

Revised 1/1/2026

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 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)	\$ 10,227. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,765.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,704.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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/SEAL

Sworn to and subscribed before me by Sera Martinez this the 22nd day of January 2020 to certify which I witness my hand and seal of office.

Lakeisha Lowe Lakeisha Lowe Chief Clerk
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Sara Martinez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,227. ⁰⁰
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	\$ 1,765.05
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	\$ 1,000. ⁰⁰
9.	<input checked="" 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: 7
2 FILER NAME Sara Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 10/9/25	5 Full name of contributor John Wiley Price out-of-state PAC (ID#: 6 Contributor address; 510 E. 5th St Dallas, Tx 75203 City; State; Zip Code	7 Amount of contribution (\$) \$ 500. ⁰⁰
8 Principal occupation / Job title (See Instructions) County Commissioner		9 Employer (See Instructions) Dallas County
Date 10/11/25	Full name of contributor Jessica Castillo out-of-state PAC (ID#: Contributor address; 7450 Coronado Dallas, Tx City; State; Zip Code	Amount of contribution (\$) \$ 50
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions)
Date 10/11/25	Full name of contributor Topacio Maddox out-of-state PAC (ID#: Contributor address; 3607 Lost Oak Dr Spring, Tx 77388 City; State; Zip Code	Amount of contribution (\$) \$ 50
Principal occupation / Job title (See Instructions) Sales Associate		Employer (See Instructions) Holly Hunt
Date 10/15/25	Full name of contributor Edna Gandy out-of-state PAC (ID#: Contributor address; 5442 Ranger Dr. Rockwall, Tx 75082 City; State; Zip Code	Amount of contribution (\$) \$ 150. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Sura Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 10/21/25	5 Full name of contributor Riya Mehta out-of-state PAC (ID#: 6 Contributor address; 1578 Moonbeam Lane Chula Vista CA 91915 City; State; Zip Code	7 Amount of contribution (\$) \$ 250
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/26/25	Full name of contributor Alejandro Martinez out-of-state PAC (ID#: Contributor address; 317 Denny Dr. Pharr, Tx 78577 City; State; Zip Code	Amount of contribution (\$) \$ 1,000. ⁰⁰
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/7/25	Full name of contributor Marianna Vela out-of-state PAC (ID#: Contributor address; 634 Brookstone Dr. Irving, Tx 75039 City; State; Zip Code	Amount of contribution (\$) \$ 250. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/1/25	Full name of contributor Daniel Hernandez out-of-state PAC (ID#: Contributor address; 300 Centre St Dallas, Tx 75208 City; State; Zip Code	Amount of contribution (\$) \$ 500. ⁰⁰
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office of Daniel Hernandez
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: <div style="text-align: center; font-size: 1.5em;">7</div>
2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Sara Martinez</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center; font-size: 1.2em;">12/10/25</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Sarah Depew</div>	7 Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$ 50.⁰⁰</div>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <div style="text-align: center; font-size: 1.2em;">12/11/25</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">John Wiley Price</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$ 1,000.⁰⁰</div>
Contributor address; City; State; Zip Code		
510 E. 5th St Dallas, TX 75203		
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Dallas County
Date <div style="text-align: center; font-size: 1.2em;">12/15/25</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Melissa Anaya</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$ 150.⁰⁰</div>
Contributor address; City; State; Zip Code		
2402 Pitcher Ranch San Antonio, TX 78253		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="text-align: center; font-size: 1.2em;">12/16/25</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Monica Lira Bravo</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$ 1,000.⁰⁰</div>
Contributor address; City; State; Zip Code		
4144 N. Central Expy #370 Dallas, TX 75204		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Lira Bravo Law
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Sara Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 12/17/25	5 Full name of contributor Kevin Rachel out-of-state PAC (ID#: 6 Contributor address; 1642 Kessler Canyon Dr. Dallas, Tx 75208 City; State; Zip Code	7 Amount of contribution (\$) \$50. ⁰⁰
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Cumulus Media
Date 12/20/25	Full name of contributor Joshua Gold out-of-state PAC (ID#: Contributor address; Flair Dr. Dallas, Tx 75229 City; State; Zip Code	Amount of contribution (\$) \$72. ⁰⁰
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Nixon Peabody LLP
Date 12/31/25	Full name of contributor Luis Navarro out-of-state PAC (ID#: Contributor address; 2301 S. Closner Blvd Edinburg Tx 78539 City; State; Zip Code	Amount of contribution (\$) \$500. ⁰⁰
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) Edinburg Vision Center
Date 12/31/25	Full name of contributor Nydia Rios out-of-state PAC (ID#: Contributor address; 2112 Colt Ct Seagoville, Tx 75159 City; State; Zip Code	Amount of contribution (\$) \$20. ⁰⁰
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Suvida
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Sara Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/25	5 Full name of contributor Tiffany Garcia out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$ 10.⁰⁰
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Alcon
Date 12/31/25	Full name of contributor Melissa Avalos out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$) \$ 25.⁰⁰
Principal occupation / Job title (See Instructions) IA2		Employer (See Instructions) First Command
Date 12/31/25	Full name of contributor Alfonso Mercado out-of-state PAC (ID#: Contributor address; City; State; Zip Code 2021 S. 40th St McAllen, TX 78505	Amount of contribution (\$) \$ 100.⁰⁰
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UTRGV
Date 12/31/25	Full name of contributor Suzanne Slonim out-of-state PAC (ID#: Contributor address; City; State; Zip Code 12700 Hillcrest Rd # 258 Dallas, TX 75230	Amount of contribution (\$) \$ 250.⁰⁰
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Fibroid Institute Dallas
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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
Credit Card Payment

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Sara Martinez	3 Filer ID (Ethics Commission Filers)
4 Date 9/22/25	5 Payee name Vista Print	
6 Amount (\$) \$51.94	7 Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Business Cards
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/13/25	Payee name Elite News	
Amount (\$) \$438.⁰⁰	Payee address; City; State; Zip Code 2349 Cedar Crest Blvd Dallas, Tx 75203	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Ad
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/17/25	Payee name BGM Media	
Amount (\$) \$350.⁰⁰	Payee address; City; State; Zip Code 196 Margaret Ave Dallas, Tx 75207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Web page design
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, 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 NEEDED

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
Credit Card Payment

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Sara Martinez		3 Filer ID (Ethics Commission Filers)	
4 Date 12/15/25		5 Payee name USPS			
6 Amount (\$) \$156.00		7 Payee address: 8624 Ferguson Road City: Dallas, TX State: Zip Code: 75228			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Postage Stamps		
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/16/25		Payee name Mail House			
Amount (\$) \$769.11		Payee address: 1737 E. Levee St City: Dallas, TX State: Zip Code: 75207			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Push cards		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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
Credit Card Payment

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Sara Martinez	3 Filer ID (Ethics Commission Filers)
4 Date 12/14/25	5 Payee name Dallas County Democratic Party	
6 Amount (\$) \$1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1414 N. Washington Ave Dallas, Tx 75204	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing Fees
	(c) <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 Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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 Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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 Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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 Office held		

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