

# 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 Filers)

2 Total pages filed: 6

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <p style="text-align:center; font-size:1.2em;"><b>Roxanne</b></p> NICKNAME LAST SUFFIX <p style="text-align:center; font-size:1.2em;"><b>Martinez</b></p>	<b>OFFICE USE ONLY</b>  Date Received  January 13, 2023   Date Hand-delivered or Date Postmarked by email   Receipt #      Amount \$ 0  Date Processed      1/13/2023  Date Imaged      1/13/2023												
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align:center; font-size:1.2em;"><b>PO Box 162253</b></p> <p style="text-align:center; font-size:1.2em;"><b>Fort Worth, TX 76161</b></p>													
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="text-align:center; font-size:1.2em;"><b>( 817 ) 381 6599</b></p>													
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <p style="text-align:center; font-size:1.2em;"><b>Gerald</b></p> NICKNAME LAST SUFFIX <p style="text-align:center; font-size:1.2em;"><b>Shelbon</b></p>													
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align:center; font-size:1.2em;"><b>PO Box 162253</b></p> <p style="text-align:center; font-size:1.2em;"><b>Fort Worth, TX 76161</b></p>													
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="text-align:center; font-size:1.2em;"><b>( 817 ) 381 6599</b></p>													
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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)													
<b>10</b> PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <p style="text-align:center; font-size:1.2em;"><b>07 / 01 / 22      THROUGH      12 / 31 / 22</b></p>													
<b>11</b> ELECTION	ELECTION DATE      ELECTION TYPE Month      Day      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special      _____													
<b>12</b> OFFICE	OFFICE HELD (if any) <p style="text-align:center; font-size:1.2em;"><b>FWISD Trustee District 9</b></p>	<b>13</b> OFFICE SOUGHT (if known)												
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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.  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><input type="checkbox"/> GENERAL</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td></td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>		<input type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS			COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME												
<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS												
		COMMITTEE CAMPAIGN TREASURER NAME												
		COMMITTEE CAMPAIGN TREASURER ADDRESS												

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>15 C/OH NAME</b> Roxanne Martinez		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 485.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 2,653.22
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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.

*Roxanne Martinez*

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**OR**

**(2) Unsworn Declaration**

My name is Roxanne Martinez, and my date of birth is 06/27/1980.  
 My address is PO Box 162253, Fort Worth TX 76161, \_\_\_\_\_, \_\_\_\_\_, USA.  
 (street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 31st day of December, 20 22.  
 (month)

*Roxanne Martinez*

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

<b>19</b> FILER NAME Roxanne Martinez		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 485.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$ 0.00
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 603.22
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 2,050.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 1
<b>2</b> FILER NAME <b>Roxanne Martinez</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/29/22	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin Muller <b>6</b> Contributor address; City; State; Zip Code 980 Jefferson Avenue Charles Town, WV 25414	<b>7</b> Amount of contribution (\$) 30.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/30/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Canary</b> Contributor address; City; State; Zip Code 5 Tallullah Circle Valdosta, GA 31602	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Martinez Contributor address; City; State; Zip Code Fort Worth, TX 76106	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Hernandez Contributor address; City; State; Zip Code Fort Worth TX 76106	Amount of contribution (\$) 150.00
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.

# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>1</b>	<b>2</b> FILER NAME <b>Roxanne Martinez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/30/22	<b>5</b> Payee name Frost Bank	
<b>6</b> Amount (\$) 50.00	<b>7</b> Payee address; City; State; Zip Code 201 NW 28th St Ste 201 Fort Worth, TX 76164	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Banking	<b>(b)</b> Description Fees
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/5/22	Payee name DHJ Dance Department	
Amount (\$) 300.00	Payee address; City; State; Zip Code 1411 Maydell St Fort Worth TX 76106	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sponsorship - Program Ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 11/10/22	Payee name GoDaddy	
Amount (\$) 253.22	Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising & Other Expense	Description Website Domain/Hosting & Email
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>1</b>	<b>2</b> FILER NAME <b>Roxanne Martinez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/25/22</b>	<b>5</b> Payee name <b>DHJ Heritage Foundation</b>	
<b>6</b> Amount (\$) <b>650</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>1009 Acorn Ct Arlington TX 76012</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Sponsorship - Golf Tournament</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>10/15/22</b>	Payee name <b>Jason's Deli</b>	
Amount (\$) <b>400</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>6500 NW Loop 820 Ste 116 Lake Worth TX 76137</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food Expense</b>	Description <b>DHJ &amp; Carter Riverside Volleyball</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 <b>7/20/22</b>	Payee name <b>Bags in Bulk</b>	
Amount (\$) <b>1,000</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Back to School Backpack Drives</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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

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