

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

|   |  |                                       |                               |  |
|---|--|---------------------------------------|-------------------------------|--|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                           |  | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: <b>8</b> |  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR  | FIRST<br><b>Roxanne</b>               | MI<br><b>MI</b>               | <b>OFFICE USE ONLY</b><br><br>Date Received<br><div style="color: red; font-size: 1.2em; font-weight: bold;">RECEIVED</div><br><div style="color: red; font-size: 1.2em; font-weight: bold;">JUL 15 2021</div><br><div style="color: red; font-size: 1.2em; font-weight: bold;">Board of Education</div><br>Date Hand-delivered or Date Postmarked<br><div style="color: blue; font-size: 1.2em; font-weight: bold;">Email<br/>7-15-2021</div> |
|   | NICKNAME   | LAST<br><b>Martinez</b>               | SUFFIX                        |  |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>PO Box 162253<br/>Fort Worth, TX 76161</b>  |                                       |                               |  |
|   | AREA CODE  | PHONE NUMBER                          | EXTENSION                     |  |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | ( <b>817</b> )   | <b>296-6586</b>                       |                               |  |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR  | FIRST<br><b>Gerald</b>                | MI<br><b>MI</b>               |  |
|   | NICKNAME   | LAST<br><b>Shelbon</b>                | SUFFIX                        |  |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>1315 NE 37th St, Fort Worth TX 76106</b>   |                                       |                               |  |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE  | PHONE NUMBER                          | EXTENSION                     |  |
| ( )   |  |                                       |                               |  |
| <b>9 REPORT TYPE</b>  | <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)<br><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) |                                       |                               |  |
| <b>10 PERIOD COVERED</b>  | Month    Day    Year    THROUGH    Month    Day    Year<br><b>05 / 28 / 2021    THROUGH    07 / 14 / 2021</b>  |                                       |                               |  |
| <b>11 ELECTION</b>  | ELECTION DATE    ELECTION TYPE<br>Month    Day    Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special  |                                       |                               |  |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)<br><b>Fort Worth ISD Trustee District 9</b>   | <b>13 OFFICE SOUGHT (if known)</b>    |                               |  |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><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. <i>THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.</i> CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.                                       |                                       |                               |  |
|   | COMMITTEE TYPE   | COMMITTEE NAME                        |                               |  |
|   | <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS                     |                               |  |
|   | <input type="checkbox"/> 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 Roxanne Martinez **16** Filer ID (Ethics Commission Filers)

|                               |  |             |
|-------------------------------|--|-------------|
| <b>17</b> CONTRIBUTION TOTALS | <b>1.</b> TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$          |
|                               | <b>2.</b> TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 2,611.66 |
| EXPENDITURE TOTALS            | <b>3.</b> TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$          |
|                               | <b>4.</b> TOTAL POLITICAL EXPENDITURES   | \$ 6,593.97 |
| CONTRIBUTION BALANCE          | <b>5.</b> TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 758.49   |
| OUTSTANDING LOAN TOTALS       | <b>6.</b> 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.

*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 6/27/80.

My address is 1315 NE 37th St, Fort Worth, TX, 76106, USA.  
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 14th day of July, 20 21.  
(month) (year)

*Roxanne Martinez*

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><b>Roxanne Martinez</b>  |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 2,611.66                            |
| 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              | \$ 6,593.97                            |
| 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.

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:  |
| <b>2</b> FILER NAME<br><b>Roxanne Martinez See attached list of monetary</b>  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br><b>political contributions</b> |
| <b>4</b> Date   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br><b>6</b> Contributor address; City; State; Zip Code | <b>7</b> Amount of contribution (\$)   |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)   |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br>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# _____)<br><br>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# _____)<br><br>Contributor address; City; State; Zip Code                   | Amount of contribution (\$)  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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 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)  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br><b>Roxanne Martinez</b>   | <b>3</b> Filer ID (Ethics Commission Filers)                 |
| <b>4</b> Date<br><b>5/28/21</b>                                     | <b>5</b> Payee name<br><b>Amazing Mail</b>   |  |
| <b>6</b> Amount (\$)<br><b>\$2666.90</b>                            | <b>7</b> Payee address; City; State; Zip Code  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a) Category</b> (See Categories listed at the top of this schedule)<br><b>Printing Expense</b>   | <b>(b) Description</b><br><b>Print Mailers &amp; Postage</b> |
|   | <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<br><b>5/28/21</b>  | Payee name<br><b>4over</b>   |  |
| Amount (\$)<br><b>\$268.59</b>                                      | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b>  | Description<br><b>Signs</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<br><b>6/1/21</b>   | Payee name<br><b>Lowe's</b>  |  |
| Amount (\$)<br><b>\$118.64</b>                                      | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>   | Description<br><b>Hardware</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**

# 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 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)  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br><b>Roxanne Martinez</b>   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><b>6/1/21</b>                                      | <b>5</b> Payee name<br><b>Rayne Kimble</b>   |  |
| <b>6</b> Amount (\$)<br><b>\$540.00</b>                             | <b>7</b> Payee address; City; State; Zip Code  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Contract Labor</b>   | <b>(b)</b> Description                       |
|   | <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<br><b>6/3/21</b>   | Payee name<br><b>ActBlue</b>   |  |
| Amount (\$)<br><b>\$132.51</b>                                      | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Fees</b>  | Description                                  |
|   | <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<br><b>6/5/21</b>   | Payee name<br><b>Taqueria J.B.</b>   |  |
| Amount (\$)<br><b>\$620.00</b>                                      | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Food Expense</b>  | Description<br><b>Food for event</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**

# 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<br><b>Roxanne Martinez</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                         |  |
|-------------------------|--|
| 4 Date<br><b>6/4/21</b> | 5 Payee name<br><b>Diamond Johnson</b> |
|-------------------------|--|

|                                  |   |
|----------------------------------|---|
| 6 Amount (\$)<br><b>\$450.00</b> | 7 Payee address;<br>City; State; Zip Code |
|----------------------------------|---|

|                                    |   |                 |
|------------------------------------|---|-----------------|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Contract Labor</b>   | (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<br><b>6/5/21</b> | Payee name<br><b>Paco's Mexican Cuisine</b> |
|-----------------------|---|

|                                  |   |
|----------------------------------|---|
| Amount (\$)<br><b>\$1,442.71</b> | Payee address;<br>City; State; Zip Code |
|----------------------------------|---|

|                               |   |                                      |
|-------------------------------|---|--------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Food Expense</b>   | Description<br><b>Food for event</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<br><b>6/30/21</b> | Payee name<br><b>Facebook</b> |
|------------------------|-------------------------------|

|                                |   |
|--------------------------------|---|
| Amount (\$)<br><b>\$354.62</b> | Payee address;<br>City; State; Zip Code |
|--------------------------------|---|

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>  | Description |
|                               | <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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