Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR 23 P 12: 12

See backside for instructions

1 ACCOUNT # 828186-00

2 Total pages filed: 5

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST Ricardo | MI
NICKNAME | LAST Martinez | SUFFIX

4 ORIGINAL REPORT TYPE

- [ ] January 15
- [ ] July 15
- [x] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- [ ] Other (specify) _____

5 ORIGINAL PERIOD COVERED

Month Day Year: 2/23/01 THROUGH Month Day Year: 04/05/01

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Legal | Totals

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION

Inadvertently filed form SPAC on April 5, 2001, should have filed C/oh.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

MELINDA S. LOPEZ NOTARY PUBLIC STATE OF TEXAS EXPIRES 04-04-2005

AFFIX NOTARY STAMP/SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by RICARDO MARTINEZ this the 23rd day of April, 20 01.

to certify which, witness my hand and seal of office.

| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |
|---|---|---|
| Melinda S. Lopez | Melinda S. Lopez | Notary |

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

Printed on recycled paper

(Revised 05/11/2000)

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

**FORM SPAC COVER SHEET PG 1**

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filer ID) 828186-00

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 COMMITTEE NAME: Committee To Elect Ricardo Martinez

4 COMMITTEE ADDRESS ☒ Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 3335 Sackville San Antonio, Texas 78247

5 CAMPAIGN TREASURER NAME
TITLE | FIRST: Henry | MI
NICKNAME | LAST: Palacios | SUFFIX

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 3335 Sackville San Antonio Texas 78247

7 CAMPAIGN TREASURER'S MAILING ADDRESS ☐ Change of Address
STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 335 Sackville San Antonio, Texas 78247

8 CAMPAIGN TREASURER PHONE
AREA CODE | PHONE NUMBER | EXTENSION: (210) 545-5242

9 REPORT TYPE
- ☐ January 15
- ☐ July 15
- ☒ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Exceeded $500 limit
- ☐ Dissolution (attach PAC-DR)
- ☐ 10th day after campaign treasurer termination

10 PERIOD COVERED
Month Day Year: 2 / 23 / 01 THROUGH Month Day Year: 04 / 05 / 02

11 ELECTION
ELECTION DATE Month Day Year: 05 / 05 / 01
ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT PURPOSE AND TOTALS

RECEIVED
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CITY CLERK

**FORM SPAC COVER SHEET PG 2**

**12 COMMITTEE NAME**

2001 APR -5 P 4:5

ACCOUNT # 8718600 (Ethics Commission filers)

Committee to Elect Ricardo Martinez

**13 COMMITTEE PURPOSE** (Attach lists on plain paper to complete this report if necessary.)

☒ CANDIDATE

☐ OFFICEHOLDER

☐ SUPPORT

☐ OPPOSE

☐ ASSIST (officeholders only)

☐ MEASURE

CANDIDATE / OFFICEHOLDER NAME: Ricardo A Martinez

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder): City Council District 4th

BALLOT IDENTIFICATION / #:

ELECTION DATE (Month Day Year): 05/05/2001

DESCRIPTION:

**14 NO REPORTABLE ACTIVITY**

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**15 CONTRIBUTION TOTALS**

| | | |
|---|---|---|
| 1. | TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | $ 1244 |
| 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ |

**EXPENDITURE TOTALS**

| | | |
|---|---|---|
| 3. | TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED | $ 2,674.21 |
| 4. | TOTAL POLITICAL EXPENDITURES | $ 2,674.21 |

**OUTSTANDING LOAN TOTALS**

| | | |
|---|---|---|
| 5. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 2000.00 |

**16 AFFIDAVIT**

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.

Jeanette Brogdon
Notary Public
State of Texas
My Commission Expires
November 19, 2004

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Henry Pal[illegible] 03 05 [illegible], this the 5th day of April, 20 01, to certify which, witness my hand and seal of office.

Jeanette Brogdon — Signature of officer administering oath

Jeanette Brogdon — Printed name of officer administering oath

Notary Public — Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL EXPENDITURES

**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR -5 PM 4:57

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME: Ricardo Martinez A

3 ACCOUNT # (Ethics Commission filers): 828186-00

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 3-13-01 | MC Cogs Lumber<br>8212 S. Presa San Antonio, Texas 78223 | 31.87 |

| 8 Purpose of payment (See instructions regarding type of information required.) | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| Wood Stakes / Hold signs | Ricardo A. Martinez | City Council Dist 4 | no |

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 3-16-01 | MC Cogs Lumber<br>8212 S. Presa St. San Antonio, Texas 78223 | 15.00 |

| Purpose of payment (See instructions regarding type of information required.) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| Wood Stakes - Hold Signs | Ricardo A. Martinez | City Council Dist 4 | no |

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 3-06-01 | MC Cogs Lumber<br>8212 S. Presa St. San Antonio, Texas 78223 | 33.84 |

| Purpose of payment (See instructions regarding type of information required.) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| wood Stakes Hold up Signs | Ricardo A. Martinez | City Council Dist 4 | no |

