#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 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 SARA **OFFICEHOLDER** NAME Date Received NICKNAME MARTINEZ APT / SUITE #; 4 CANDIDATE / ADDRESS / PO BOX; ZIP CODE OFFICEHOLDER P.d. Box 57021L MAILING ADDRESS Change of Address 5 CANDIDATE/ EXTENSION OFFICEHOLDER (32) 1420- 8707 PHONE MS / MRS / MR 6 CAMPAIGN MI TREASURER Date Processed NAME NICKNAME SUFFIX Marbinez Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE; ZIP CODE TREASURER 1623 Main St ADDRESS Dalles, Tx 75021 (Residence or Business) EXTENSION CAMPAIGN TREASURER (469) PHONE 921 -0045 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED 21 THROUGH 72 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Runoff Other Month Description General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) IP 5-1 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 CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 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

### SUBTOTALS - C/OH

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

19		Commission Filers)
	San Mantin	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$5,510.60
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 9,311.53
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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/OR	H \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Fi	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 5,510.00
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,510. W
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9.311.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,593.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	wear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	correct and includes all information
	Signature of Candidate	e or Officeholder
	Please complete either option below:	
(1) Affidavit	······································	
	Linda Brandenburg  My Commission Expires	
NOTARY STAMP/SEAL	0 10/31/2024	Elong D W
NOTATION AND AND AND AND AND AND AND AND AND AN	before me by FRANCE TO No 129188412  this the 22	February
	1	day of 32nd,
Inda Bra	which, witness my hand and seal of office.  ndentung Linda Brandenburg	
Signature of officer administe		Title of officer administering oath
50 (Carlotte Carlotte	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
		,
	(street) (city) (state)	(zip code) (country)
Executed in	County, State of , on the day of(month)	, 20 (year)
	Signature of Candidate/Off	

#### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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

	ii tile reques	ned mormation is not applicable, be Not melade	tins page in the	Teport.
	The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2	FILER NAME	Sam Martine		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)
			e; Zip Code	
8	Principal occu	pation / Job title (See Instructions) 9 E	mployer (See Instruc	tions)
	Date	Full name of contributor	)	Amount of contribution (\$)
		Contributor address; City; Stat		
	Principal occup	ation / Job title (See Instructions)	mployer (See Instruct	tions)
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
		Contributor address; City; State	e; Zip Code	
	Principal occup	ation / Job title (See Instructions) Er	mployer (See Instruct	tions)
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
		Contributor address; City; Stat	e; Zip Code	ų.
	Principal occup	ation / Job title (See Instructions) Er	mployer (See Instruct	tions)
		ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS N	JEEDED

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 F	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Expense Office Over Polling Expense Printing Expense Printing Expense Office Over Polling Expense Over Polling Expen	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Sara Martine		3 Filer ID (Ethics Commission Filers)
4 Date 2   15   22	5 Payee name MAIL HOUSE		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
5,982.53	2730 N. Stemmoro F Dallas, Zx 75207	my # 740	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advatising Expune	Posta ge	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/18/22	walls Printing		
Amount (\$)	Payee address;	City;	State; Zip Code
2,368.80	Dailus, Zx 75247		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printy Expose	mailer	
	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		
2   18  22	Dalles Voice		
Amount (\$) 960.8	Payee address: 1825 Market Ctr. Bl Wallus, Tx 7520	lot # 240	State; Zip Code
***************************************	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expune	Ad	
	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
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

Date	Name	Donating C Amount		Total Fee N	Net Amour Address	City	State / Pro Postal Code	ostal Code
1/22/202.	1/22/2022 Monica Lira Bravo	ra Bravo	200	0	0 1155 Timplemore	Dallas	X	75218
1/22/202;	1/22/2022 Maribeth Annaguey	Annaguey	250	11.47	238.53 2121 Ave. of the Stars #2800	Los Angele: CA	le: CA	29006
1/24/202	./24/2022 Marisol Lozada	ızada	30	1.81	28.19 4221 Cole Ave. #203	Dallas	X	75205
1/24/202	2 April Mcga	1/24/2022 April Mcgary-Wedding	100	4.88	95.12 5406 Kingston Drive	Richardson TX	XT no	75082
1/24/202.	./24/2022 Tracy Sullivan	van	20	2.69	47.31 1432 Rivercrest	Allen	XT	75002
1/24/202.	1/24/2022 Amanda Ortega	Intega	20	1.37	18.63 1717 E. Beltline Rd #424	Coppell	XI	75019
1/25/202	1/25/2022 Abel Garcia	ē	20	2.69	47.31 2805 Rice Drive	Rowlett	XT	75088
1/25/202.	1/25/2022 Susana Martinez	artinez	10	0.93	9.07 2124 Ruby Street	Donna	X	78537
1/26/202.	1/26/2022 Jason Kipness	iess.	100	4.88	95.12 4435 Mill Run Rd	Dallas	X	75244
1/29/202	./29/2022 Elizabeth Musico	Musico	1000	44.39	955.61 4398 Boca Bay	Dallas	X	75244
1/31/202	2 National L	1/31/2022 National Latino Law En	250	11.47	238.53 P.O. Box 226411	Dallas	X	75222
2/1/202.	2/1/2022 Linebarger	<b>.</b>	1000	44.39	955.61 2777 Stemmons Fwy, Ste 1000	Dallas	XT	75207
2/1/202	2/1/2022 Jose Sanchez	nez	150	7.08	142.92 507 N. Green Street	Longview	XT	75601
2/6/202	2/6/2022 Bridget Lopez	pez	200	22.44	477.56 4326 Meadowdale Lane	Dallas	X	75229
2/12/202.	2/12/2022 Rebecca Acuna	cuna	200	22.44	477.56 196 Kessler Heights Lane	Dallas	XT	75208
2/17/202.	2 Victoria Ne	2/17/2022 Victoria Neave Campai	200	22.44	477.56 P.O Box 472773	Garland	XT	75047
2/17/202.	2/17/2022 Minerva Rodriguez	odriguez	250	11.47	238.53	Dallas	XT	
2/19/202	2/19/2022 Krisi Kastl		250	11.47	238.53 3355 Blackburn St	Dallas	XT	75204
			5510	228.31	4781.69			