instructions) <i>NCTCOG</i>
Date <i>3/16/21</i>	Full name of contributor <i>Marissa Sanchez</i> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>5177 Britton Ridge Ln Ft Worth 76179</i>		
Principal occupation / Job title (See Instructions) <i>NA</i>		Employer (See Instructions) <i>NA</i>
Date <i>3/16/21</i>	Full name of contributor <i>Breinn Richter</i> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>1801 6th Ave Ft Worth TX 76110</i>		
Principal occupation / Job title (See Instructions) <i>Consultant</i>		Employer (See Instructions) <i>Self</i>
Date <i>3/17/21</i>	Full name of contributor <i>Natalie Martinez</i> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>Ft Worth TX 76179</i>		
Principal occupation / Job title (See Instructions) <i>Director</i>		Employer (See Instructions) <i>Linking Hearts</i>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 FILER NAME Roxanne Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/21	5 Full name of contributor Cameron Szok out-of-state PAC ID# _____ 6 Contributor address: City: State: Zip Code 3010 6th Ave Ft Worth TX 76110	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Acupuncturist		9 Employer (See Instructions) Southside Acupuncture
Date 3/17/21	Full name of contributor Ramon Romero Jr. out-of-state PAC ID# _____ Contributor address: City: State: Zip Code PO Box 181 Fort Worth TX 76101	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/21	Full name of contributor Denise Childs out-of-state PAC ID# _____ Contributor address: City: State: Zip Code 3007 N Houston Ft Worth TX 76106	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) EMSISD
Date 3/17/21	Full name of contributor Jen Sarduy out-of-state PAC ID# _____ Contributor address: City: State: Zip Code 3641 Hardy St Ft Worth TX 76106	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Communications Manager		Employer (See Instructions) National Harm Reduction Coalition
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 FILER NAME <i>Roxanne Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/17/21</i>	5 Full name of contributor <i>Alba Avila</i> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <i>\$19.96</i>
6 Contributor address; City; State; Zip Code <i>4942 Delegate Tr San Antonio TX 78222</i>		
8 Principal occupation / Job title (See instructions) <i>Teacher</i>		9 Employer (See instructions) <i>SAISD</i>
Date <i>3/17/21</i>	Full name of contributor <i>Jenny Camacho Hernandez</i> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>15540 Cedar Grove Wellington FL 33414</i>		
Principal occupation / Job title (See instructions) <i>NA</i>		Employer (See instructions) <i>NA</i>
Date <i>3/18/21</i>	Full name of contributor <i>Johanna Hernandez</i> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>3600 Willowbrook Dr Ft Worth TX 76133</i>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <i>3/18/21</i>	Full name of contributor <i>Ernestine Key</i> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>7200 Dallas Pkwy #410 Plano TX 75024</i>		
Principal occupation / Job title (See instructions) <i>Educator</i>		Employer (See instructions) <i>Communities Foundation of Texas</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME Roxanne Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/21	5 Full name of contributor Raquel Rosales out-of-state PAC (ID#)	7 Amount of contribution (\$) \$60.00
6 Contributor address: 2824 Jeff Ft Worth TX 76111 City: State: Zip Code		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) FWISD
Date 3/19/21	Full name of contributor Rey Alvarez out-of-state PAC (ID#)	Amount of contribution (\$) \$25.00
Contributor address: 2905 N Main Ft Worth TX 76106 City: State: Zip Code		
Principal occupation / Job title (See Instructions) Delivery Driver		Employer (See Instructions) Billmark Company
Date 3/23/21	Full name of contributor Michelle Martinez out-of-state PAC (ID#)	Amount of contribution (\$) \$10.00
Contributor address: 1700 Beaumont Ft Worth TX 76106 City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/21	Full name of contributor Sally Castro out-of-state PAC (ID#)	Amount of contribution (\$) \$10.00
Contributor address: 1709 Beaumont Ft Worth TX 76106 City: State: Zip Code		
Principal occupation / Job title (See Instructions) VA operator		Employer (See Instructions) TTI
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <u>Roxanne Martinez</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/23/21</u>	5 Full name of contributor <u>Ricky Cotto</u> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <u>\$ 200.00</u>
6 Contributor address: <u>4600 Yellowleaf</u> City: <u>FT Worth TX</u> State: <u>TX</u> Zip Code: <u>76133</u>		
8 Principal occupation / Job title (See Instructions) <u>Director</u>		9 Employer (See Instructions) <u>BZP</u>
Date <u>3/23/21</u>	Full name of contributor <u>Angela Lendzioszek</u> out-of-state PAC (ID# _____)	Amount of contribution (\$) <u>\$ 50.00</u>
Contributor address: <u>6809 Gammer</u> City: <u>FT Worth TX</u> State: <u>TX</u> Zip Code: <u>76116</u>		
Principal occupation / Job title (See Instructions) <u>Teacher</u>		Employer (See Instructions) <u>FWISD</u>
Date <u>3/23/21</u>	Full name of contributor <u>Hayley Spinks</u> out-of-state PAC (ID# _____)	Amount of contribution (\$) <u>\$ 50.00</u>
Contributor address: <u>2840 Willing W</u> City: <u>FT Worth TX</u> State: <u>TX</u> Zip Code: <u>76110</u>		
Principal occupation / Job title (See Instructions) <u>Dietitian</u>		Employer (See Instructions) <u>Cook's children</u>
Date <u>3/28/21</u>	Full name of contributor <u>Texas Latina List</u> out-of-state PAC (ID# _____)	Amount of contribution (\$) <u>\$ 300.00</u>
Contributor address: <u>PO BOX 64025</u> City: <u>FT Worth TX</u> State: <u>TX</u> Zip Code: <u>76164</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <i>Roxanne Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/25/21</i>	5 Full name of contributor <i>Miguel Martinez</i> out-of-state PAC (ID# _____) 6 Contributor address: <i>3305 BlueMound Saginaw TX 76131</i> City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) <i>\$ 200.00</i>
8 Principal occupation / Job title (See Instructions) <i>Business Owner</i>		9 Employer (See Instructions) <i>Owner</i>
Date <i>3/27/21</i>	Full name of contributor <i>Erik Kojola</i> out-of-state PAC (ID# _____) Contributor address: <i>2116 5th Ave Ft Worth TX 76110</i> City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) <i>\$ 25.00</i>
Principal occupation / Job title (See Instructions) <i>Professor</i>		Employer (See Instructions) <i>TCU</i>
Date <i>3/27/21</i>	Full name of contributor <i>Sara Herrera</i> out-of-state PAC (ID# _____) Contributor address: <i>2115 5th Ave Ft Worth TX 76110</i> City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) <i>\$ 50.00</i>
Principal occupation / Job title (See Instructions) <i>Educator</i>		Employer (See Instructions) <i>Artes de la Rosa</i>
Date <i>3/29/21</i>	Full name of contributor <i>Mishon Landry</i> out-of-state PAC (ID# _____) Contributor address: <i>8512 HighPoint Ct NRH TX 76182</i> City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) <i>\$ 25.00</i>
Principal occupation / Job title (See Instructions) <i>Self Employed</i>		Employer (See Instructions) <i>Culture Consultants</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <i>Roxanne Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/31/21</i>	5 Full name of contributor <i>Zeida Forrest</i> out-of-state PAC ID# _____	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address; City; State; Zip Code <i>5336 New Castle in Ft Worth TX 76135</i>		
8 Principal occupation / Job title (See Instructions) <i>Case worker</i>		9 Employer (See Instructions) <i>Parenting Center</i>
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 ID# _____	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

