		CEHOLDER E REPORT					ORM C/OH HEET PG 1
The C/OH Instruction G	uide explains how	o complete this form	1 Fi	ler 1D (Ethics Comini	ssion Filets)	2 Total pages fri	ed
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	Ruxann	l	7,11		OFFICE	USE ONLY
NAME	NICKHAME	martin		SU	JFFIX.	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	POBOX FORT	62253 rth TX 76	0161	STATE ZI	⊃ CODE	RECE APR 0	M. P. S. T. T. S.
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 96-6586		EXTENSION		Board of I	gr Date Postgarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MICKNAME	Gerald		Miles Control of St.	erres e	Receipt #	Amount S
		shelbo	γ			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	1315 NE	37th St 17th TX		сіту.	====	STATE	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 68 - 273 0		EXTENSION			
9 REPORT TYPE	January 15	30th day before		Runoff	Modified	treasurer ap (Officeholder	
10 PERIOD COVERED	Month	Day Year	-	HROUGH	Month	Day feat	
11 ELECTION	Month Day	Year Prima		Runoff (Other Description		
12 OFFICE	OFFICE HELD (# any)			13 OFFICE SOUG	HT (# known)	ol Board	Trustee
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE CONSENT, CANDIDATES	E OF POLITICAL CONTRIBUTION EHOLDER THESE EXPENDITE AND OFFICEHOLDERS ARE RE	ONS ACCEPTE JRES MAY HA	D OR POLITICAL EXPE	NDITURES MA	ADE BY POLITICAL COM	MITTEES TO SUPPORT
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		A CONTRACTOR OF THE PARTY OF TH	ONLTH T	TE RECEIVE NOTICE OF	SUCH EXPENDITURES
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN	TREASURER	NAME			
		COMMITTEE CAMPAIGN	TREASURE	R ADDRESS			
GO TO PAGE 2							

	E / OFFICEHOLDER	FORM C/OH COVER SHEET PG 2
15 C/OH NAME R	exanne 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
91 31 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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 D OF REPORTING PERIOD	s 8,571.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	s 2,000.00
18 SIGNATURE I	swear, or affirm, under penalty of perjury, that the accompanying report is true an quired to be reported by me under Tille 15, Election Code	d correct and includes all information
	RMautine of Candilla	or Olficeholder
A SEGURA SEGU	Please complete either option below:	
Svides d'Angli subsenipe	before me by Roxanne Martinez this the	day of April
ma	which, witness my hand and seal of office. MYRA SEGURA entropy to the seal of office.	manager
Signature of those adminis	Printed name of officer administering oath OR	Tille of officer administering oath
(2) Unsworn Declarat	ion	
My name is	and my date of birth is	
Executed in	(street) (city) (state County, State of, on the day of (month)	e) (zip code) (country)
	Signature of Candidate	/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	Roxanne Martinez 20 F	iler ID (Ethics Commis	sion Filers)	
	IEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT	
1	SCHEDULE AT MONETARY POLITICAL CONTRIBUTIONS	\$	9033.96	
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3	SCHEDULE B PLEDGED CONTRIBUTIONS	s	0.00	
4	SCHEDULE E: LOANS	\$	2,000.00	
5	SCHEDULE FIE POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBE	UTIONS \$	5272.32	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00	
7.	SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	RIBUTIONS \$	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 HE PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	IESS OF C/OH \$	0.00	
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	UTIONS \$	0.00	
12	SCHEDULE K [®] INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED \$	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, Rexamme Martinez 5 Full name of contributor out-of-state PAC (ID# 7 Amount of contribution (\$) Allism Ctaig 6 Contributor address: City, State: Zip Code 3033 Leth The Ft worth TX 7610 3 Filer ID (Ethics Commission Filers) 4 Date 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#_ Mirian Frias Contributor address; Cily: State; Zip Gode 4/00, 00 2854 Audras Way Cf Ff Worth 76116 Principal occupation / Job title (See Instructions) Fremise Date Full name of contributor Out-of-state PAC (ID# Amount of contributor) Circums Change Amount of contribution (\$) Date Full name of contributor Sci DSCI a Flowers Contributor address; City. State: Zip Code 6731 Trail Cliff Way ff Worth 76132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Contract Administrator Amount of contribution (\$) \$100,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) 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

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

ir tire reques	ted 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 1/28/21	5 Full name of contributor cut-of-state PAC (1D#) Jennifer Trevino 6 Contributor address; City, State, Zip Code 4917 Robinson Ft Worth TX 76114	7 Amount of contribution (\$)
o Filicipal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
2/14/21	Allism Craig Contributor address, City. State: Zip Code 3033 WHA AVE FLWORTH TX 76/110	\$ 25.00
Principal occur	anion / 300 title (366 Instructions)	lions)
Profes	sur TCU	
Date	Patricia Martinez	Amount of contribution (\$)
2/16/21	Patricia Martinez Contributor address; City State: Zip Code 1421 Michael Fluorth TX 76106	\$10.00
AHLA	Dation / Job title (See Instructions) Finally (See Instruc-	dions)
Date	Full name of contributor out-of-state PAC (IDE	Amount of contribution (\$)
2/22/21	Ruben Edicia Contributor address: City, State; Zip Code 1000 BOXCUR BUY A HWOYTH TX 76107	\$2,000.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ations)
		V
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ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

	pested information is not applicable, DO NOT incl		*
FILER NAM	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1
	Roxanne Martinez		3 Filer ID (Ethics Commission Filers)
Dale	Full name of contributor out of state PAC (IE) Angula Lendrios Zek)#)	7 Amount of contribution (\$)
2/23/21	2271 Lipscomb Ft Worth	State: Zip Code	\$ 35.00
Teac	Supation / Job title (See Instructions)		lons)
Date	Full name of contributor Onta Cordova	#	Amount of contribution (\$)
125/21		Stale: Zip Code	\$ 25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID:	·)	Amount of contribution (S)
26/24	Sara Peveda Contributor address: City, s	Slate; Zip Code	\$100.00
AND MAILS OF	2321 Ryantive ft worth	TX 76110	
Incipal occup	pation / Job tille (See Instructions)	Employer (See Instruction Alcon	ons)
ale	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)
24/21	Contributor address; City; s 2420 S. Adams F-Worth	TX 76110	\$250,00
ncipal occupa —	ation / Job title (See Instructions)	Employer (See Instructio	ns)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule At The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers, Roxanne Martinez Full name of contributor Rachel Delira 8 Contributor address: City; 3208 River lakes Huri Photographer Date Full name of contributor City; Date Full name of contributor City; City; Beginning the contributor Photographer Date See Instructions) 7 Amount of contribution (S) \$50.00 9 Employer (See Instructions) 2127/21 Aracely Chavez Contributor address; City: State: ZIP Code LG20 Wicks Trail Ft Worth TX 16133 Amount of contribution (\$) \$ 60.00 FWISD Diector Amount of contribution (S) \$50,00 State: Zip Code 208 DCUK Forest Euless 12 76039 Principal occupation / Job fille (See Instructions) Girls Inc. Executive 2/27/21 Bob Bonilla Contributor address; 3/62 Foch Amount of contribution (\$) \$100,00 City: H Worth TX 76107 Employer (See Instructions) Educator 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 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule At The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Roxanne Martinez 4 Date 5 Full name of contributor out-of-state PAC (ID# Veronica Upe 2 2/27/21 6 Contributor address: City: State, Zlp Code 3251 Medina Ave. ## Worth TX 76133 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 7 Amount of contribution (\$) \$ 25.00 9 Employer (See Instructions) Velia Varela Velia Varela Contributor address, City: State: Zip Code 2500 Wra Cruz H Worth TX 76106 Principal occupation / Job litle (See Instructions) Ful SD Ful SD Amount of contribution (\$) \$25.00 Employer (See Instructions) FWISD Full name of contributor out-of-state PAC (ID# Date Amount of contribution (\$) Alicia Jimenez Contributor address: City: State: Zip Code \$25.00 2/27/21 Principal occupation / Job title (See Instructions) HR Coordinator Date Full name of contributor Out-of-state PAC (ID# Principal occupation / Job tille (See Instructions) Pastor Political Pac (ID# Amount of contributor of contri Amount of contribution (\$) 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 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule At The Instruction Guide explains how to complete this form. 2 FILER NAME ROLANNE Martinez 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor USA Accuedo 6 Contributor address: 1722 S. Carson Tulsa Ok 74119 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) SOJEX O Full name of contributor out-of-state PAC (ID# Date Pull name of contributor Sally Gude Contributor address, City State: Zip Code Sol Sth Ave H Worth TX 76100 Principal occupation / Job little (See Instructions) Craphic Pesigher Date Full name of contributor Contributor address, City State: Zip Code Sol Sth Ave H Worth TX 76100 Employer (See Instructions) Craphic Pesigher Date Full name of contributor Contributor address, City: State: Zip Code Amount of contribution (\$) \$ 200,00 Amount of contribution (\$) \$50.00 At Worth TL Principal occupation / Job little (See Instructions) Employer (See Instructions) 3/10/21 Contributor address: 3/10/21 Contributor address: City: State: Zip Code 3033 Leth Ave feworth TX 76/10 Principal occupation: Job tille (See Instructions) Professor Employer (See Instructions) Amount of contribution (S) \$ 25.00 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONET	ARY POLITICAL CONTRIBUTIONS	2011
If the reques	sted information is not applicable, DO NOT include this pa	SCHEDULE A1 age 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 3/14/21	5 Full name of contributor out-of-state PAC (IDs	7 Amount of contribution (\$)
	1421 Michael Ft Worth TX 7	6106 \$10.00
Attend	dant Self	See Instructions)
3/1/21	Full name of contributor DUI of State PAC (IDE	Amount of contribution (\$)
	3010 6th Que Ft Worth TX 761	Code \$60.00
Acupi	unctunst Souths	sec Instructions)
3/1/21	Full name of contributor out-or-state PAC (ID#	Amount of contribution (\$)
	5336 New Castle 7 worth 72 76	\$50.00
Principal occup		See Instructions)
311/21	Full name of contributor Out of state PAC (IDS	(4)
	404 Ryan et Edmond OK 730	\$50.00 003
Social	Worker Paren	see Instructions) + Promise
	ATTACHADDITIONAL COPIES OF THIS SCHED If contributor is out-of-state PAC, please see Instruction guide for	DULE AS NEEDED additional reporting requirements.
	as Ethics Commission www.ethics state tx us	Revised 8/17/202

