

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:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST MICHAEL	MI E	OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; display: inline-block; text-align: center;"> RECEIVED OCT 11 2022 Superintendent's Office </div> Date Hand-delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed 10-11-22 @ 4:08 pm Date Imaged _____
	NICKNAME	LAST MARTINEZ	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE	
	3820 STILL CREEK COLLEGE TX. LOOP STATION 77845			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(979)	436 - 1465		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST WALTER	MI	
	NICKNAME	LAST HINKLE	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	4104 WIMBLEDON CIRCLE COLLEGE TX. 77845 STATION			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(214)	883 - 0679		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)			
10 PERIOD COVERED	Month Day Year		Month Day Year	
	7 / 28 / 2022		THROUGH 10 / 11 / 2022	
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		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.			
	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		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)	\$ 2,075
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,075
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,970.08
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,970.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 104.92
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.


 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by MICHAEL MARTINEZ this the 11th day of OCTOBER, 2022, to certify which, witness my hand and seal of office.

Carly Michelle Horn CARLY MICHELLE HORN NOTARY PUBLIC
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME MICHAEL E. MARTINEZ		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,075
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	\$ 1,970.08
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:
2 FILER NAME MICHAEL E. MARTINEZ		3 Filer ID (Ethics Commission Filers)
4 Date 8/2/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUCY MARTINEZ	7 Amount of contribution (\$) \$ 200
6 Contributor address; City; State; Zip Code 3820 STILL CREEK LOOP COLLEGE STATION TX 77845		
8 Principal occupation / Job title (See Instructions) BAYLOR SCOTT & WHITE - TEAM LEAD		9 Employer (See Instructions) BAYLOR SCOTT & WHITE
Date 8/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALTER HINKLE	Amount of contribution (\$) \$ 1,000
Contributor address; City; State; Zip Code 4104 WIMBLEDON CR. COLLEGE STATION TX, 77845		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) LASER ANSWERING SERVICE
Date 8/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MANUEL MARTINEZ JR.	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code 1311 DANVILLE CT. COLLEGE STATION TX, 77845		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) OWNER MANNY'S APPLIANCE REPAIR
Date 9/1/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUCY MARTINEZ	Amount of contribution (\$) \$ 125
Contributor address; City; State; Zip Code 3820 STILL CREEK LOOP COLLEGE STATION TX, 77845		
Principal occupation / Job title (See Instructions) TEAM LEAD		Employer (See Instructions) BAYLOR SCOTT & WHITE
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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

MICHAEL E. MARTINEZ

3 Filer ID (Ethics Commission Filers)

4 Date

9/8/2022

5 Full name of contributor

MICHELLE MATTA

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

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address;

City;

State;

Zip Code

1902 Fm -3496 GAINESVILLE TX. 76240

8 Principal occupation / Job title (See Instructions)

OWNER

9 Employer (See Instructions)

A TURTLE LOVES ME, LLC

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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:	2 FILER NAME MICHAEL E. MARTINEZ	3 Filer ID (Ethics Commission Filers)
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4 Date 8/19/2022	5 Payee name SIGN PRO
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6 Amount (\$) \$ 1,401.84	7 Payee address; 2112 E. WILLIAM JOEL BRYAN PKWY, BRYAN TX. 77802	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description YARD AND CITY SIGNS
	(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
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Date 8/19/2022	Payee name UPS
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Amount (\$) \$ 70	Payee address; 3515 LONGMIRE DRIVE B COLLEGE STATION TX. 77845	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION FUNDRAISING EXPENSE	Description STAMPS FOR CAMPAIGN LETTERS
	<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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Date 9/2/2022	Payee name ALPHA GRAPHICS
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Amount (\$) 328.64	Payee address; 2023 S. TEXAS AVE. BRYAN TX. 77802	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description FLYER CARDS
	<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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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 MICHAEL E. MARTINEZ	3 Filer ID (Ethics Commission Filers)
4 Date 9/9/2022	5 Payee name REPUBLICAN PARTY OF WOMEN'S BRAZOS COUNTY	
6 Amount (\$) \$ 14.00	7 Payee address; City; State; Zip Code 1621 BRIARCREST SUITE 122 BRYAN TX. 77802	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE	(b) Description LUNCHEON
	(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 9/12/2022	Payee name SIGN PRO	
Amount (\$) 145.60	Payee address; City; State; Zip Code 2112 E. WILLIAM JOEL BRYAN PKWY BRYAN TX. 77802	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SIGNS
	<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 9/30/2022	Payee name PROSPERITY BANK	
Amount (\$) 10.00	Payee address; City; State; Zip Code 1862 ROCK PRAIRIE ROAD COLLEGE STATION TX. 77840	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING / BANKING	Description SERVICE CHARGE
	<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

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST	MI	OFFICE USE ONLY <div style="border: 2px solid blue; padding: 5px; display: inline-block; text-align: center;"> RECEIVED NOV 01 2022 Superintendent's Office </div>
	NICKNAME	LAST	
MICHAEL MARTINEZ			
E			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;
	STATE;	ZIP CODE	
3820 STILL CREEK COLLEGE TX. LOOP STATION 77845			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(979) 436-1465		
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST	MI	
	NICKNAME	LAST	
WALTER HINKLE			
E			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;
	STATE;	ZIP CODE	
4104 WIMBLEDON CIRCLE COLLEGE TX. 77845 STATION			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(214) 883-0679		
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 type="checkbox"/> July 15 <input checked="" 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
	7 / 28 / 2022 THROUGH 11 / 1 / 2022		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
11 / 8 / 2022		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	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.		
	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**

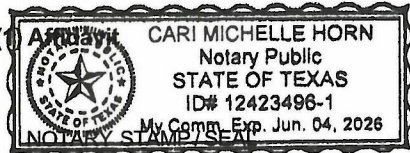
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 2,175
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,175
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2,175
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,175
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
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.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by MICHAEL MARTINEZ this the 1st day of NOVEMBER,

2022, to certify which, witness my hand and seal of office.

Cari Michelle Horn CARI MICHELLE HORN NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,175
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	\$ 2,175
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:
2 FILER NAME MICHAEL E. MARTINEZ		3 Filer ID (Ethics Commission Filers)
4 Date 8/2/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUCY MARTINEZ	7 Amount of contribution (\$) \$ 200
6 Contributor address; City; State; Zip Code 3820 STILL CREEK LOOP COLLEGE STATION, TX 77845		
8 Principal occupation / Job title (See Instructions) HEALTHCARE COORDINATOR TEAM LEAD		9 Employer (See Instructions) BAYLOR SCOTT & WHITE
Date 8/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALTER HINKLE	Amount of contribution (\$) \$ 1,000
Contributor address; City; State; Zip Code 4104 WIMBLEDON CR. COLLEGE STATION TX 77845		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MANUEL MARTINEZ JR.	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code 1311 DANVILLE CT. COLLEGE STATION TX 77845		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/1/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUCY MARTINEZ	Amount of contribution (\$) \$ 125
Contributor address; City; State; Zip Code 3820 STILL CREEK LOOP COLLEGE STATION TX 77845		
Principal occupation / Job title (See Instructions) HEALTHCARE COORDINATOR TEAM LEAD		Employer (See Instructions) BAYLOR SCOTT & WHITE
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 MICHAEL E. MARTINEZ		3 Filer ID (Ethics Commission Filers)
4 Date 9/8/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHELLE MATTA	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 1902 FM-3496 GAINESVILLE TX. 76240		
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) A TURTLE LOVES ME, LLC
Date 10/14/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIN WILHITE	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 2015 EAGLE VIEW DRIVE NAVASOTA, TX 77868		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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:	2 FILER NAME MICHAEL E. MARTINEZ	3 Filer ID (Ethics Commission Filers)
----------------------------	-------------------------------------	---------------------------------------