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 3-9-01 | The Home Depot<br>527 Fair Ave. San Antonio, Texas 78223 | 45.25 |

| Purpose of payment (See instructions regarding type of information required.) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| Mis Items - for signs (wire) nails. | Ricardo A. Martinez | City Council Dist 4 | no |

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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Revised 04/04/2000

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# POLITICAL EXPENDITURES

**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR -5 P 4:57

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME: Ricardo A. Martinez

3 ACCOUNT # (Ethics Commission filers): 828186-00

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 3-1-01 | Roddy Advertising<br>1043 Leahy San Antonio, Texas 78211 | 674.18 |

| 8 Purpose of payment (See instructions regarding type of information required.) | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| Signs Political | Ricardo A. Martinez | City Council Pct 4 | now |

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 3-22-01 | Roddy Advertising<br>1043 Leahy San Antonio, Texas 78211 | 674.18 |

| Purpose of payment (See instructions regarding type of information required.) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| Signs Political | Ricardo A. Martinez | City Council Pct 4 | now |

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 3-30-01 | Roddy Advertising<br>1043 Leahy San Antonio, Texas 78211 | 522.00 |

| Purpose of payment (See instructions regarding type of information required.) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| Signs Political | Ricardo A. Martinez | City Council Pct 4 | now |

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 3-15-01 | Elizondo Printing<br>4418 S. Presa St. San Antonio, Texas 78214 | $177.99 |

| Purpose of payment (See instructions regarding type of information required.) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| Pom Cards | Ricardo A. Martinez | City Council Pct 4 | now |

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# POLITICAL EXPENDITURES

**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR -5 P 4:57

1 Total pages Schedule F: 3

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers) 828186-00

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 3-3-01 | American Legion POST 485<br>431 Kendalia San Antonio, Texas 78214 | 100.00 |

| 8 Purpose of payment (See instructions regarding type of information required.) | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held |
|---|---|
| Rent Hall | Ricardo C. Martinez City Council District 4 |

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4-31-01 | Fundraiser Costs<br>434 Kendalia San Antonio, Texas 78214 | 1400.00 |

| Purpose of payment (See instructions regarding type of information required.) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held |
|---|---|
| | |

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| | | |

| Purpose of payment (See instructions regarding type of information required.) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held |
|---|---|
| | |

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| | | |

| Purpose of payment (See instructions regarding type of information required.) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held |
|---|---|
| | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR -5

The INSTRUCTION GUIDE explains how to complete this form.

Total pages this Schedule A1: 1

2 FILER NAME: Ricardo A. Martinez

3 ACCOUNT # (Ethics Commission filers): 82818600

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2-27-01 | Pete Cowan<br>4606 Centerview Suite 221 San Antonio Tx 78228 | 200.00 | |
| Principal occupation (Optional): Social Worker | Employer (Optional): | | |
| 3-31-01 | Armando Cadena<br>1713 S.W. Military Dr. San Antonio Tx 78221 | 64.00 | |
| Principal occupation (Optional): | Employer (Optional): — | | |
| 3-18-01 | George Ariza<br>524 E. Hardin San Antonio, Texas 78214 | 50.00 | |
| Principal occupation (Optional): Self Employed | Employer (Optional): | | |
| 3-31-01 | George Ariza<br>524 E. Hardin San Antonio, Texas 78214 | 50.00 | |
| Principal occupation (Optional): Self Employed | Employer (Optional): | | |
| 3-31-01 | Contributor address; City; State; Zip Code<br>431 Kendelia San Antonio Texas 78214 | — | Fundraiser Hot Sale $890.00 |
| Principal occupation (Optional): | Employer (Optional): | | |

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

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# PLEDGED CONTRIBUTIONS

**SCHEDULE B1**
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR -5 PM 4:57

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 1

2 FILER NAME: Ricardo A. Medina

3 ACCOUNT # (Ethics Commission filers): 828186-00

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

| 5 Date | 6 Full name of pledgor ☐ out-of-state PAC (ID#:_____) / 7 Pledgor address; City; State; Zip Code | 8 Amount of pledge ($) | 9 In-kind description (if applicable) |
|---|---|---|---|
| n/a | | | |
| 10 Principal occupation (optional) | 11 Employer (optional) | | |

| Date | Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code | Amount of pledge ($) | In-kind description (if applicable) |
|---|---|---|---|
| n/a | | | |
| Principal occupation (optional) | Employer (optional) | | |

| Date | Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code | Amount of pledge ($) | In-kind description (if applicable) |
|---|---|---|---|
| n/a | | | |
| Principal occupation (optional) | Employer (optional) | | |

| Date | Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code | Amount of pledge ($) | In-kind description (if applicable) |
|---|---|---|---|
| n/a | | | |
| Principal occupation (optional) | Employer (optional) | | |

| Date | Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code | Amount of pledge ($) | In-kind description (if applicable) |
|---|---|---|---|
| n/a | | | |
| Principal occupation (optional) | Employer (optional) | | |

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**
**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

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# CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE C**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR -5 P 4:51

The INSTRUCTION GUIDE explains how to complete this form.

Total pages this Schedule C: 12

2 FILER NAME: Ricardo G. Martinez

3 ACCOUNT # (Ethics Commission filers): 878-196-00

| 4 Date | 5 Corporation / Labor Organization name<br>6 Corporation / Labor Organization address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| none | | | |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| none | | | |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| none | | | |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| none | | | |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| none | | | |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| none | | | |

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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# PLEDGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE D

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR -5 PM 5:51

The INSTRUCTION GUIDE explains how to complete this form.

Total pages this Schedule D: 1

2 FILER NAME: Ricardo A. Martinez

3 ACCOUNT # (Ethics Commission filers): 828186-00

| 4 Date | 5 Corporation / Labor Organization name<br>6 Corporation / Labor Organization address; City; State; Zip Code | 7 Amount of pledge ($) | 8 In-kind description (if applicable) |
|---|---|---|---|
| none | | | |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of pledge ($) | In-kind description (if applicable) |
| none | | | |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of pledge ($) | In-kind description (if applicable) |
| none | | | |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of pledge ($) | In-kind description (if applicable) |
| none | | | |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of pledge ($) | In-kind description (if applicable) |
| none | | | |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of pledge ($) | In-kind description (if applicable) |
| none | | | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form. 2001 APR -5 P 4:51

1 Total pages Schedule E: 1

2 FILER NAME: Ricardo Martinez

3 ACCOUNT # (Ethics Commission filers): 828-186-00

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan: 2-23-01

6 Is lender a financial institution? Y (N)

7 Name of lender: Ricardo Martinez ☐ out-of-state PAC (ID#: _____)

8 Lender address; City; State; Zip Code: 154 Todd St. San Antonio, Texas 78214

9 Loan Amount ($): 2000.00

10 Interest rate: none

11 Maturity date: none

12 Description of Collateral: ☒ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($): —

17 Principal Occupation

18 Employer

Date of loan

Name of lender ☐ out-of-state PAC (ID#: _____)

Loan Amount ($)

Is lender a financial institution? Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**
**If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.**

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

**SCHEDULE H**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR -5 P 4:57

1 Total pages Schedule H: 1

2 FILER NAME: Ricardo G. Martinez

3 ACCOUNT # (Ethics Commission filers): 878186-00

| 4 Date | 5 Business name / 6 Business address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| none | | |

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

| Date | Business name / Business address; City; State; Zip Code | Amount ($) |
|---|---|---|
| none | | |

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

| Date | Business name / Business address; City; State; Zip Code | Amount ($) |
|---|---|---|
| none | | |

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

| Date | Business name / Business address; City; State; Zip Code | Amount ($) |
|---|---|---|
| none | | |

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED
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CITY CLERK

**SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR -5 P 4:51

1 Total pages Schedule I:

2 FILER NAME: Ricardo A. Martinez

3 ACCOUNT # (Ethics Commission filers): 828186-00

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.) | 8 Amount ($) |
|---|---|---|
| n/a | | |
| Date | Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.) | Amount ($) |
| n/a | | |
| Date | Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.) | Amount ($) |
| n/a | | |
| Date | Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.) | Amount ($) |
| n/a | | |
| Date | Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.) | Amount ($) |
| n | | |

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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# POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

**SCHEDULE J**

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR -5 P 4:37

1 Total pages this Schedule J:

2 FILER NAME: Ricardo Martinez

3 ACCOUNT # (Ethics Commission filers): 828186-00

| 4 Date Returned | 5 Original payee name / 6 Original payee address; City; State; Zip Code | 7 Amount Returned ($) |
|---|---|---|
| none | | |
| Date Returned | Original payee name / Original payee address; City; State; Zip Code | Amount Returned ($) |
| none | | |
| Date Returned | Original payee name / Original payee address; City; State; Zip Code | Amount Returned ($) |
| none | | |
| Date Returned | Original payee name / Original payee address; City; State; Zip Code | Amount Returned ($) |
| none | | |
| Date Returned | Original payee name / Original payee address; City; State; Zip Code | Amount Returned ($) |
| none | | |
| Date Returned | Original payee name / Original payee address; City; State; Zip Code | Amount Returned ($) |
| none | | |
| Date Returned | Original payee name / Original payee address; City; State; Zip Code | Amount Returned ($) |
| none | | |

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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# CREDITS (optional)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR -5 P 4:57

Total pages Schedule K: 1

2 FILER NAME: Ricardo Montoya

3 ACCOUNT # (Ethics Commission filers): 828186-00

| 4 Date | 5 Payor name / 6 Payor address; City; State; Zip Code / 7 Reason for credit | 8 Amount ($) |
|---|---|---|
| none | | |
| Date | Payor name / Payor address; City; State; Zip Code / Reason for credit | Amount ($) |
| none | | |
| Date | Payor name / Payor address; City; State; Zip Code / Reason for credit | Amount ($) |
| none | | |
| Date | Payor name / Payor address; City; State; Zip Code / Reason for credit | Amount ($) |
| none | | |
| Date | Payor name / Payor address; City; State; Zip Code / Reason for credit | Amount ($) |
| none | | |

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**