LOANS

SCHEDULE E

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 E. <u>1</u>
2 FILER NAME <u>Roxanne Martinez</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>2,000.00</u>
5 Date of loan <u>3/22/21</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Ruben Garcia</u>	9 Loan Amount (\$) <u>2,000.00</u>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address, City, State, Zip Code <u>1000 Boxcar Blvd Ft Worth TX 76107</u>	10 Interest rate <u>0%</u>
		11 Maturity date <u>12/31/21</u>
12 Principal occupation / Job title (See Instructions) <u>NA</u>		13 Employer (See Instructions) <u>NA</u>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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
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 7	2 FILER NAME Roxanne Martinez	3 Filer ID (Ethics Commission Filers)
4 Date 1/6/21	5 Payee name Impressive Printing	
6 Amount (\$) 213.25	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Tshirts
	(c) Check if travel outside of Texas. Complete Schedule T 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
Date 1/6/21	Payee name Act Blue	
Amount (\$) 7.13	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description ECommerce Fees
	Check if travel outside of Texas. Complete Schedule T 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
Date 1/19/21	Payee name Dollar General	
Amount (\$) 27.06	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Supplies
	Check if travel outside of Texas. Complete Schedule T 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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	2 FILER NAME Roxanne Martinez	3 Filer ID (Ethics Commission Filers)
4 Date 1/21/21	5 Payee name Buon Giorno Coffee	
6 Amount (\$) 10.01	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description Meeting
	(c) Check if travel outside of Texas. Complete Schedule T. 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
Date 1/25/21	Payee name Hover	
Amount (\$) 708.60	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Literature/Signs
	Check if travel outside of Texas. Complete Schedule T. 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
Date 1/28/21	Payee name Texas Democratic Party VAN	
Amount (\$) 325.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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	2 FILER NAME Roxanne Martinez	3 Filer ID (Ethics Commission Filers)
4 Date 1/29/21	5 Payee name Frost Bank	
6 Amount (\$) 9.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Bank Fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/3/21	Payee name Kendyll Locke	
Amount (\$) 300.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/3/21	Payee name Act Blue	
Amount (\$) 3.58	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Ecommerce Fees
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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	2 FILER NAME Roxanne Martinez	3 Filer ID (Ethics Commission Filers)
4 Date 2/26/21	5 Payee name Frost Bank	
6 Amount (\$) 10.00	7 Payee address: City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Bank Fees
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/1/21	Payee name Act Blue	
Amount (\$) 47.58	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description ECommerce Fees
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/9/21	Payee name 4over	
Amount (\$) 595.38	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Signage
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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	2 FILER NAME <i>Roxanne Martinez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/9/21</i>	5 Payee name <i>Victory Companies</i>	
6 Amount (\$) <i>743.62</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing</i>	(b) Description <i>Signage</i>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/15/21</i>	Payee name <i>USPS</i>	
Amount (\$) <i>36.00</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Postage</i>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/19/21</i>	Payee name <i>Staples</i>	
Amount (\$) <i>74.96</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <i>Print materials</i>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 3/22/21		5 Payee name Marissa Sanchez			
6 Amount (\$) 1,000.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/25/21		Payee name OTC Brands			
Amount (\$) 354.18		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other		Description supplies		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/25/21		Payee name Lowe's			
Amount (\$) 304.20		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description materials for signs		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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
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	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 3/29/21	5 Payee name Boomerjacks	
6 Amount (\$) 96.33	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Volunteer meeting/dinner
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/29/21	Payee name Dollar General	
Amount (\$) 66.03	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Supplies
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/31/21	Payee name 4over	
Amount (\$) 340.41	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Literature/signage
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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