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: 6

OFFICE USE ONLY

Date Received

RECEIVED
OCT 28 2024
BY:

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: | FIRST: Mr. Robert | MI:

NICKNAME: | LAST: Marquez | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: Midland | STATE: TX | ZIP CODE: 79706

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER: ([redacted] | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: | FIRST: Mrs. Kristy Margarita | MI:

NICKNAME: | LAST: Pando | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): [redacted] | APT / SUITE #: | CITY: Midland | STATE: TX | ZIP CODE: 79706

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER: ([redacted] | EXTENSION:

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15 ☒ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 09 / 27 / 2024 THROUGH 10 / 26 / 2024

11 ELECTION

ELECTION DATE: Month / Day / Year: 11 / 05 / 2024

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special

12 OFFICE

OFFICE HELD (If any): MISD, District 2

13 OFFICE SOUGHT (If known): MISD, District 2

14 NOTICE FROM POLITICAL 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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
Mr. Robert Marquez	

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)	$ 2426.60
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 6,620.23
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 3,498.90
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

CYNTHIA MCNABB
Notary Public
STATE OF TEXAS
ID# 12813268-0
My Comm. Exp. Jan. 14, 2026

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Robert Marquez this the 28 day of OCTOBER, 20 24, to certify which, witness my hand and seal of office.

Cynthia McNabb — Signature of officer administering oath
Cynthia McNabb — Printed name of officer administering oath
Notary — 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)
Mr. Robert Marquez	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 2,150.00
2.	[X]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 276.60
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	[ ]	SCHEDULE E: LOANS	$
5.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 6,620.23
6.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	[ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	[ ]	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	[ ]	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	[ ]	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	[ ]	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: Mr. Robert Marquez

3 Filer ID (Ethics Commission Filers):

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
09/27/2024	Jose R. Bolivar **6** Contributor address; City; State; Zip Code [redacted] Colleyville, TX 76034	$150.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
N/A	N/A

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
09/27/2024	Lt Col Joel B. Stinnett Contributor address; City; State; Zip Code [redacted] Broken Arrow, OK 74011	$1,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Airline Pilot	United Airlines

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/02/2024	Stephanie B. Martinez Contributor address; City; State; Zip Code [redacted] Midland, TX 79707	$ 100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
N/A	N/A

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/04/2024	Albert Ayala Contributor address; City; State; Zip Code [redacted] Midland, TX 79705	$ 700.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
N/A	N/A

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

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date: 10/05/2024

5 Full name of contributor: Antonio A. Lujan ☐ out-of-state PAC (ID#:_____)

6 Contributor address; City; State; Zip Code: [redacted] Midland, TX 79706

7 Amount of contribution ($): $ 200.00

8 Principal occupation / Job title (See Instructions): N/A

9 Employer (See Instructions): N/A

Date

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

Contributor address; City; State; Zip Code

Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1
2 FILER NAME Mr. Robert Marquez	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$ 0.00

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**8** Amount of Contribution $	**9** In-kind contribution description
10/10/2024	Kristy Margarita Pando **7** Contributor address; City; State; Zip Code [redacted] Midland, TX 79706	276.60	Campaign Buttons ☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Office Manager	**11** Employer (FOR NON-JUDICIAL) (See Instructions) J & J Roustabout
12 Contributor's principal occupation (FOR JUDICIAL) Business Administration	**13** Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
	Contributor address; City; State; Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.