Jesus Divares 6 Contributor address; City; Heal Fawn Dr H w Principal occupation / Job title (See Instructions) Date Full name of contributor Alison Craig Contributor address; City: 3033 leth Ove H wor Principal occupation / Job title (See Instructions) Faculty Date Full name of contributor Contributor address; City: Alison Craig Contributor address; City: Alison Craig Contributor address; City: 114 Terrace Ave H w	State: Zip Code State: Zip Code ON HTX 74132 9 Employer (See Institute Wall S of PAC (IDB State: Zip Code HTX 76160 Employer (See Instruct TCU	Amount of contribution (S)
Date 5 Full name of contributor Jesus Divares 6 Contributor address; City; Heal Fawn Dr H w Principal occupation / Job title (See Instructions) Date Full name of contributor Alison Craig Contributor address; City: 3033 Ish Owe H wor Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Faculty Date Full name of contributor Accounty Principal occupation / Job title (See Instructions) Faculty Date Full name of contributor Contributor address; City: 114 Terrace Ave H w	State: Zip Code State: Zip Code ON HTX 74132 9 Employer (See Institute Wall S of PAC (IDB State: Zip Code HTX 76160 Employer (See Instruct TCU	Amount of contribution (\$) \$ 100, 60 Amount of contribution (\$)
Jesus Olivares 6 contributor address; City; Heal Fawn Dr Ff w Principal occupation / Job title (See Instructions) Date Full name of contributor address; City: Alison Craig Contributor address; City: 3033 leth Que Ff Word Principal occupation / Job title (See Instructions) Faculty Date Full name of contributor out-of-state Rachel Martinet Contributor address; City: 1114 Terrace Ave Ff W	State: Zip Code FORM TO TUP 132 State: Values of Value	\$ 100, 00 Faith Amount of contribution (s) \$ 100, 00
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Minister Date Full name of contributor out-of-state Alison Craig Contributor address: City: 3033 Leth Owe Ft Word Principal occupation / Job title (See Instructions) Faculty Date Full name of contributor out-of-state Rackel Martinez Contributor address: City: 1114 Terrace Ave Ft W	State: Zip Code HTX 76100 Employer (See Instruc	Amount of contribution (S)
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Alison Craig Contributor address: 3033 leth Ove Ft Word Principal occupation / Job title (See Instructions) Faculty Date Rackel Martinez Contributor address: City: 1114 Terrace Ave Ft W	State: Zip Code HTK 76100 Employer (See Instruc	Amount of contribution (S)
Allison Craig Contributor address; City: 3033 bth Que Ft Wor Principal occupation / Job little (See Instructions) Faculty Date Rackel Martinez Contributor address; City: 1114 Terrace Ave Ft W	State: Zip Code TH TK 76100 Employer (See Instruc	\$ 100,00
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Date Rachel Martinez Contributor address; City: 1114 Terrace Ave Ft W	th TK 76100 Employer (See Instruc	
Date Rackel Martinez Contributor address; City: 1114 Terrace Ave Ft W	Employer (See Instruc	ctions)
Pale Rackel Martinez Contributor address; City. 1114 Terrace Ave F4 W		
Rachel Martinez Contributor address; City; 1114 Terrace Ave Ft W	PAC (ID#	
Contributor address; City;		Amount of contribution (5)
1114 Terrace Ave Ft W	Slate; Zip Code	\$50.00
		930.00
Principal occupation / Job title (See Instructions)	Employer (See Instruc	lions)
	Fairfield	
Date Full name of contributor out-of-state	PAC (ID#	Amount of contribution (\$)
2/21 Maria Hernardez Contributor address. City.	State 75 Oct	L .
3162 n Crump Ft W	Mh Dy 7/4/1/	\$10.00
Principal occupation / Job title (See Instructions)	Employer (See Instruc	(lons)
rainer	Stericycle	٠
	9	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schiedule A1 The Instruction Guide explains how to complete this form, 2 FILER NAME ROYANNE Martinez 3 Filer ID (Ethios Commission Filers) 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID# 7 Amount of contributor address; City: State; Zlp Code \$10.00 4 Date 13740 Hickory Creek Haslet TV 16052 8 Principal occupation / Job title (See Instructions) Teacher 9 Employer (See Instructions) FUNS D Date Full name of contributor Didna Rodriguet Contributor address; City, State; Zip Code \$25.00 1711 Blaumont Pt Worth TY 76106 Principal occupation / Job title (See Instructions) Surgery Schoduler Amount of contrib Date Full name of contributor State: Amount of contributor Solo W. 31St Houston TX 77018 Principal occupation / Job little (See Instructions) Attorney Date Full name of contributor Solo W. 31St Houston TX 77018 Principal occupation / Job little (See Instructions) Trans Canada USA Date Full name of contributor Date Full name of contributor Solo W. 31St Houston TX 77018 Amount of contributor Solo W. 31St Houston TX 77018 Amount of contributor Solo W. 31St Houston TX 77018 Amount of contributor Amount of contribution (\$) Principal occupation / Job tille (See Instructions) Customer Service Supervisor Principal occupation / Job tille (See Instructions) Customer Service Supervisor Principal occupation / Job tille (See Instructions) Customer Service Supervisor Principal occupation / Job tille (See Instructions) Customer Service Supervisor Amount of contributor contributor out-of-state PAC (IDE Amount of contributor contributor) State. Zip Code \$25, UD Employer (See Instructions) YSTAS Amount of contribution (\$) 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 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Roxanne Martinez 4 Date 5 Full name of contributor out-of-state PAC (ID# _______) 3/6/3/ DILLON Metzgar 6 Contributor address; City, State; Zip Code 2200 W Magnolia Ft Worth The 1/10 8 Principal occupation / Job little (See Instructions) 18 Employer (See Instructions) 19 Employer (See Instructions) out-of-state PAC (ID#) 7 Amount of contribution (\$) \$25.00 Teacher Amount of contribution (5) Cristina Ramirez Contributor address, City: State: Zip Code 3054 Weber Ft worth TX 76106 Principal occupation / Job title (See Instructions) Clerk Employer (See Instructions) FW15D \$50 00 Steven Poole Contributor address, City: State: Zip Code 3/8/24 Contributor address, TWOYTH TX 76140 Amount of contribution (\$) \$ 2.000 00 Principal occupation / Job title (See Instructions) EXPCUTIVE Director Employer (See Instructions) Date Full name of contributor Marsha Modre Contributor address: City: State, Zip Code 2200 Washington Ft Worth 7276110 Principal occupation / Job title (See Instructions) Professor Employer (See Instructions) American College of Education 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 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethios Commission Filers) Roxanne Martinez 4 Date 5 Full name of contributor out-of-state PAC (108 7 Amount of contribution (\$) 3/15/21 6 Contributor address; City: State; Zip Code 425.00 6 Contributor address; City: State; Zip Code 425.00 6 Contributor address; City: State; Zip Code 425.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) First Command Financial Date Full name of contributor Sandra Étarcia Contributor address, City; State; Zip Code 3315 N Nichels P Worth TX 76106 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$50.00 Amount of contribution (S) Bianca Cerda Contributor address; City; State; ZIp Code 3/15/21 \$10.00 28/6 Luly Fr Worth TX 76/06 Employer (See Instructions) 3/16/21 Victor Beltran Gentributor address, City, State, Zip Code 3/16/21 Principal occupation / Job title (See Instructions) Systems Administrator Has IT Solutions \$25.00 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1
2 FILER NAME	RoxanneMartinez		3 Filer ID (Ethics Commission Filers)
3/16/21	5 Full name of contributor out-of-state PAC Rachel Jenkins 6 Contributor address; City: 14027th Ave Ft worth	State; Zip Code	7 Amount of contribution (\$)
		9 Employer (See Instruction NCTCOG	onsj
Date	Full name of contributor out-at-state PAC Manissa Sanche ±	(ID#)	Amount of contribution (\$)
3/16/21		Stale: Zip Code 5747 76179	\$100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
5/16/21	Breinn Richter Contributor address; City; 1801 Leth Ave Hworth TX	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Self (See Instructi	ons)
3/17/21	Contributor address; City;	(10z	Amount of contribution (\$)
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Roxanne Martinez out-of-state PAC (ID# 7 Amount of contribution (\$) 3/17/21 Comeron Stok 6 Contributor address: City; State; ZIP Code 3010 Leth Ave Ftworth TX 76/10 B Principal occupation / Job title (See Instructions) Caupurchurist Date Full name of contributor Ramon Romero Jr. South Side Acupurchure Amount of contribution (\$) Po Box 181 Fortwarth TX 76/01 Principal occupation / Job title (See Instructions) Employer (See Instructions) Findipal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Denise Childs Contributor address: City: State; Zip Code \$50.00 Principal occupation / Job title (See Instructions) Teacher Full name of contributor Out-of-state PAC (IDM Amount of contributor contributor) State; Zip Code \$50.00 Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$)

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 If the requested information is not applicable, DO NOT include this page in the report, 1 Total pages Schedule At The Instruction Guide explains how to complete this form. 2 FILER NAMÈ Roxanne Martinez 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 3/17/21 6 Contributor address: City. State; Zip Code 4942 Degate To San Antonio TY 18222 B Principal occupation / Job title (See Instructions) 18 Principal occupation / Job title (See Instructions) SAIS P \$19.96 9 Employer (See Instructions) SAISP Amount of contribution (\$) Jenny Camacho Hernandez Contributor address: City: State: Zip Code 3/17/21 \$100.00 15540 Cedar Grove Wellington FL 33414 Principal occupation / Job Ittle (See Instructions) Employer (See Instructions) Johanna Hernandez Contributor address; City. State: Zip Code Amount of contribution (S) 3600 Willowbrook Dr Ftworth TX 76133 Date Full name of contributor Out of-state PAC (IDB Amount of contribution (\$) Fi heatine key Contributor address. City. State. Zip Code \$25.00 7200 Dallas Pkwy#410 Plane TX 75024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Communities Found advise of Texas out of-state PAC (ID#_ Amount of contribution (\$) 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 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule At The Instruction Guide explains how to complete this form. Roxanne Martinez 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor Raquel RusaleS 3/18/21 6 Contributor address; City; State, Zip Code 2824 Jeff Ff Worth TX 76111 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru Ruls D 7 Amount of contribution (\$) \$ 40.00 9 Employer (See Instructions) Principal occupation / Job little (See Instructions) Pulvery Driver Pull name of contributor out of-state PAC (108) Amount of contributor Out of-state PAC (108) Amount of contributor Amount of contributor Amount of contributor Out of-state PAC (108) Amount of contributor State: Zip Code Amount of contributor Amount of contribution (\$) 3/3/21 Michellu Mertinet Contributor address: City. State: Zip Code Amount of contribution (\$) \$ 10,00 1700 Beaumont Ft Worth TX 76106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 3/3/21 Sally Castro Contribute address. City. State Ztp Code \$10.00 1709 Blaumont Pt Worth TX 76106 Principal occupation / Job title (See Instructions) VA Operator TT1 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 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form: 3 Filer ID (Ethics Commission Filers) Roxanne Martinez 4 Date 5 Full name of contributor out-of state PAC (IDS 7 Amount of contribution (\$) 3/23/21 6 Contributor address; City; State; Zip Code 7 200. 60 4 B Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Director 3/3/21 Angla Lend 2 i OS Zek. Contributor address: City: State; Zip Code of State; State; Zip Code of State Amount of contribution (\$) \$50.00 3/23/21 Hayley Spinks Contributor address: City. State: Zip Code \$50. a 2840 Willing W FTWOYTHTX 76110 Principal occupation / Job title (See Instructions) Dietitian Cook's Children Amount of contribution (\$) \$50.00 3/3/21 Texas Latina List Contributor address. City. State Zip Code PO BOX LOVAS F Worth TX 76164 Principal occupation / Joh Mis 1857 \$300.00 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 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule At The Instruction Guide explains how to complete this forma 3 Filer ID (Ethios Commission Filers) Roxanne Martinez tate PAC (ID# 7 Amount of contribution (\$) 4 Date 5 Full name of contributor Maguel Martinl2 6 Contributor address: 330 S Blue Mound Sagnaw TX 76131 8 Principal occupation / Job tille (See Instructions) Business Dwner 1 Date Full name of contributor City: State: Zip Code Amount of contrib State: Zip Code Amount of contrib Funding accupation / Job title (See Instructions) Professor Date Full name of contributor Out-of-state PAC (ID# Amount of contrib Amount of contrib Amount of contribution (\$) Scrafterrera Contributor address: City. State: ZIP Code \$50.00 Principal occupation / Job little (See Instructions) Educator Full name of contributor address: City. State: ZIP Code \$50.00 Amount of contributor contributor address: City. State: ZIP Code \$50.00 Amount of contributor contributor address: City. State: ZIP Code \$50.00 Amount of contributor contributor address: City. State: ZIP Code \$50.00 Amount of contributor contributor address: City. State: ZIP Code \$50.00 Amount of contributor address: City. Amount of contribution (\$) Date Slag | Full name of contributor cuttof state PAC (1D4) Mishon Landry Contributor address, State, Zip Code \$35.00 8512 High Point Ct NKH TX 76182 Principal occupation / Job title (See Instructions) Self Employed Employer (See Instructions) Churcher Consultants 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

The	Instruction Guide explains how to	complete this	form	1 Total pages Schedule A1
FILER NAME	Roxanne Mar	tine-2	 -	3 Filer ID (Ethics Commission Filers)
3/31/21	5 Full name of contributor Ecida Forrest 6 Contributor address; 5336 New Castletin		State, Zip Code VHA TX 76 135	7 Amount of contribution (\$) \$50.00
	pation / Job title (See Instructions) WORKER		9 Employer (See Instruction	lions) Center
Date	Full name of contributor	out-of-state PAG	(ID#)	Amount of contribution (\$)
	Contributor address;	City;	Slate; Zip Code	
Principal occu	pation / Job IIIIe (See Instructions)		Employer (See Instruc	lions)
Date	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$)
	Contributor address;		Slate; Zip Code	
Principal occu	rpation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#	Amount of contribution (\$)
	Contributor address,		State; Zip Code	

LOANS SCHEDULE E						
If the requested information is not applicable, DO NOT include this page in the report.						
The In	1 Total pages Schedule E.					
Roxanne martinez			3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED LOANS			\$ 2,000.00			
5 Date of loan 3/22/21	7 Name of lender out-of-state Ruber Garcia	9 Luan Amount (S) 3,000.00				
6 Is lender a financial Institution?	8 Lendor address, City. 1000 BOXCAT Blvd FF	10 Interest rate 0 70 11 Maturity date				
Y (V)		1.0	12/31/21			
NA	n / Job title (See Instructions)	13 Employer (See Instructions) NA				
14 Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
not applicable	18 Guarantor address; City;	Stale; Zip Code				
20 Principal Occupal	ion (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender	PAC (ID#	Loan Amount (\$)			
Is lender a financial Institution?	Lender address; City;	Slale; Zip Code	Interestrate			
YN			Maturity date			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	ı			
Description of Coll	ateral	Check if personal fun	ds were deposited into political			
none		account (See Instruct	tions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
not applicable	an (Car Industrian)	Frank v. 15				
Principal Occupati	on (See Instructions)	Employer (See Instructions)				
If le	ATTACH ADDITIONAL COI	PIES OF THIS SCHEDULE AS NE				

SCHEDULE F1

	EXPENDITURE CATE	EGORIES FOR BOX 8(a)			
Advertising Expense Accounting Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credt Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Vages/Contract Labor Ins how to complete this form.	Solicitation Fundration Expense Transportation Equipment & Related Expense Travel In Destrict Travel Out of District Other (enter a category not listed above)		
1 Total pages Schedule F1	2 FILER NAME ROYAMA	Martinez	3 Filer ID (Ethics Commission Filers)		
4 Date /21	5 Pavee name				
6 Amount (S)	Impressive Print				
213.25	1 rayee address.	City,	Stale; Zip Code		
8	(a) Category (See Categories listed at the lop of the	s schedule) (b) Description			
PURPOSE OF EXPENDITURE	Printing	Tshirts			
	(c) Check it travel outside of Toxas Complete	ScheduleT Check If Austri	n TX officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Or	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
1/6/21	Act Blue				
Amount (\$)	Payee address;	City;	State; Zip Code		
7.13					
DUDDOSE	Calegory (See Categories listed at the top of this	schedule) Description			
PURPOSE OF EXPENDITURE	Fees	Ecommer	ce Fees		
	Check if Iravel outside of Texas. Complete	Schedule T Check if Austir	n TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Or	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
1/19/21	Pollar General				
Amount (\$)	Payee address;	City;	State; Zip Code		
27.06					
	Category (See Categories listed at the top of this	s schedule) Description			
PURPOSE OF EXPENDITURE	Other	Supplie:	2		
	Check if travel outside of Texas. Complete	Schedule T Check if Austin	n TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political CreditCard Payment	Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing	payment Reimbursement verhead Rental Expense Expense Expense Wages Cantrad Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In Destrict Travel Out of District Other (enter a category not listed above)
		1	3 Filor ID /Fibres Com
1 Total pages Schedule F1	2 FILER NAME ROXANNE MO	utinez	3 Filter ID (Ethics Commission Filers)
4 Dale/21/21	Buon Giorno Coffee	e	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
10.01			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food/Beverage	Meeting	
	(c) Check fit travel outside of Texas. Complete Schedule T	Check if Aust	lin TX officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/25/21	Hover		
Amount (\$)	Payee address;	City	State, Zip Code
708.60			
	Calegory (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing	Literati	ure/Signs
	Check if travel outside of Texas. Complete Schedule T	Check if Aust	lin TX officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
1/28/21	Texas Democratic Par	ty VAN	
Amount (\$)	Payee address.	City:	State; Zip Code
325.00			
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 Aus	fin TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CORIES OF TH	IIQ QCHEDIII E AC NE	EDED

SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Creds/Card Payment	Fees Of Food/Beverage Expense Programmers	van Repayment/Rolinbursement flice Overhead/Rental Expense olling Expense inting Expense alaries/Wages/Contract Lobor ow to complete this form,	Solicitation Fundrating Expense Transportation Equipment & Retailed Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME ROXANNE N	nartinez	3 Filer ID (Ethics Commission Filers)
4 Date 1/24/21	Frost Bank		
9.00	7 Payee address;	City	State; Zip Code
8	(a) Category (See Calegories listed at the top of this scho	edule) (b) Description	
PURPOSE OF EXPENDITURE	Fels	Bank F	ee
	(C) Check if travel outside of Texas. Complete School	JuleT Check if Austri	n TX, oMccholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
2/3/21	Rendyll Locke		
300.00	Payee address;	City;	State, Zip Code
PURPOSE OF EXPENDITURE	Contract Labor	dule) Description	
	Check d travel outside of Texas Complete Sched	dule T Check & Austr	n TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidale / Officeholder name DH	Office sought	Office held
Date	Payee name		
2/3/21	Act Blue		
3.58	Payee address.	City:	State; Zip Code
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Fees	Ecomme	erce Fees
	Check if (rave) outside of Texas. Complete Sche-	duleT Check if Austi	n TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held

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 Denailors Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagos/Contract Labor

Solicitation/Fundrating Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

Creatica a Payment	The Instruction Guide explains how to	complete this form	(above)
1 Total pages Schedule F1	2 FILER NAME ROXANNE MA	rtinez	3 Filer ID (Ethics Commission Filers)
2/26/21	Frust Bank		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
10.00			
8	(a) Category (See Categories listed at the top of this schiedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Bank F	ees
	(c) Check if travel outside of Texas Complete Schedule T	Check if Aust	in, TX, officeholder living expense
9 Camplete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
3/1/21	Act Blue		
Amount (\$)	Payee address;	City;	State, Zip Code
47.58			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Ecomm	verce Fees
	Check if travel outside of Texas Complete Schedule T	Check if Austi	in TX officeholder living expense
Complete QNLY if direct expanditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/9/21	4over		
Amount (\$)	Payee address,	City;	State Zip Code
595.38			
	Callegory (See Callegories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing	Signa	ge
	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	S SCHEDULE AS NET	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica CreditCard Payment	Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	Office Overl Polling Exp Printing Exp Salaries/V&	pense ages/Contract Labor	Soboration/Fundrals Transportation Equip Travel in District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1	2 FILER NAME ROXanne	ma	rtinet	3 Filer JD (Ethics	s Commission Filers
4 Date 3/9/21	5 Payee name Roxanne Victory Compan	iles			
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
743.62		*			
8	(a) Category (See Categories listed at the top of this sc)	hedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing		Signag	ge .	
	(C) Check d travel outside of Texas Complete Sche	edule T	Check if Austir	n TX officeholder living	exponse
9 Complete <u>ONLY</u> If direct expenditure to benefit C/O	Candidate / Officeholder name न		Office sought		Office held
Date	Payee name				
3/15/21	USPS				
Amount (\$)	Payee address;		City,	State.	Zip Code
36.00					
	Category (See Categories listed at the top of this sch	redule)	Description		
PURPOSE OF EXPENDITURE	Advertising		Postad	ge	
	Check if travel outside of Texas Complete Scho	edule T	Check if Austin	TX afficeholder living	expense
Complete <u>OFILY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
Date	Payee name				
3/19/21	Staples				
Amount (\$)	Payee address;		City;	State;	Zip Code
74.96					
	Category (See Categories listed at the top of this schi	redule)	Description		
PURPOSE OF EXPENDITURE	Printing		Print m	naterials	S
	Check il travel outside of Texas. Complete Sche	edule T	Check if Austin	n TX officeholder living	expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expanse Accounting Banking Consulting Expanse Contributions Donations Made By Candidate Officeholder Political	Fees Of Food/Enverage Expense Po Giff/Awards/Memorials Expense Pr	an Repayment Keimbursement Ilce Overhead/Rental Expense illing Expense inling Expense ilaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel To District Travel Coul Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains he	ow 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 Sanche	2-		
6 Amount (\$)	7 Payee address;	City	State; Zip Code	
1,000.00				
8	(a) Category (See Categories listed at the top of this scho	edule) (b) Description		
PURPOSE OF EXPENDITURE	Contract Labor			
	(c) Check if travel outside of Texas. Complete School	dule T Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3/25/21	OTC Brands			
Amount (\$)	Payee address;	City	State, Zip Code	
354.18				
	Calegory (See Calegories listed at the top of this scho	edule) Description		
PURPOSE OF EXPENDITURE	other	Supplie	CS	
	Check if travel outside of Texas. Complete Sche	duleT Check if Aus	ilin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3/25/21	Lowe's			
Amount (\$)	Payee address,	Clty;	State, Zip Code	
304.20				
	Category (See Categories listed at the top of this sch	edule) Description		
PURPOSE OF EXPENDITURE	Advertising	materi	ials for signs	
	Check if travel outside of Texas Complete Sch	eduleT Check if Au	stin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS N	EEDED	

SCHEDULE F1

	EXPENDITURE CATEG	FORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Continbutions Donations Made By Candidate/Officeholder/Political CredsCard Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Vages/Contract Labor	Solidation Fundroising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Cied Court a Autori	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Dale / 29/21	5 Payer name Boomer ades		
6 Amount (\$) 96.33	7 Payee address;	City	State; Zip Code
8	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Ford/Beverage EX	pense Volunte	er meeting/dinner
	(C) Check if travel outside of Texas. Complete Sc	cheduleT Check if Austr	n TX officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/ON	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/29/21	Dollar General		
Amount (\$)	Payee address;	City;	State, Zip Code
66.03		2	
	Callegory (See Categories listed at the top of this se	chedule) Description	
PURPOSE OF EXPENDITURE	Other	Supplie	S
	Check if travel outside of Texas. Complete So	chedule T Check if Austin	n TX officeholde: Rying expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
3/31/21	4over		
Amount (\$)	Payee address;	City;	State; Zip Code
340.41			
	Callegory (See Categories listed at the top of this s.	chedule; Description	
PURPOSE OF EXPENDITURE	Printing	Litercutu	re/signage
	Check disaveloutside of Texas. Complete Sc	chedule T Check if Austin	n TX officeholder living expense
Complete ONLY if direct expenditure to benefit G/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	EDED