

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: 7 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: _____ FIRST: Roxanne MI: _____ NICKNAME: _____ LAST: Martinez SUFFIX: _____ | OFFICE USE ONLY Date Received <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;"> RECEIVED JUL -2 2022 Board of Education </div> Date Hand-delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____ | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ PO Box 162253 Fort Worth TX 76161 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____ (817) 381 6599 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: _____ FIRST: Gerald MI: _____ NICKNAME: _____ LAST: Shelbon SUFFIX: _____ | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ PO Box 162253 Fort Worth TX 76161 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____ (817) 381 6599 | | |
| 9 REPORT TYPE | <input 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 checked="" 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 Month Day Year 01 / 15 / 22 THROUGH 06 / 30 / 22 | | |
| 11 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 | | |
| 12 OFFICE | OFFICE HELD (if any) FWISD Trustee District 9 | 13 OFFICE SOUGHT (if known) | |
| 14 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. | | |
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE: _____ COMMITTEE NAME: _____ 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

| | | |
|---|---|--|
| 15 C/OH NAME Roxanne Martinez | | 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) | \$ 30.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 425.14 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 118.22 |
| OUTSTANDING LOAN TOTALS | 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 6/27/1980

My address is PO Box 162253, Fort Worth, TX, 76161

Executed in Tarrant County, State of Texas, on the 2nd day of July, 20 22

Roxanne Martinez

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Roxanne Martinez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | | |
|-----|--------------------------|--|-----------|
| 1. | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 30.00 |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ / |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ / |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ / |
| 5. | <input type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 425.14 |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ / |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ / |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ / |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ / |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ / |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ / |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ / |

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: 1 |
| 2 FILER NAME Roxanne Martinez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/29/22 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robin Muller | 7 Amount of contribution (\$) 30.00 |
| 6 Contributor address: _____ City: _____ State: _____ Zip Code _____ | | |
| 8 Principal occupation / Job title (See Instructions) Physician | | 9 Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code _____ | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code _____ | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code _____ | Amount of contribution (\$) |
| 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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 3 | 2 FILER NAME Roxanne Martinez | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/31/22 | 5 Payee name Frost Bank | |
| 6 Amount (\$) 15.00 | 7 Payee address: City; State; Zip Code P.O. Box 16509 Fort Worth, Texas 76162 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Banking | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> 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 2/7/22 | Payee name GoDaddy |
| Amount (\$) 119.77 | Payee address: City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising |
| | <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 2/28/22 | Payee name Frost Bank |
| Amount (\$) 15.00 | Payee address: City; State; Zip Code P.O. Box 16509 Fort Worth, Texas 76162 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Banking |
| | <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 |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Roxanne Martinez | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/31/22 | 5 Payee name Frost Bank | |
| 6 Amount (\$) 15.00 | 7 Payee address: City: State: Zip Code P.O. Box 16509 Fort Worth, Texas 76162 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Banking | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> 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 3/31/22 | Payee name Casa Azul | |
| Amount (\$) 15.37 | Payee address: City: State: Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description |
| | <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 4/1/22 | Payee name DHJ Athletics Booster Club | |
| Amount (\$) 200.00 | Payee address: City: State: Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Donation | Description |
| | <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> 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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

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| | | |
|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Roxanne Martinez | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/29/22 | 5 Payee name Frost Bank | |
| 6 Amount (\$) 15.00 | 7 Payee address: City: State: Zip Code P.O. Box 16509 Fort Worth, Texas 76162 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Banking | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> 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 5/31/22 | Payee name Frost Bank | |
| Amount (\$) 15.00 | Payee address: City: State: Zip Code P.O. Box 16509 Fort Worth, Texas 76162 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Banking | Description |
| | <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 6/29/22 | Payee name Frost Bank | |
| Amount (\$) 15.00 | Payee address: City: State: Zip Code P.O. Box 16509 Fort Worth, Texas 76162 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Banking | Description |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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