JUL 15'19 PM6:38

## **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) | Two (Z)   |  |  |
|--|---|---------------------------------------|---|--|--|
| 3 CANDIDATE/   | MS MRS / JAR FIRST                          | MI                                    | OFFICE USE ONLY   |  |  |
| OFFICEHOLDER<br>NAME   | NICKNAME MAST                               | SUFFIX                                | Date Received   |  |  |
|  | Martine                                     |                                       |   |  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX; APT / SUITE #; CO         | an Antonio TX 1821                    |   |  |  |
| Change of Address  |   |                                       |   |  |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                          | AREA CODE PHONE NUMBER  (20) 995-4595       | EXTENSION                             | Date Hand-delivered or Date Postmarked                            |  |  |
| 6 CAMPAIGN<br>TREASURER  | MS / GRS MR FIRST                           | МІ                                    | Receipt # Amount \$   |  |  |
| NAME   | NICKNAME LAST                               |                                       | Date Processed  |  |  |
|  | Martinez                                    | 2_                                    | Date Imaged   |  |  |
| 7 CAMPAIGN   | STREET ADDRESS (NO PO BOX PLEASE); APT / SL |                                       | ZIP CODE  |  |  |
| TREASURER<br>ADDRESS   |   | <b>~</b>                              | MA-11   |  |  |
| (Residence or Business)  | 158 Mohawk St.                              | SanAntonio, TX                        | 78211   |  |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                               | AREA CODE PHONE NUMBER (210 ) 995-4595      | EXTENSION                             |   |  |  |
| 9 REPORT TYPE  | January 15 30th day before el               | election Runoff                       | 15th day after campaign treasurer appointment (Officeholder Only) |  |  |
|  | July 15 Sth day before elec                 | ection Exceeded \$500 limit           | Final Report (Attach C/OH - FR)                                   |  |  |
| 10 PERIOD<br>COVERED   | Month Day Year O1 / 2.0 19                  | THROUGH 07/                           | Day Year / 15 / 2019  |  |  |
| 11 ELECTION  | ELECTION DATE                               | ELECTION TYPE                         |   |  |  |
|  | Month Day Year Primary                      | Runoff Other Description Special      |   |  |  |
| 12 OFFICE  | OFFICE HELD (If any) SSAISD BOARD           | 13 OFFICE SOUGHT (if known)           |   |  |  |
|  | SSAISD Board<br>Trustee, District 1         |                                       |   |  |  |
| GO TO PAGE 2   |   |                                       |   |  |  |

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## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME<br>Mandy  | dy Martines 15 File   |   | 15 Filer ID (Ethics Commission Filers) |  |  |
|--|---|---|--|--|--|
| POLITICAL<br>COMMITTEE(S)  | 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  |  |  |  |
|  | GENERAL   | MA  | '                                      |  |  |
|  | SPECIFIC  | COMMITTEE ADDRESS   |  |  |  |
|  | SPECIFIC  | NA  |  |  |  |
|  |   | COMMITTEE CAMPAIGN TREASURER NAME   |  |  |  |
| Additional Pages   |   | NA  | " "                                    |  |  |
|  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |  |  |  |
|  |   | NA  |  |  |  |
| 17 CONTRIBUTION<br>TOTALS  |   | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ |  |  |  |
|  |   | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                | \$ Ø                                   |  |  |
| EXPENDITURE<br>TOTALS  | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  4. TOTAL POLITICAL EXPENDITURES  \$  |   | \$ Ø                                   |  |  |
|  |   |   | \$ Ø                                   |  |  |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$   |   | DAY \$ Ø                               |  |  |
| OUTSTANDING<br>LOAN TOTALS   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$  |   | SHE \$                                 |  |  |
| 18 AFFIDAVIT   |   |   |  |  |  |
| 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.  My Notary ID # 130846940 Expires October 3, 2020  Signature of Candidate or Officeholder |   |   |  |  |  |
| AFFIX NOTARY STAMP / SEALABOVE   |   |   |  |  |  |
| Sworn to and subscribed before me, by the said Manaly Martine Z, this the 15th   |   |   |  |  |  |
| day of July, 20_9, to certify which, witness my hand and seal of office.   |   |   |  |  |  |
| Stread i   |   | Michelle Martmez  | Notary                                 |  |  |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath   |   |   |  |  |  |