

# 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

FIRST

MI

NICKNAME

LAST

SUFFIX

SARA

MARTINEZ

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

Change of Address

P.O. Box 570212  
Dallas, Tx 75357

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(323) 420 8701

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Rodolfo

Martinez

7 CAMPAIGN TREASURER ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

3610 Anthony Dr 3A  
Mesquite, Tx 75150

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469) 921-0045

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

Month

Day

Year

01 / 23 / 2026 THROUGH 02 / 21 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 03 / 26

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Justice of the Peace 5-1

13 OFFICE SOUGHT (if known)

Justice of the Peace 5-1

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY

Date Received

BY  
DEPUTY

JOHN F. WALKER  
COUNTY CLERK  
DALLAS COUNTY

2026 FEB 23 PM 3:49

FILED

Date Hand Delivered: Date Postmarked:

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2



**SUBTOTALS - C/OH**

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

<b>19 FILER NAME</b> <i>Sana Martner</i>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,885. <sup>00</sup>
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,107.17
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: <b>4</b>
2 FILER NAME <i>Sara Montner</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/23/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gilbert Aranza</i>	7 Amount of contribution (\$) <i>\$ 2,000.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 601527 Dallas, TX 75360</i>		
8 Principal occupation / Job title (See Instructions)		9 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)

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.

# 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: <b>4</b>
2 FILER NAME <b>Sara Mathews</b>		3 Filer ID: (Ethics Commission Filers)
4 Date <b>1/24/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Damian Mata</b>	7 Amount of contribution (\$) <b>\$ 250.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>124 Stainback Court Red Oak, Tx</b>		
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions)
Date <b>1/26/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Georgina Garcia</b>	Amount of contribution (\$) <b>\$ 250</b>
Contributor address; City; State; Zip Code <b>703 McKinney Ave Ste 311 Dallas, Tx 75202</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions)
Date <b>1/29/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Chad West</b>	Amount of contribution (\$) <b>\$ 500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3606 Tyler St. Dallas, Tx 75224</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions)
Date <b>1/29/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jessica Gonzales</b>	Amount of contribution (\$) <b>\$ 1,000.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. Box 224352 Dallas, Tx</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		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.		

# 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 <i>Sara Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/29/26</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gay Ravi</i>	7 Amount of contribution (\$) <i>\$125.<sup>00</sup></i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1/30/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mario Quintanilla</i>	Amount of contribution (\$) <i>\$100.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>Dallas, TX</i>		
Principal occupation / Job title (See Instructions) <i>Executive VP</i>		Employer (See Instructions) <i>Frost Bank</i>
Date <i>1/30/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adam Medrano</i>	Amount of contribution (\$) <i>\$1500.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>2338 Douglas Ave Dallas TX 75219</i>		
Principal occupation / Job title (See Instructions) <i>Consultant</i>		Employer (See Instructions) <i>Adam Medrano Consulting</i>
Date <i>1/31/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Feargful McKinney</i>	Amount of contribution (\$) <i>\$250.<sup>00</sup></i>
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.		

**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: <i>4</i>
2 FILER NAME <i>Sara Martin</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/11/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Nalleli Bonilla</i>	7 Amount of contribution (\$) <i>\$10.<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>6088 Abrams Dallas, TX 75221</i>		
8 Principal occupation / Job title (See Instructions) <i>Investigator</i>		9 Employer (See Instructions) <i>DCFS</i>
Date <i>2/13/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bridget Moreno Lopez</i>	Amount of contribution (\$) <i>\$500.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>3500 Maple Ave Dallas, TX 75219</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Linbarger,</i>
Date <i>2/18/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Linbarger, Guggan, Blair &amp; Simpson</i>	Amount of contribution (\$) <i>\$2,000.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>3500 Maple Ave Dallas, TX 75219</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)
Date <i>2/18/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Eric Puente</i>	Amount of contribution (\$) <i>\$500.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>601 N. Harms Dallas, TX 75211</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Puente Law Firm</i>
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: <i>Sara Mathew</i>		3 Filer ID (Ethics Commission Filers)	
4 Date: <i>2/4/26</i>		5 Payee name: <i>Versa Printing</i>			
6 Amount (\$): <i>1,547.17</i>		7 Payee address: <i>2631 Brenner Dr. Dallas, TX 75220</i> <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>Advertising</i>		(b) Description: <i>Signs</i>		
	<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	
Date: <i>2/2/26</i>		Payee name: <i>NAACP Dallas</i>			
Amount (\$): <i>\$200.00</i>		Payee address: <i>P.O. Box 765307 Dallas, TX 75376</i> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Advertising</i>		Description: <i>Luncheon Program</i>		
	<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	
Date: <i>2/17/26</i>		Payee name: <i>Photographer on Board</i>			
Amount (\$): <i>\$360.00</i>		Payee address: <i>5620 Eastside Ave Dallas, TX 75214</i> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Printing Expense</i>		Description: <i>Door hanger</i>		
	<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED