#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ellnics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 8 MS / MRS / MR М 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME 4 CANDIDATE / ADDRESS / PO BOX; STATE: ZIP CODE OFFICEHOLDER MAILING ECEIVED JAN 12 2024 **ADDRESS** Change of Address 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (806) **PHONE** Receipt # Amount \$ MS / MRS / MR CAMPAIGN TREASURER Date Processed NAME SUFFIX NICKNAME Date Imaged preunin STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CAMPAIGN TREASURER Canyon, TX 79015 1305 loTH ADDRESS (Residence or Business) EXTENSION 8 CAMPAIGN **TREASURER** (806) 206-7576 PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Dav Year COVERED 2013 THROUGH 2024 **ELECTION TYPE** ELECTION DATE 11 ELECTION Primary Runoff Other Month Day Year Description General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Commissioner Precing (DUNT THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE | OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages 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	11	6 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. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 885.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 750.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 750.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 885.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE \$
	vear, or affirm, under penalty of perjury, that the accompanying report is true a uired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Cand	idate or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed by	pefore me by this the	day of
20, to certify w	hich, witness my hand and seal of office.	
Signature of officer administeri	ng oath Printed name of officer administering oath	Title of officer administering oath
	OR OR OTHER MANAGEMENT OF THE PROPERTY OF THE	
(2) Unsworn Declaratio	n 	
	Martinez, and my date of birth is	July 14, 1980
My address is	419 Hrch Terrace, Amarillo TX	79106, USA
Executed in Potter	(street) (city) (state of Texas, on the Am day of Month)	· · · · · · · · · · · · · · · · · · ·
	Signature of Candidate	/Officeholder (Declarant)

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.RECEIVED JAN 12 2024

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	David Martinez		
4 Date	5 Full name of contributor  out-of-state PAC	(ID#: )	7 Amount of contribution (\$)
	Juliann Fulton	1	
		Ctata: Zin Codo	100
12-4-23	6 Contributor address; City;	State; Zip Code	100.00
(0 ( ))	RO. Box 82 Bushland	TX 79012	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Social wo	ricer		BSN
	Full name of contributor	OD#:	
Date		(1011.	Amount of contribution (\$)
	Mike Porcell		
12-4-23	Contributor address; City;	State: Zip Code	
	7705 Farrell Dr Amarillo	tx 79121	25.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	,		
Date	Full name of contributor 🔲 out-of-state PAC	(ID#:)	Amount of contribution (\$)
î	Thomas Folks		
12-4-23	Contributor address; City;	State; Zip Code	
	and Carlo Tail And the Th	79124	15.00
Diaded a	7141 Coxote Trail Amarillo, it	Employer (See Instruc	
Principal occup	pation / Job title (See Instructions)	Employer (See instruc	nons,
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Palmira Marcinik		
12-11-23	Contributor address; City:	State; Zip Code	50-00
			90,000
	256 Starration Hill In Dipe Creek	TX 78063	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
			or and a second

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

74				

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report ECEIVED JAN 12 2024

·							
The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:			
2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
•	David Martinez						
4 Date	5 Full name of contributor	Out-of-state PAC	C (ID#:	7 Amount of contribution (\$)			
	Edvardo Valdez						
12 11 73	E 7.7.1	City	State; Zip Code	***			
17-11-23	6 Contributor address;	City;	State; Zip Code	10.00			
	504 North Bliss Ave.	Dimas (	TK 79029				
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instru	uctions)			
Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$)							
	William Glover			, another contribution (\$)			
10 1/ 07		City	Chate Zin Code	90			
12-11-23	Contributor address;	City;	State; Zip Code	0.50 00			
	5707 Berget Dr	Amarillo,	TK 79106	250.00			
		Employer (See Instru	uctions)				
I.T.			Global Giving				
Date	Full name of contributor	out-of-state PAC	C (ID#:	Amount of contribution (\$)			
				, another contribution (c)			
	Julie Ontiveros		Outer 70 Oute	-			
12-11-23	Contributor address;	City;	State: Zip Code	100.00			
	3512 Barciay Dr	Amarillo.	tx 79109				
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	uctions)			
BUSINESS F	pevelopment		FCI Brands				
Date	Full name of contributor	D ( challe BAG	) (ID#.	Amount of contribution (\$)			
Date	V N = 8	out-of-state PAC	, (ID#:	) Amount of contribution (\$)			
17.17.13	trancisco Mautinez		Obstacl 71: Osdania	e-			
17-17-23	Contributor address;	City;	State; Zip Code	100-00			
	547 S Perry St.	Dewey,	Co 80219				
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	uctions)			
BUSINESS CO	nsiltent		Micasifa				
		7					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

		12	2

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report. RECEIVED JAN 12 2024

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	nd Mautinez			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
1 01 01	Mike Procell	( + 4) + (+ (+ 4) + (+ 4) + (+ (+ 4) + (+ 4) + (+ 4) + (+ (+ 4) + (+ 4) + (+ 4) + (+ (+ 4) + (+ 4) + (+ 4) + (+ (+ 4) + (+ 4) + (+ 4) + (+ 4) + (+ (+ 4) + (+		2 = 00
1-04-24	6 Contributor address;	City;	State; Zip Code	A5-00
	7705 Furrell Dr	Amanillo	, th 79121	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	etions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Oscar torres			
1-07-24	Contributor address;	City;	State; Zip Code	00.00
	1107 E. 2nd Ave.	Escondilu	CA 97025	[00,00
Principal occup	oation / Job title (See Instructions)		Employer (See Instruc	etions)
City of Esco	ndiao Wolter Manager	·	City of Escondida	Ø
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Shelton Triplett			
1-08-24	Contributor address;	City;	State; Zip Code	. 0(2, 0()
	20233 Learny Hill R	Proud DAMAGONI	le TX 18660	100.00
Principal occur	pation / Job title (See Instructions)	THE THE PERSON OF THE PERSON O	Employer (See Instruc	ctions)
	ndayed		unemploye	
- Utter				
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
		Cia	State: Zin Code	
	Contributor address;	City;	State; Zip Code	
Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
i ilicipai occu	pallott race the foce mendenone)			, 
				(4)

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

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	ommission Filers)
	David Wartinez		
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1,,,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 885.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
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 FUN	IDS	\$ 750.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11 <sub>e</sub>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this form	٦.	1 Total pages Schedule A2:		
2 FILER NAM	E		3 Filer ID (Ethics Corr	nmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:	****	8 Amount of   Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code	Check if travel outside	e of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	L)(See Instructions)	
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUE	DICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse	e (if any) (FOR JUDICIAL)	
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#:	Zin Code	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outside	e of Texas, Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	L)(See Instructions)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
			÷		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruction			requirements	

### **PLEDGED CONTRIBUTIONS**

#### SCHEDULE B

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sched	ule B:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF	UNITEMIZED PLEDGES		\$		
5 Date	6 Full name of pledgor out-of-state PAC (ID#:	)	8 Amount of Pledge \$	9 In-kind contribution description	
	7 Pledgor address; City; Si	ate; Zip Code			
			Check if travel outs	l . ide of Texas. Complete Schedule T.	
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)		
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; S	tate; Zip Code			
			Check if travel outsi	,      ide of Texas. Complete Schedule T.	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	*	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; S	tate; Zip Code			
			Check if travel outsi	lide of Texas. Complete Schedule T.	
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)		
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; State	e; Zip Code			
		6	Check if travel outsi	de of Texas. Complete Schedule T.	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
lf .	ATTACH ADDITIONAL COPIES			roguiromento	

### **LOANS**

## SCHEDULE E

	The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS		\$
5	Date of loan		PAC (ID#:)	9 Loan Amount (\$)
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate  11 Maturity date
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
16	GUARANTOR INFORMATION  not applicable	17 Name of guarantor  18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
	пос аррпсавле			
20	Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender	PAC (ID#)	Loan Amount (\$)
	Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
	Y N			Maturity date
	Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
	Description of Coll	ateral	Check if personal fun	ds were deposited into political
	none		account (See Instruct	·
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	not applicable	Guarantor address; City;	State; Zip Code	
		ion (See Instructions)	Employer (See Instructions)	
	If I	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE	

# 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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/	Expense  Wages/Contract Labor	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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Calegories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n. 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 NEE	DED

### **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report. RECEIVED JAN 12 2021

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Candidate/Officeholder/Politica	Committee Legal Services Salaries/V  The Instruction Guide explains how to a	Vages/Contract Labor	Other (enler a category	not listed above)
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITER	IIZED UNPAID INCURRED OBLIGATION	IS	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political Non-Po	blitical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Calegories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	xpense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	1	Office sought	Office hel	d
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-P	olitical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin. TX, officeholder living	expe <b>nse</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought	Office he	ld
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Name of person from whom investment is purchased				
	6 Address of person from whom investment is purchased; Cit	ty; State; Zip Code			
	7 Description of investment				
	8 Amount of investment (\$)				
Date	Name of person from whom investment is purchased				
	Address of person from whom investment is purchased; City				
	Description of investment				
	Amount of investment (\$)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### EXPENDITURES MADE BY CREDIT CARD

#### SCHEDULE F4

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

RECEIVED JAN 12 224

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 8 Payee address; City; State; Zip Code 7 Amount (\$) TYPE OF Political Non-Political **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) 10 **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE ${f G}$

		EXPENDITU	RE CATEGORIE	SFOR	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	e Polling Expense Printing	Overhead Expense g Expens es/Wages	e /Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule G:	2 FILER NA	ME				3 Filer ID (Ethics	s Commission Filers)
į.	David	Martinez				o The 15 (Eine.	s Commission Fliers)
4 Date	5 Payee nar	me					
12-03-2025	Potter	County Pamocrat	TC Party				
6 Amount (\$) 750.00	7 Payee ad	dress;	X*.		City;	State;	Zip Code
Reimbursement from political contributions intended	PO BOX	82		Bi	ushland	TX	79012
8 PURPOSE	(a) Category	(See Calegories listed at the	ne lop of this schedule)	(b)	Description	·	
OF EXPENDITURE	Fees			T	iling Fees		
	(c)	Check if travel outside of Texas	s. Complete Schedule T.			lin, TX, officeholder living (	expense
9	Candid	ate / Officeholder na	ime	Offic	e sought		Office held
Complete ONLY if direct expenditure to benefit C/OH	David V	Naviner	Potter-Cou	200	wnissioner Pi	reunct (	
Date	Payee nar	ne					
Amount (\$)	Payee add	dress;			City;	State;	Zip Code
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Calegories listed at th	ne lop of this schedule)		Description		
		Check if travel outside of Texas	a. Complete Schedule T.		Check if Aus	tin, TX, officeholder living e	avnense
		ate / Officeholder na		Offic	e sought	in, ix, emechance hang t	Office held
Complete ONLY if direct expenditure to benefit C/C	ЭН	, w,					Since field
Date	Payee nan	ne					
Amount (\$)	Payee add	dress;			City;	State;	Zip Code
Reimbursement from political contributions intended							
PURPOSE OF	Category	(See Calegories listed at th	e top of this schedule)	]	Description		
EXPENDITURE	Пс	Check if travel outside of Texas.	Complete Schedula T		Chook & A. II	in TV afficient "	
		ate / Officeholder na		Office		in, TX, officeholder living e	<u> </u>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		2.0 / Omoenolder Ha		Onice	e sought		Office held
	ATTA	CH ADDITIONAL C	OPIES OF THIS	SCHEE	OULE AS NEE	DED	

### PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report. RECEIVED JAN 12 2014

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense
Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment		salaries/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
	(c) Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this sched	dule) Description	
EXPENDITURE	Check if travel outside of Texas, Complete Schedu	ule T. Check if Austin	a, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name oH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche-	dule) Description	
LAI ENDITORE	Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	EDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)	
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address;	City		State	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories,)	(b) Description (See required.)	instructions regard	ding type of	finformation	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ding lype of	information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ding lype of	information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ing type of	information	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED			

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.  1 Total pages Schedu			dule K:
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State	te; Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
		ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED	

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

#### SCHEDULE T

The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:				
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expenditure reported on:					
	Schedule D Schedule F1				
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS				
6 Dates of travel 7 Name of person(s) traveling					
8 Departure city or name of departure location					
9 Destination city or name of destination location					
10 Means of transportation	minar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2 Schedule B Schedule B(J) Schedule C2					
	Schedule D Schedule F1				
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS					
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, ser	Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS				
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, ser	Purpose of travel (including name of conference, seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED				

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

RECEIVED JAN 12 2024

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 NA	AME	2 Filer ID (Ethics Commission Filers)			
3	SIGNAT	TURE				
	designat	expect any further political contributions or political expenditures in connection with my ting a report as a final report terminates my campaign treasurer appointment. I also ungo contributions or make any campaign expenditures without a campaign treasurer appointment.  Signature	derstand that I may not accept any			
4	FILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below only if you are not an officeholder. •-					
	A.	CAMPAIGN FUNDS				
	Check	k only one:				
		I do not have unexpended contributions or unexpended interest or income earned fro	m political contributions.			
		I have unexpended contributions or unexpended interest or income earned from politic may not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended counexpended contributions or unexpended interest or income earned on political contributions this final report. Further, I understand that I must dispose of unexpended politic interest or income earned on political contributions in accordance with the requirement	ne earned on political contributions to ontributions and that I may not retain ibutions longer than six years after al contributions and unexpended			
	B.	ASSETS				
	Check	k only one:				
		I do not retain assets purchased with political contributions or interest or other income	e from political contributions.			
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	r income from political contributions to			
5	_	EHOLDER  Inplete this section only if you are an officeholder				
		I am aware that I remain subject to filing requirements applicable to an officeholder who defile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as			
		Si	gnature of Officeholder			

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		- 2	
	(8)		
B. C.			
di contra di con			
(P) (8)			
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