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

RECEIVED SAN ANTONIO CITY CLERK 2002 AUG -9 PM 4:01

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

1 ACCOUNT # 00051464

2 Total pages filed: 17

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Enrique | MI

NICKNAME: "Kiki" | LAST: Martin | SUFFIX

4 ORIGINAL REPORT TYPE

- [ ] January 15
- [x] July 15
- [ ] 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: 05/20/2001 THROUGH Month Day Year: 06/30/2001

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Legal | Totals

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION

(1) Anotate full addresses of Expenditures

(2) Anotate local PAC ID # for American federation of State, County & Municipal Employess

(3) Proper Corrections made on Coversheet pg 2

7 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 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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Enrique Martin this the 9th day of August, 2002.

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

(Revised 05/11/2000)

Printed on recycled paper

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

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

1 ACCOUNT # 00051464 (Ethics Commission files)

2 Total pages filed: 17

3 CANDIDATE / OFFICEHOLDER NAME	TITLE / FIRST: Enrique / MI / NICKNAME: Kike / LAST: Martin / SUFFIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER ADDRESS ☐ Change of Address	ADDRESS / PO BOX: 8327 STATON / APT / SUITE #: / CITY: San Antonio / STATE: TX / ZIP CODE: 78224	Date Received
5 CAMPAIGN TREASURER NAME	TITLE: LTC (RET) / FIRST: Tommie / MI / NICKNAME: / LAST: Malone / SUFFIX	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 2202 Cypress Pearl / APT / SUITE #: / CITY: San Antonio / STATE: TX / ZIP CODE: 78232	Receipt # / Amount / Date Processed / Date Imaged
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

Address / PO Box, Apt. / Suite #, City, State, Zip Code

☐ additional pages

GO TO PAGE 2

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Enrique Martin

15 ACCOUNT # (Ethics Commission filers): 00051464

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

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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	$ 62.35
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 18,439.02

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 56.96
4.	**TOTAL POLITICAL EXPENDITURES**	$ 12,403.80

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 3,550.00

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 9th day of August, 20 02, 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

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)

The INSTRUCTION GUIDE explains how to complete this form.

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.

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 SECRETARY SAN ANTONIO

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2001 JUL 11 P 4:29

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission filers): 00051464

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)
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 / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
05/23/2001	☑ out-of-state PAC (ID# 000 11114) American Federation of STATE, County & Municipal Employees AFL-CIO 1625 L ST. NW Washington, DC. 20036	2,000.00	

Principal occupation (Optional) | Employer (Optional)

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

Principal occupation (Optional) | Employer (Optional)

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

Principal occupation (Optional) | Employer (Optional)

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

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

American Federation of State, County and Municipal Employees

ADDRESS (number and street) ▼ 1625 L Street, N.W.

(Check if address is changed)

Washington, DC 20036

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

RECEIVED FEC MAIL CENTER 2001 JUN -9 PM 4:01

2. DATE 04 23 2001

3. **FEC IDENTIFICATION NUMBER ▶** C 00011114

4. IS THIS STATEMENT NEW (N) **OR** AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William Lucy

Signature of Treasurer William Lucy Date 04 23 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

FE1AN046.PDF

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President

State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. **Name of Any Connected Organization or Affiliated Committee**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

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Write or Type Committee Name

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Mailing Address

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Riggs National Bank

Mailing Address 1800 M Street, N.W.

Washington, DC 20036

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Amalgamated Bank of New York

Mailing Address 1825 K Street, N.W.

Washington, DC 20006

CITY ▲ STATE ▲ ZIP CODE ▲

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)

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)

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)

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. Vasquez 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, STE 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

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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)
06/09/2001	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)

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)

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
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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

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 ($)
05/20/2001	Augustine Beltran 459 E. Mitchell St. San Antonio TX 78210	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 7421 Barlite San Antonio TX 78224	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

2002 AUG -9 PM 1:02

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/22/2001	Munsin Printers 2201 Buena Vista San Antonio TX 78207	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 1700 Palo Alto Rd San Antonio TX 78211	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

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

POLITICAL EXPENDITURES

SCHEDULE F

CITY SECRETARY SAN ANTONIO

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2001 JUL 16 P 4:29

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 1630 Palo Alto Rd San Antonio TX 78211	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 6903 W. Military San Antonio TX 78227	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 3532 S.W. Military DR San Antonio TX 78211	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

©bOW

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

POLITICAL EXPENDITURES

SCHEDULE F

CITY SECRETARY SAN ANTONIO CITY CLERK
2001 JUL 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 Daniels 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 503 E. Dickson San Antonio TX 78214	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

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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 459 E. Mitchell st. San Antonio TX 78210	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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2001 JUL 16 P 4:29

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 711 Berlin San Antonio TX 78211	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 711 Berlin San Antonio TX 78211	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 7055 W. Military San Antonio TX 78227	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 3343 S.W. Military DR. San Antonio TX 78211	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

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POLITICAL EXPENDITURES

SCHEDULE F

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 1808 Parwell San Antonio TX 78224	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 Waits 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 7111 Laurel Valley San Antonio TX 78242	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 P.O. Box 1780 ~~San Antonio~~ Houston, TX 77251	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

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 4940 W. Military SAT 78242	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 Lagne 1718 Parnell San Antonio TX 78224	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 631 Royalvalley San Antonio TX 78242	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 6515 Mossledge San Antonio TX 78242	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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POLITICAL EXPENDITURES

SCHEDULE F

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 459 E. Mitchell San Antonio TX 78210	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 11910 Orsinger San Antonio TX 78230	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 P.O. Box 835966 San Antonio TX 78283	107

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 7710 Somerset Rd San Antonio TX 78211	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

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 P.O. Box 839964 San Antonio TX 78283	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 7714 Somerset Rd San Antonio TX 78211	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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