### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH COVER SHEET PG 1**

**CANDIDATE / OFFICEHOLDER NAME**
- **FIRST NAME**: Sara
- **MIDDLE INITIAL**: H
- **LAST NAME**: Martinez

**CANDIDATE / OFFICEHOLDER MAILING ADDRESS**
- **P.O. BOX**: 578212
- **CITY**: Dallas
- **STATE**: TX
- **ZIP CODE**: 75257

**CANDIDATE / OFFICEHOLDER PHONE**
- **AREA CODE**: (323)
- **PHONE NUMBER**: 420-8707

**CANDIDATE / TREASURER NAME**
- **FIRST NAME**: Rodolfo
- **MIDDLE INITIAL**: M
- **LAST NAME**: Martinez

**CANDIDATE / TREASURER ADDRESS**
- **STREET ADDRESS**: 1623 Main Street
- **CITY**: Dallas
- **STATE**: TX
- **ZIP CODE**: 75211

**CANDIDATE / TREASURER PHONE**
- **AREA CODE**: (469)
- **PHONE NUMBER**: 921-0045

**REPORT TYPE**
- 30th day before election

**PERIOD COVERED**
- **Month**: 01
- **Day**: 01
- **Year**: 2022

**ELECTION DATE**
- **Month**: 03
- **Day**: 01
- **Year**: 2022

**OFFICE**
- **OFFICE HELD**: JP 5-1

**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.
<table>
<thead>
<tr>
<th>17 CONTRIBUTION TOTALS</th>
<th>1. TOTAL UNITIMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td>
<td>$205.00</td>
</tr>
<tr>
<td></td>
<td>3. TOTAL UNITIMIZED POLITICAL EXPENDITURE.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>4. TOTAL POLITICAL EXPENDITURES</td>
<td>$500.00</td>
</tr>
<tr>
<td></td>
<td>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</td>
<td>$9,849.51</td>
</tr>
<tr>
<td></td>
<td>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td>
<td>$</td>
</tr>
</tbody>
</table>

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]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

[Stamp]

Sworn to and subscribed before me by [Signature] on [Date]

[Name]  
[Title of officer administering oath]

(2) Unsworn Declaration

My name is _______________________, and my date of birth is ____________.  
My address is ___________________________________________________________.  
Executed in __________________________ County, State of ______________, on the ______________ day of __________, ___________.  

[Signature]

Signature of Candidate/Officeholder (Declarant)
<table>
<thead>
<tr>
<th>Schedule</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Schedule A1: Monetary Political Contributions</td>
<td>$205.00</td>
</tr>
<tr>
<td>5.</td>
<td>Schedule F1: Political Expenditures Made from Political Contributions</td>
<td>$500.20</td>
</tr>
</tbody>
</table>

- **NOTE:** The form contains sections for scheduling various types of contributions, expenditures, and obligations. The highlighted sections indicate where specific types of transactions have been recorded.
<table>
<thead>
<tr>
<th>Date</th>
<th>Full name of contributor</th>
<th>Amount of contribution ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2/22</td>
<td>Jasmin Flores</td>
<td>$1,500</td>
</tr>
<tr>
<td>1/2/22</td>
<td>Alfonso Mercado</td>
<td>$100.00</td>
</tr>
<tr>
<td>11/8/22</td>
<td>Nancy Moulder</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

Principal occupation / Job title (See Instructions)
**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

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

**SCHEDULE F1**

<table>
<thead>
<tr>
<th>EXPENDITURE CATEGORIES FOR BOX 8(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Expense</td>
</tr>
<tr>
<td>Fees</td>
</tr>
<tr>
<td>Food/Beverage Expense</td>
</tr>
<tr>
<td>Gifts/Donations/Memorials Expense</td>
</tr>
<tr>
<td>Legal Services</td>
</tr>
<tr>
<td>Transportation Equipment &amp; Related Expense</td>
</tr>
<tr>
<td>Travel In District</td>
</tr>
</tbody>
</table>

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>1 Total pages Schedule F1:</th>
<th>2 FILER NAME</th>
<th>3 Filer ID (Ethics Commission Files)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 page</td>
<td>Sara Martinez</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4 Date</th>
<th>5 Payee name</th>
<th>6 Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/5/22</td>
<td>BGM Consulting</td>
<td>500.00</td>
</tr>
</tbody>
</table>

7 Payee address; City; State; Zip Code

2206 Melbourne Ave
Oakley, TX 75224

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

Advertising Expense | Web page design

(c) Check if travel outside of Texas. Complete Schedule T.

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Date | Payee name | City; State; Zip Code |
|-----|------------|------------------------|

Amount ($) | Payee address; |

Category (See Categories listed at the top of this schedule) | Description |

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held |

Date | Payee name | City; State; Zip Code |
|-----|------------|------------------------|

Amount ($) | Payee address; |

Category (See Categories listed at the top of this schedule) | Description |

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, 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 SCHEDULE AS NEEDED**

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020