4 Date 8/19/2022	5 Payee name SIGN PRO
---------------------	--------------------------

6 Amount (\$) \$ 1,401.84	7 Payee address; City; State; Zip Code 2112 E. WILLIAM JOEL BRYAN PKWY, BRYAN, TX. 77802
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description YARD & CITY SIGNS
	(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
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Date 8/19/2022	Payee name UPS
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Amount (\$) \$ 70	Payee address; City; State; Zip Code 3515 LONGMIRE DRNE B COLLEGE STATION TX. 77845
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION FUNDRAISING EXPENSE	Description STAMPS FOR CAMPAIGN LETTERS
	<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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Date 9/2/2022	Payee name ALPHA GRAPHICS
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Amount (\$) \$ 328.64	Payee address; City; State; Zip Code 2023 S. TEXAS AVE. BRYAN, TX. 77802
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description FLYER CARDS
	<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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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 MICHAEL E. MARTINEZ	3 Filer ID (Ethics Commission Filers)
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4 Date 9/9/2022	5 Payee name REPUBLICAN PARTY OF WOMEN'S BRAZOS COUNTY
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6 Amount (\$) \$ 14.00	7 Payee address; City; State; Zip Code 1621 BRIARCREST SUITE 122 BRYAN, TX. 77802
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description LUNCHEON
	(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
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Date 9/12/2022	Payee name SIGN PRO
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Amount (\$) \$ 145.60	Payee address; City; State; Zip Code 2112 E. WILLIAM JOEL BRYAN PKWY. BRYAN, TX. 77802
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SIGNS
	<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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Date 9/30/2022	Payee name PROSPERITY BANK
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Amount (\$) \$ 10.00	Payee address; City; State; Zip Code 1862 ROCK PRAIRIE ROAD COLLEGE STATION TX. 77840
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description SERVICE CHARGE
	<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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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.

1 Total pages Schedule F1: 2 FILER NAME MICHAEL E. MARTINEZ 3 Filer ID (Ethics Commission Filers)

4 Date 10/17/2022 5 Payee name MO'S IRISH PUB COLLEGE STATION

6 Amount (\$) \$70.43 7 Payee address; City; State; Zip Code 1025 UNIVERSITY DRIVE #101 COLLEGE STATION TX. 77840

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE (b) Description MEET & GREET EVENT (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 10/17/2022 Payee name WAL-MART SUPERCENTER BRYAN

Amount (\$) \$8.49 Payee address; City; State; Zip Code 643 N. HARVEY MITCHELL PKWY, BRYAN, TX. 77807

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) OTHER Description RUBBER BANDS FOR FLYERS (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 10/17/2022 Payee name WAL-MART SUPERCENTER COLLEGE STATION

Amount (\$) \$10.26 Payee address; City; State; Zip Code 1815 BROTHERS BLVD. COLLEGE STATION, TX. 77845

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) OTHER Description RUBBER BANDS FOR FLYERS (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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		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 MICHAEL E. MARTINEZ	3 Filer ID (Ethics Commission Filers)
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4 Date 10/17/2022	5 Payee name CAPITAL ONE
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6 Amount (\$) \$ 35.00	7 Payee address; City; State; Zip Code 6125 LAKEVIEW ROAD SUITE 800 CHARLOTTE, NC 28269
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT	(b) Description CAMPAIGN WEBSITE FEE
	(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
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Date 10/31/2022	Payee name PROSPERITY BANK
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Amount (\$) \$ 10.00	Payee address; City; State; Zip Code 1862 ROCK PRAIRIE ROAD COLLEGE STATION, TX. 77840
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING / BANKING	Description SERVICE CHARGE
	<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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Date 11/1/2022	Payee name MANUEL MARTINEZ JR.
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Amount (\$) \$ 70.74	Payee address; City; State; Zip Code 1311 DANVILLE CT. COLLEGE STATION, TX. 77845
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description WATCH PARTY
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

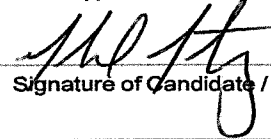
1 C/OH NAME

MICHAEL E. MARTINEZ

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

**** Complete this section only if you are an officeholder ****

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder