

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: 20																
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Ms Roxanne </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> Martinez </div>	<div style="text-align: center; border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; text-align: center;"> <div style="color: red; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.2em;">APR 22 2021</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> Receipt # Amount \$ </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Imaged</div>																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> PO Box 162253 Fort Worth, TX 76161 </div>																		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (817) 296-6586 </div>																		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Mr Gerald </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> Shelbon </div>																		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> 1315 NE 37th St Fort Worth, TX 76106 </div>																		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (817) 296-6586 </div>																		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>																		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 4 / 1 / 21 </div> <div>THROUGH</div> <div> Month Day Year 4 / 22 / 21 </div> </div>																		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 5 / 1 / 21 </div> <div> ELECTION TYPE <div style="display: flex; justify-content: space-between;"> Primary Runoff Other Description </div> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> General Special </div> </div> </div>																		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) FWISD School Board Trustee District 9																	
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	<p style="font-size: 0.8em; margin: 0;">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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> GENERAL</td> <td style="padding: 5px;">United Educators Association</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">4900 SE Loop 820 #200, Fort Worth, TX 76140</td> </tr> <tr> <td style="padding: 5px;">SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">Steven Poole</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">4900 SE Loop 820 #200, Fort Worth, TX 76140</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input checked="" type="checkbox"/> GENERAL	United Educators Association		COMMITTEE ADDRESS		4900 SE Loop 820 #200, Fort Worth, TX 76140	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		Steven Poole		COMMITTEE CAMPAIGN TREASURER ADDRESS		4900 SE Loop 820 #200, Fort Worth, TX 76140
COMMITTEE TYPE	COMMITTEE NAME																		
<input checked="" type="checkbox"/> GENERAL	United Educators Association																		
	COMMITTEE ADDRESS																		
	4900 SE Loop 820 #200, Fort Worth, TX 76140																		
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME																		
	Steven Poole																		
	COMMITTEE CAMPAIGN TREASURER ADDRESS																		
	4900 SE Loop 820 #200, Fort Worth, TX 76140																		

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)	\$ 5,275.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,117.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,728.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 June 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 22 day of April, 2021

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.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,275.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,117.58
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 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 H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	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.

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 04/02/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Bob Bonilla 6 Contributor address; City; State; Zip Code 362 FOCH ST, FORT WORTH, TX 76107	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) FWISD
Date 04/02/2021	Full name of contributor out-of-state PAC (ID#: _____) Ludivina Contrerae Contributor address; City; State; Zip Code 4707 Fossil Dr, Haltom City, TX 76117	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) MICA
Date 04/04/2021	Full name of contributor out-of-state PAC (ID#: _____) Greg Hughes Contributor address; City; State; Zip Code 3408 View St, Fort Worth TX 76103	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Lockheed Martin
Date 04/05/2021	Full name of contributor out-of-state PAC (ID#: _____) Leticia Perez Contributor address; City; State; Zip Code 4032 Grover Avenue, Fort Worth TX 76106	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Purchasing Coordinator		Employer (See Instructions) Communication Concepts
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.

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 04/05/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Itzetl Arista 6 Contributor address; City; State; Zip Code 3004 Goldenrod Ave FORT WORTH, TX 76111	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Office Manager		9 Employer (See Instructions) HTL Electronics
Date 04/06/2021	Full name of contributor out-of-state PAC (ID#: _____) Kathy Spicer Contributor address; City; State; Zip Code 4707 Fossil Dr, Haltom City, TX 76117	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) NA
Date 04/06/2021	Full name of contributor out-of-state PAC (ID#: _____) Brenda Pereda Contributor address; City; State; Zip Code 3408 View St, Fort Worth TX 76103	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) NA
Date 04/07/2021	Full name of contributor out-of-state PAC (ID#: _____) Pedro Soto Contributor address; City; State; Zip Code 2307 Lake Air Dr, Waco TX	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Law Enforcement Officer		Waco PD
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.

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 04/07/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Marcela Nava 6 Contributor address; City; State; Zip Code 3333 South Jennings Ave, Fort Worth TX 76110	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Faculty		9 Employer (See Instructions) UTA
Date 04/08/2021	Full name of contributor out-of-state PAC (ID#: _____) Alexandria Flores Contributor address; City; State; Zip Code 7820 longfield dr, Fort Worth TX 76108	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Magistrate support officer		Employer (See Instructions) Tarrant county
Date 04/08/2021	Full name of contributor out-of-state PAC (ID#: _____) Ricky Cotto Contributor address; City; State; Zip Code 4600 Yellowleaf Dr, Fort Worth TX 76133	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) THR
Date 04/09/2021	Full name of contributor out-of-state PAC (ID#: _____) Laura Salazar Contributor address; City; State; Zip Code 6300 mystic falls dr, Fort Worth TX 76179	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Customer service		Flagship Credit
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.

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 04/09/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Vanessa Trevino 6 Contributor address; City; State; Zip Code 1908 Arroyo Verde Trail, Fort Worth TX 76131	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) City of Fort Worth
Date 04/10/2021	Full name of contributor out-of-state PAC (ID#: _____) Allison Craig Contributor address; City; State; Zip Code 3033 6th Ave, Fort Worth TX 76110	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas Christian University
Date 04/10/2021	Full name of contributor out-of-state PAC (ID#: _____) Neyda Rodriguez Contributor address; City; State; Zip Code 1711 Beaumont Street, Fort Worth TX 76106	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Area Manager		Employer (See Instructions) AHIFS
Date 04/10/2021	Full name of contributor out-of-state PAC (ID#: _____) Naomi Tiddark Ibarra Contributor address; City; State; Zip Code 4408 Stanley Keller Rd, Haltom City TX 76117	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Realtor		Self employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

Full name of contr

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Roxanne Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2021	5 Full name of contributor out-of-state PAC (ID#: Victor Beltran 6 Contributor address; City; State; Zip Code 3024 Marigold Ave, Fort Worth TX 76111	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Systems Administrator		9 Employer (See Instructions) Atos IT Solutions
Date 04/10/2021	Full name of contributor out-of-state PAC (ID#: Sally Gulde Nao Contributor address; City; State; Zip Code 1801 5th Ave, Fort Worth TX 76110	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Graphic Designer		Self employed
Date 04/11/2021	out-of-state PAC (ID#: Cameron Szok Contributor address; City; State; Zip Code 3010 6th Ave, Fort Worth TX 76110	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Acupuncturist		Employer (See Instructions) Southside Acupuncturist
Date 04/16/2021	out-of-state PAC (ID#: Timothy Macinta Contributor address; City; State; Zip Code 68 Foster St, Arlington, MA 02474	Amount of contribution (\$) 15.00
Principal occupation / Job title (See Instructions) IT Consultant		Pensamos Digital, Inc.
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

Full name of contr

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Roxanne Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Angie Ramos 6 Contributor address; City; State; Zip Code 4116 Doeline Street, DFW 76117	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions) American Life
Date 04/17/2021	Full name of contributor out-of-state PAC (ID#: _____) Shelly Whitfield Contributor address; City; State; Zip Code 1319 Black Walnut Lane, Arlington, TX 76005	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Teacher		The Shelton School
Date 04/18/2021	out-of-state PAC (ID#: _____) Mayra Gonzalez Contributor address; City; State; Zip Code 3514 n pecan st, Fort Worth TX 76106	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Prestige dermatology
Date 04/20/2021	out-of-state PAC (ID#: _____) Norma Garcia-Lopez Contributor address; City; State; Zip Code 5350 Fossil Creek Blvd #317, Haltom City, TX 76137	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Quality Assurance Analyst		CHRISTUS Health
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

Full name of contr

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Roxanne Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 04/20/2021	5 Full name of contributor out-of-state PAC (ID#: Melissa Avalos 6 Contributor address; City; State; Zip Code 6066 Copperfield Dr #703, Fort Worth TX 76132	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) HR Specialist		9 Employer (See Instructions) First Command Financial
Date 04/20/2021	Full name of contributor out-of-state PAC (ID#: Anthony DeFelice Contributor address; City; State; Zip Code 207 East Broadway, Fort Worth, TX 76104	Amount of contribution (\$) 109.00
Principal occupation / Job title (See Instructions) Self		Amplus Agency
Date 04/20/2021	Full name of contributor out-of-state PAC (ID#: Jo Anna Cardoza Contributor address; City; State; Zip Code 5521 whisper glen dr,	Amount of contribution (\$) 109.00
Principal occupation / Job title (See Instructions) VP Development & Marketing		Employer (See Instructions) Odeh
Date 04/20/2021	Full name of contributor out-of-state PAC (ID#: Myra Segura Contributor address; City; State; Zip Code 3018 Ellis ave, Fort Worth TX 76106	Amount of contribution (\$) 109.00
Principal occupation / Job title (See Instructions) Manager		Flores Income tax
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

Full name of contr

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Roxanne Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 04/20/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Linda Rodriquez 6 Contributor address; City; State; Zip Code 801 silverbrook dr, Saginaw TX 76179	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Counselor		9 Employer (See Instructions) FWISD
Date 04/20/2021	Full name of contributor out-of-state PAC (ID#: _____) Itzi Aguilera Contributor address; City; State; Zip Code 3005 n crump st, Fort Worth TX 76106	Amount of contribution (\$) 29.00
Principal occupation / Job title (See Instructions) Not Employed		NA
Date 04/20/2021	out-of-state PAC (ID#: _____) Gina Inocencio Contributor address; City; State; Zip Code 4421 Cherokee Trail, Fort Worth TX 76133	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) NA
Date 04/20/2021	out-of-state PAC (ID#: _____) Ivanna Valle Contributor address; City; State; Zip Code 220 W Southern Ave, Saginaw TX 76179	Amount of contribution (\$) 199.00
Principal occupation / Job title (See Instructions) Hairstylist		Self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

Full name of contr
MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Roxanne Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2021	5 Full name of contributor out-of-state PAC (ID#: Alex McCulloch 6 Contributor address; City; State; Zip Code 1228 E Harvey Ave, Fort Worth, TX 76104	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) FWISD
Date 04/21/2021	Full name of contributor out-of-state PAC (ID#: Lupe Nunez Contributor address; City; State; Zip Code 817 Matisse Dr Apt 412, Fort Worth TX 76107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Construction Manager		USA Shade
Date 04/21/2021	out-of-state PAC (ID#: Paola Rodriguez Contributor address; City; State; Zip Code 1601 NE 33rd St., Fort Worth TX 76106	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Watauga Dental Center
Date 04/21/2021	out-of-state PAC (ID#: Carrie Zachry Contributor address; City; State; Zip Code 2204 alston ave, Fort Worth TX 76110	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Instructor		Tarrant county college
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

Full name of contr
MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Roxanne Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

04/21/2021

5 Full name of contributor

out-of-state PAC (ID#: _____)

Hayley Spinks

6 Contributor address;

City;

State;

Zip Code

2840 Willing Ave, Fort Worth TX 76110

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

Health care

9 Employer (See Instructions)

Cooks Children

Date

04/22/2021

Full name of contributor
out-of-state PAC (ID#: _____)

Ruben Garcia

Contributor address;

City;

State;

Zip Code

1000 Boxcar Boulevard, Fort Worth TX 76107

Amount of contribution (\$)

2,000.00

Principal occupation / Job title (See Instructions)

NA

NA

Date

04/21/2021

out-of-state PAC (ID#: _____)

Paola Rodriguez

Contributor address;

City;

State;

Zip Code

1601 NE 33rd St., Fort Worth TX 76106

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Office Manager

Employer (See Instructions)

Watauga Dental Center

Date

04/21/2021

out-of-state PAC (ID#: _____)

Jessica Bray Faz

Contributor address;

City;

State;

Zip Code

15453 Adlong Drive, Roanoke, TX 76262

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Sales

Nissan

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Full name of contr
MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Roxanne Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2021	5 Full name of contributor out-of-state PAC (ID#: Victor Beltran 6 Contributor address; City; State; Zip Code 3024 Marigold Ave, Fort Worth TX 76111	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Systems Administrator		9 Employer (See Instructions) Atos IT Solutions
Date 04/22/2021	Full name of contributor out-of-state PAC (ID#: Mayra Gonzalez Contributor address; City; State; Zip Code 3514 n pecan st, Fort Worth TX 76106	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Office Manager		Prestige dermatology
Date 04/22/2021	out-of-state PAC (ID#: Selina Lopez Contributor address; City; State; Zip Code 5716 Paluxy Sands Trl, Fort Worth TX 76179	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Watauga Dental Center
Date 04/22/2021	out-of-state PAC (ID#: Tiffany Taylor Contributor address; City; State; Zip Code 5104 Sunshine Dr, Fort Worth TX 76105	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Code Officer		City of Fort Worth
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

Full name of contr

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Roxanne Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2021	5 Full name of contributor out-of-state PAC (ID#: Lydia Traina 6 Contributor address; City; State; Zip Code 2419 Willing Ave, Fort Worth 76110	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Nonprofit Executive		9 Employer (See Instructions) Trinity Habitat for Humanity
Date 04/22/2021	Full name of contributor out-of-state PAC (ID#: Alex Jimenez Contributor address; City; State; Zip Code 245 Willow Ridge Ln, Fort Worth TX 76103	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		
Date 04/22/2021	out-of-state PAC (ID#: Hector Garcia Contributor address; City; State; Zip Code 180 State St Ste 225, Southlake TX 76092	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Valle Security Texas
Date 04/22/2021	out-of-state PAC (ID#: John Avila Contributor address; City; State; Zip Code 1936 Warner Rd, Fort Worth TX 76110	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Byrne Construction Services
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Roxanne Martinez	3 Filer ID (Ethics Commission Filers)
4 Date 04/05/2021	5 Payee name ActBlue	
6 Amount (\$) 97.19	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Online processing fees
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/06/2021	Payee name ULINE	
Amount (\$) 224.05	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Hardware for signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/06/2021	Payee name Kendyll Locke	
Amount (\$) 300.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Digital Media
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 04/09/2021		5 Payee name 4over			
6 Amount (\$) 439.28		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	Advertising Expense		(b) Description Signs		
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 04/09/2021		Payee name Impressive Printing			
Amount (\$) 164.54		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Printing		
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 04/12/2021		Payee name Riverside Hardware			
Amount (\$) 95.74		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Hardware for signs		
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Roxanne Martinez		3 Filer ID (Ethics Commission Filers)	
4 Date 04/09/2021		5 Payee name Lowe's			
6 Amount (\$) 158.65		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	Advertising Expense		(b) Description Hardware for signs		
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/13/2021		Payee name AmazingMail			
Amount (\$) 1,560.67		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Printing/Postage for mailers		
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/20/2021		Payee name ULINE			
Amount (\$) 387.52		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Hardware for signs		
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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	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 04/20/2021	5 Payee name 4over		
6 Amount (\$) 1,247.58	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	Printing Expense		(b) Description Printed materials/signs
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 04/21/2021	Payee name Cowtown Brewing		
Amount (\$) 832.80	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Food/Beverages
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 04/21/2021	Payee name AmazingMail		
Amount (\$) 1785.93	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Printing/postage for mailers
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
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	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 04/22/2021	5 Payee name Marissa Sanchez		
6 Amount (\$) 1080.00	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	Contract Labor		(b) Description Campaign Support and Field Supervision
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 04/22/2021	Candidate / Officeholder name Rachel DeLira		
Amount (\$) 450.00	Office sought Office held		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Photography
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 4/22/21	Candidate / Officeholder name Helados El Sol		
Amount (\$) 293.63	Office sought Office held		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Food/Beverages
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED