#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY ROXANNE **OFFICEHOLDER** NAME Date Received NICKNAME LAST MARTINEZ 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #; STATE; ZIP CODE APR U 3 2025 OFFICEHOLDER FORT WORTH, TX 76161 PO BOX 162253 MAILING **ADDRESS** FWISD: Legal Services Change of Address EXTENSION 5 CANDIDATE/ AREA CODE PHONE NUMBER Date Hand-delivered or Date Postmarked OFFICEHOLDER 381-6599 ( 817 C-mailed **PHONE** Amount \$ FIRST 6 CAMPAIGN MS / MRS / MR **GERALD TREASURER** Date Processed NAME NICKNAME LAST SUFFIX Date Imaged SHELBON STATE: STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: ZIP CODE 7 CAMPAIGN TREASURER FORT WORTH, TX 76161 PO BOX 162253 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER** PHONE 817 ) 381-6599 9 REPORT TYPE 15th day after campaign X 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Month Year 10 PERIOD Month Year COVERED 03 31 2025 2025 THROUGH **ELECTION TYPE** ELECTION DATE 11 ELECTION Primary Runoff Other Month Day Description X General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE FWISD School Board Trustee District 9 FWISD School Board Trustee District 9 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. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME	oxanne Martinez	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ \$			
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,044.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE,	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 781.74			
CONTRIBUTION BALANCE	, I S. IVIAL PULITICAL CUNTRIBUTIONS MAINTAINED AS OF THE EAST DATE				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	OF THE \$			
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/SEA	L.				
Sworn to and subscribed	before me by this the	e day of			
20, to certify which, witness my hand and seal of office.					
Signature of officer administ	ering oath Printed name of officer administering oath	Tille of officer administering oat			
市。20世界20日本	OR	的特別學的學術學			
(2) Unsworn Declarat	ion				
My name isRoxanne	Martinez and my date of birth i	is			
My address is PO Box 1	62253 Fort Worth	TX 76161 USA			
	(street) (city)	(state) (zip code) (country)			
Executed in Tarrant	County, State of <u>Texas</u> on the <u>2nd</u> day of <u>Repaire</u> (in				
	Signature of Cand	didate/Officeholder (Declarant)			

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME  Roxanne Martinez  20 Filer ID (Ethics Con		ssion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	3.044.00
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.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		781.74
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 BUSIN	NESS OF C/OH \$	0.00
114	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	BUTIONS \$	0.00
12.	2. 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.

	If the requested information is not applicable, be not installed the page in the inspect					
The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 1		
2	FILER NAME	Roxanne Martinez		3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor  ut-of-state PAC ( See attachment  6 Contributor address; City;	ID#:) State; Zip Code	7 Amount of contribution (\$)		
8	Principal occu	Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)				
	Date	Full name of contributor	, C.S.	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions)  Employe			Employer (See Instruct	ions)		
	Date Principal occup	Full name of contributor	State; Zip Code  Employer (See Instruct	Amount of contribution (\$)		
	Date	Full name of contributor	(ID#:) Slate; Zip Code	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions)		Employer (See Instruc	tions)			
		ATTACH ADDITIONAL COPIES O	E TUIS SCHEDIII E AS N	IEEDED.		
	If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

Date	Name of Contributor	Amount	City/State/Zip	
2/2/2025	Patricia Martinez	\$1,000.00	Fort Worth, TX 76106	
2/2/2025	Gerald Shelbon	s \$250.00 Fort Worth, TX 76106		
2/3/2025	Rachel Martinez	\$100.00	Fort Worth, TX 76164	
2/3/2025	Christopher Valdez	\$100.00	Fort Worth, TX 76106	
2/3/2025	Kam Kimble	\$50.00	Fort Worth, TX 76106	
2/5/2025	Anna Ramos	\$65.00	Fort Worth, TX 76106	
2/5/2025	Bobby Hernandez	\$50.00	Fort Worth, TX 76106	
3/15/2025	Hilda Caballero	\$100.00	Fort Worth, TX 76133	
3/16/2025	Carolyn Gilmore	\$100.00	Fort Worth, TX 76135	
3/16/2025	Roxanna Rodriguez	\$20.00	Fort Worth, TX 76106	
3/20/2025	Vanessa Trevino	\$50.00	Fort Worth, TX 76131 Fort Worth, TX 76106	
3/26/2025	Alma Hernandez	\$150.00		
3/27/2025	Rosa Navejar	\$1,000.00	Fort Worth, TX 76107	
3/27/2025	Lydia Traina	\$9.00 Fort Worth, TX 76110		

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Payee name

Payee address;

4over

Candidate / Officeholder name

Category (See Calegories listed at the top of this schedule)

Accounting/Banking Consulting Expense

Credit Card Payment

2

6 Amount (\$) \$32.48

3/1/25

**PURPOSE** 

expenditure to benefit C/OH

3/1/25

4 Date

8

Date

Amount (\$)

\$382.14

#### SCHEDULE F1

State:

Fort Worth, TX 76161

City;

Description

Office sought

Zip Code

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense \_oan Repayment/Reimbursement Advertising Expense Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Travel Out Of District Other (enter a category not listed above) Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Roxanne Martinez 5 Payee name Cheetah DTF Zip Code City; State; 7 Payee address; Fort Worth, TX 76137 (b) Description (a) Category (See Categories listed at the top of this schedule) **Transfers** Printing Expense EXPENDITURE Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct

PURPOSE OF EXPENDITURE	Printing Expense	Literature/Door Hangers			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	ck if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	0	ffice held	
Date	Payee name				
3/15/25	Frost Bank				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$30.00		Fort Worth, TX 76106			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Banking	Fees			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officehalder living e	xpense	

Office held

Complete ONLY if direct

expenditure to benefit C/OH

### 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)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Travel In District Travel Out Of District Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Roxanne Martinez 4 Date 5 Payee name Daggett Middle School PTA 3/16/25 City; Zip Code 6 Amount (\$) 7 Payee address; Fort Worth, TX 76110 \$250.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE Event Sponsorship** Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 3/16/25 **Epic Sports** Zip Code State; City; Amount (\$) Payee address; \$87.12 Description Category (See Calegories listed at the top of this schedule) **PURPOSE** Shirts Advertising Expense OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Auslin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City; State: Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH