

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 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Ms. FIRST: Jacqueline MI: A NICKNAME: LAST: Martinez SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 7005 Alamosa Way El Paso TX 79912	Date Received MAY 3 '23 4:18PM 5/3/2023	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: (915) 249-9918	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Ms. FIRST: Jacqueline MI: A NICKNAME: LAST: Martinez SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 7005 Alamosa Way El Paso TX 79912	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: (915) 249-9918	Date Imaged 5/3/2023	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 6 / 2023 THROUGH 4 / 30 / 2023		
11 ELECTION	ELECTION DATE: Month Day Year 5 / 6 / 23	ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any): N/A	13 OFFICE SOUGHT (if known): El Paso ISD District 6	
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.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>Jacqueline Martinez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1,000.00</i>
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

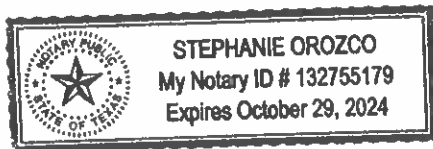
15 C/OH NAME <u>Jacqueline Martinez</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,032.59</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jacqueline Martinez this the 3rd day of May, 2023, to certify which, witness my hand and seal of office.
Stephanie Orozco Stephanie Orozco Notary
 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)

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>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/6/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marcela</i>	7 Amount of contribution (\$) <i>\$ 500</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/8/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard S. Martinez</i>	Amount of contribution (\$) <i>\$40.00</i>
Contributor address; City; State; Zip Code <i>7116 Black Ridge Dr. El Paso TX 79912</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/18/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vanessa Anaya</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>1604 Cornell Dr SE Albuquerque NM 87106</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/18/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carolina Ferrero</i>	Amount of contribution (\$) <i>\$20.00</i>
Contributor address; City; State; Zip Code <i>10633 Lake Palmetto Dr. Conroe TX 77385</i>		
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:
2 FILER NAME <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/19/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Yvonne Basil</i>	7 Amount of contribution (\$) <i>\$25.00</i>
6 Contributor address; City; State; Zip Code <i>6356 Franklin View Dr. El Paso, TX 79912</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/21/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Monica Alvillar</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>1301 North Kansas Street El Paso, TX 79902</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amanda Rios</i>	Amount of contribution (\$) <i>\$75.00</i>
Contributor address; City; State; Zip Code <i>6321 Franklin Gate Dr. El Paso, TX 79912</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/30/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jennifer Kallus</i>	Amount of contribution (\$) <i>\$40.00</i>
Contributor address; City; State; Zip Code <i>125 Eastern Pkwy Brooklyn, NY 11238</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/19/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brandon Silverstein</i>	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address; City; State; Zip Code <i>6900 Rock Canyon El Paso, TX 79912</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)

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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jacqueline Martinez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/20/23</i>	5 Payee name <i>Airport Printing Service</i>	
6 Amount (\$) <i>\$2,404.11</i>	7 Payee address: City: State: Zip Code <i>7 Leigh Fisher Blvd, Ste A El Paso TX 79906</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Mailers</i>
	(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		
Date <i>4/28/23</i>	Candidate / Officeholder name <i>Fair Data LLC</i>	
Amount (\$) <i>\$468.74</i>	Office sought <i>El Paso, TX</i>	
	Office held <i>79903</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Texting</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		
Date <i>4/25</i>	Candidate / Officeholder name <i>Home Depot</i>	
Amount (\$) <i>\$14.74</i>	Office sought <i>El Paso TX</i>	
	Office held <i>79912</i>	
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 <i>Home Depot</i>		
Office sought <i>El Paso TX</i>		
Office held <i>79912</i>		

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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 | | | |

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1 Total pages Schedule F1:	2 FILER NAME <i>Jacqueline Martinez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/21/23</i>	5 Payee name <i>Jovany Meza</i>
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6 Amount (\$) <i>150</i>	7 Payee address: <i>100 S. Eucalyptus St.</i>	City: <i>El Paso</i>	State: <i>TX</i>	Zip Code: <i>Apt. 4102</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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