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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 JUL 16 PM 4:

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT# 00051464 (Ethics Commission files)

2 Total pages filed: 28

3 CANDIDATE / OFFICEHOLDER NAME	TITLE:	FIRST: ENRIQUE MI:
	NICKNAME: KIKE	LAST: MARTIN SUFFIX:
4 CANDIDATE / OFFICEHOLDER ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 8327 STATON SAN ANTONIO TX 78224	
5 CAMPAIGN TREASURER NAME	TITLE: LTC (RET)	FIRST: TOMMIE MI:
	NICKNAME:	LAST: MALONE SUFFIX:
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 2202 Cypress Pearl SAN ANTONIO TX 78232	
7 CAMPAIGN TREASURER PHONE	AREA CODE: (210) PHONE NUMBER: 494-0878	EXTENSION:
8 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)	
	☒ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)	
9 PERIOD COVERED	Month Day Year: 05 / 20 / 2001 THROUGH Month Day Year: 06 / 30 / 2001	
10 ELECTION	ELECTION DATE Month Day Year: / /	ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special
11 OFFICE	OFFICE HELD (if any): City Council	12 OFFICE SOUGHT (if known):
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••	
	Name	
☐ additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Code	

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

RECEIVED CITY SECRETARY/CITY CLERK 2001 JUL 16 P 4:28

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures 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. ••

COMMITTEE TYPE	
☐ GENERAL	COMMITTEE NAME
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
☐ additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 18,499.02
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 56.96
	4. **TOTAL POLITICAL EXPENDITURES**	$ 11,663.08
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

19 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Enrique Martin, this the 16th day of July, 20 01, to certify which, witness my hand and seal of office.

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED CITY OF SAN ANTONIO CITY CLERK

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

The INSTRUCTION GUIDE explains how to complete this form.

2001 JUL 16 P 4:27

1 Total pages this Schedule A1:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission filers): 00051464

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
05/9/2001	Raul Prado 215 McLaughlin San Antonio TX 78211	28.35	PCT Lists

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
05/14/2001	Raul Prado 215 McLaughlin San Antonio TX 78211	34.00	USPS Postage

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
06/20/2001	Raul Prado 215 McLaughlin San Antonio TX 78211	326.67	office supplies, food, Beverage, Gas

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
05/23/2001	David L Earl 111 Soledad SAT TX 78205	5,000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
05/23/2001	Robert Beltran 1639 E. Highland SAT TX 78210	300.00	

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.

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 JUL 11 P 4:29

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission filers): 00051464

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
05/23/2001	San Antonio firefighters 735 Magnolia SAT TX 78212	1,000.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
05/23/2001	American federation of STATE, County & Municipal Employees AFL-CIO 1625 L ST. NW Washington, D.C. 20036	2,000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
05/23/2001	Shaefer Expense Account 8620 N. New Braunfels STE 400 SAT TX	1,000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
05/24/2001	Fullbright & Jaworski Texas Committee 1301 McKinney STE 5100, Houston, TX 77010	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
05/24/2001	Joe Bradbery 714 Contadora SAT TX 78258	500.00	

Principal occupation (Optional) | Employer (Optional)

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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)

CITY SECRETARY SAN ANTONIO
2001 JUL 18 P 4:29

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Enrique Martin

3 ACCOUNT# (Ethics Commission filers): 00051464

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
05/24/2001	H. B. Zachry JR. 310 St. Mary's #2500 SAT TX 78205	300.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
05/24/2001	Murray L Johnson 306 Kennedy SAT TX 78209	150.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
05/24/2001	John B. Zachry P.O. Box 240130 SAT TX 78224	150.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
05/24/2001	David Zachry P.O. Box 240130 SAT 78224	150.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
05/24/2001	Lois H. Stumberg 832 Eventide SAT 78209	150.00	

Principal occupation (Optional)	Employer (Optional)

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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)

CITY OF SAN ANTONIO
2001 JUL 16 P 4:29
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission filers): 00051464

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
06/09/2001	Karen L Vasquez 300 Concord plaza SAT 78216	250.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
06/09/2001	Miguel A. Vaquez 9210 Autumn Leaf SAT 78217	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
06/09/2001	IRON Workers STATE Copefund 1106 Lavaca ST, SITE 201 Austin TX 78701	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
06/09/2001	Tim Word P.O. Box 310330 New Braunfels, TX 78131	150.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
06/09/2001	C. Edward Barron III 5150 N. Loop 1604 W SAT 78249	500.00	

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.

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

CITY OF SAN ANTONIO
2001 JUL 16 P 4:29

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission filers): 00051464

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
06/09/2001	Roy Rosin 759 Sweetbrush SAT 78258	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
06/12/2001	Gene Powell 11 Lynn Batts LN, STE 100 SAT 78218	1,000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
06/12/2001	A Jimenez 4026 Glen Rock SAT 78240	300.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
06/12/2001	Lawrence R. Linnartz 739 Sweetbrush SAT 78258	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
06/12/2001	George P. Cortez 200 E Myrtle SAT 78212	750.00	

Principal occupation (Optional)	Employer (Optional)

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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)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission filers): 00051464

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
06/12/2001	Ramiro Valadez Jr. P.O. Box 240520 SAT 78224	300.00	
9 Principal occupation (Optional)	**10 Employer (Optional)**		

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
06/12/2001	Frank Sepulveda 211 Mecca DR. SAT 78232	500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
06/12/2001	Ralph Hernandez 1902 S. Hackberry SAT 78210	500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
06/12/2001	Clifford E. Morton 1909 Oakwell Farms Pkwy Ste 270 SAT 78218	500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
06/12/2001	Manuel G. Escobar Jr. 201 W Poplar SAT 78212	1,000.00	
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.

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

PLEDGED CONTRIBUTIONS

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

CITY OF SAN ANTONIO
CITY CLERK
2001 JUL 16 P 4:29

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission filers): 00051464

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)
		0	

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)
		0	

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)
		0	

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)
		0	

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)
		0	

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.

LOANS

SCHEDULE E

RECEIVED CITY OF SAN ANTONIO ETHICS

The INSTRUCTION GUIDE explains how to complete this form.

2001 JUL 16 P 4:29

1 Total pages Schedule E:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission filers): 00051464

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ 0

5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#:_____)	9 Loan Amount ($)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date

12 Description of Collateral

☐ none

13 GUARANTOR INFORMATION ☐ not applicable	14 Name of guarantor	16 Amount Guaranteed ($)
	15 Guarantor address; City; State; Zip Code	

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	Amount Guaranteed ($)
	Guarantor address; City; State; Zip Code	

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.

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 JUL 16 P 4: 29

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission filers): 00051464

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/20/2001	Augustine Beltran San Antonio TX	740.00

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

9 •• 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 ($)
05/20/2001	Postmaster San Antonio TX	102.00

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

•• 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 ($)
05/22/2001	Munsin Printers San Antonio TX	1,390.21

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

•• 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 ($)
05/26/2001	El Rancho Grocery San Antonio TX	50.31

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 JUL 16 P 4:29

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1 Total pages Schedule F:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission filers): 00051464

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/26/2001	Sals BBQ San Antonio TX	80.40

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

9 •• 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 ($)
05/26/2001	Diamond Shamrock San Antonio TX	39.81

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

•• 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 ($)
05/28/2001	U-SAFE Car Rental San Antonio TX	505.14

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

•• 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 ($)
05/28/2001	John Lambert Somerset TX	125.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 JUN 15 P 4:29

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission filers): 00051464

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/28/2001	Tom Sawicls San Antonio TX	633.00

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

9 •• 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 ($)
05/28/2001	Bros. Printing San Antonio TX	241.27

Purpose of payment (See instructions regarding type of information required.): T-shirts

•• 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 ($)
05/28/2001	Monica Gutierrez San Antonio TX	1,140.00

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

•• 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 ($)
05/28/01	Augustine Beltran San Antonio TX	576.00

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

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

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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

The INSTRUCTION GUIDE explains how to complete this form.

2001 JUL 16 P 4:29

1 Total pages Schedule F:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission filers): 00051464

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/29/2001	Patricia Flores San Antonio TX	536.00

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

9 •• 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 ($)
05/29/2001	Allen Flores San Antonio TX	200.00

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

•• 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 ($)
05/29/2001	Taqueria Jalisco San Antonio TX	17.15

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

•• 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 ($)
05/29/2001	Uncle Bob's Storage San Antonio TX	242.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 JUL 16 P 4:29

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission filers): 00051464

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/29/2001	Henry Avila San Antonio TX	350.00

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

9 •• 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 ($)
05/29/2001	MARK Watts San Antonio TX	100.00

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

•• 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 ($)
05/29/2001	Shannon Snead San Antonio TX	100.00

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

•• 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 ($)
06/02/2001	SouthWestern Bell San Antonio	148.84

Purpose of payment (See instructions regarding type of information required.): HQ Phone Bill

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

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POLITICAL EXPENDITURES

SCHEDULE F

CITY OF SAN ANTONIO
CITY CLERK
2001 JUL 16 P 4:29

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
Enrique Martin

3 ACCOUNT # (Ethics Commission filers)
00051464

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/03/2001	Sylvia Fasone	95.00

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

9 •• 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 ($)
06/03/2001	Cynthia Lague San Antonio TX	315.72

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

•• 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 ($)
06/04/2001	Marina Lopez San Antonio TX	72.00

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

•• 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 ($)
06/04/2001	Sergio Suarez San Antonio TX	144.00

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

CITY OF SAN ANTONIO
CITY CLERK
2001 JUL 16 P 4:29

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission filers): 00051464

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/05/2001	Augustine Beltran San Antonio TX	180.00

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

9 •• 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 ($)
06/18/2001	Steven Adams San Antonio TX	250.00

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

•• 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 ($)
06/20/2001	John Delgado San Antonio TX	107.95

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

•• 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 ($)
06/06/2001	GARZA'S Grocery San Antonio TX	2,500.00

Purpose of payment (See instructions regarding type of information required.): Food, Beverage, supplies

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

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POLITICAL EXPENDITURES

SCHEDULE F

CITY SECRETARY SAN ANTONIO
2001 JUL 16 P 4:29

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/27/01	Edward Metz Somerset TX	222.00

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

9 •• 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 ($)
06/27/2001	John Delgado San Antonio TX	200.00

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

•• 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 ($)
06/27/2001	Misty White San Antonio TX	500.00

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

•• 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 ($)
06/27/2001	Yolanda Chapa San Antonio TX	500.00

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

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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 JUL 16 P 4:29

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission filers): 00051464

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount ($)
	7 Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 JUL 5 PM 4:29

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission filers): 00051464

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
		0

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 ($)
		0

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 ($)
		0

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 ($)
		0

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 AUG 14 P 4:30

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME
Enrique Martin

3 ACCOUNT # (Ethics Commission filers)
00051464

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 ($)
		0
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
		0
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
		0
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
		0
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
		0

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