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 filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

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 TEXAS 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 TEXAS 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: 07 / 01 / 01 THROUGH Month Day Year: 12 / 31 / 01

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Use)

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	$ 0
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 7,900.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
	4. **TOTAL POLITICAL EXPENDITURES**	$ 21,094.57
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 15TH day of January, 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.

02 JAN 15 PM 4:56

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)
8-30-2001	Associated General Contractors 10806 Guifdale, San Antonio TX 78216	500.00	

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)
10-4-2001	William Kaufman 1250 Frost Bank Tower 100 West Houston St. SAT 78205	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)
10-4-2001	Thomas M. Giamboi 3312 Bryker Dr. Austin, TX 78703	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)
10-4-2001	San Antonio Professional Firefighters 8925 West IH10 San Antonio Texas 78230	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)
10-27-2001	Brian Weimer P.O. Box 7608 San Antonio, TX 78207	600.00	

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.

02 JAN 15 PM 4:57

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)
10-27-2001	Jeffry R. Sailer 2223 ENCINO LOOP SAN ANTONIO, TX 78259	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)
10-27-2001	Phillip M. BAGNALL 216 LAMONT AVE San Antonio, TX 78209	100.00	

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)
10-27-2001	William Soloman 2 INWOOD KNOLL SAN ANTONIO TEXAS 78248-1674	100.00	

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)
10-29-2001	John M. Schaefer 8620 N. New Braunfels, STE 400 SAN ANTONIO TEXAS 78217	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)
10-29-2001	MORASH FAMILY L.P. A Partnership 3537 ASBURY ST DALLAS TX 78205	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 / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-29-2001	Robert D. Richardson 5907 Royal Crest Dallas, Texas 75230	500.00	

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)
10-29-2001	Jason V. Morash 3537 Asbury St. Dallas, TX. 75205-1846	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)
11-2-01	KBSA Political Action Committee P.O. Box 5250 San Antonio TX 78201	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)
11-19-01	Harry Houseman 2662 Rim Oak San Antonio, TX 78232	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)
11-19-01	Rick Rodriguez MirAsol Joint Venture 14427 Brook Hollow, PMB 336 San Antonio, TX 78232	100.00	

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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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. 02 JAN 15 PM 4:55

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)
12-22-01	Roy R & LILA Rosin 759 Sweet Brush San Antonio, TX 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)
11-29-2001	Waste Management 4730 SE Loop 410 San Antonio, TX 78222	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)
11-29-2001	A Jimenez 4026 Glen Rock San Antonio, TX 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)

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)

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

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

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

6 Is lender a financial institution? Y N

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

8 Lender address; City; State; Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

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

Is lender a financial institution? Y N

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

Lender address; City; State; Zip Code

Loan Amount ($)

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.

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)

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)

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)

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)

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)

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)

Principal occupation (optional) | Employer (optional)

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 02 JUL 15 PM 4:55

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 ($)
7-15-2001	St. Clare's Church SAT	250.00

8 Purpose of payment (See instructions regarding type of information required.): Donation for Senior fest

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 ($)
7-21-01	Harold Orozco Somerset, TX	350.00

Purpose of payment (See instructions regarding type of information required.): field office Sign ; Installation

** 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 ($)
7-27-2001	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 ($)
7-27-2001	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

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Revised 04/04/2000

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

02 JAN 15 PM 4:55

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 ($)
8-1-01	Mr. & Mrs. Herbert Johnson San Antonio, Tx	300.00

8 Purpose of payment (See instructions regarding type of information required.): Donation; National Night OUT

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 ($)
8-1-01	Shannon Snead San Antonio TX	33.35

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

** 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 ($)
8-9-01	Southwest ISD Booster San Antonio TX	150.00

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

** 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 ($)
8-9-01	John Jay ISD Booster	100.00

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

** 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 ($)
8-9-01	McCollum Booster San Antonio TX	90.00

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

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 ($)
8-9-01	Harlandale ISD Booster San Antonio, TX	90.00

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

** 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 ($)
8-9-01	Somerset ISD Booster Somerset, TX	100.00

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

** 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 ($)
8-10-01	John Delgado San Antonio TX	150.00

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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Revised 04/04/2000

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 02 JAN 15 PM 4:55

1 Total pages Schedule F:

2 FILER NAME: Enrique Martinez

3 ACCOUNT # (Ethics Commission filers): 00051464

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8-10-01	AAA Stamp & Engraving Co.	70.00

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

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 ($)
8-10-01	South San ISD San Antonio TX	100.00

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

** 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 ($)
8-10-01	Misty White San Antonio TX	90.00

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 ($)
8-10-01	Eloy Lagre San Antonio TX	50.00

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

02 JUL 15 PM 4:55

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 ($)
8-13-01	Cynthia Lagne San Antonio TX	34.55

8 Purpose of payment (See instructions regarding type of information required.): Reimbursement for 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 ($)
8-13-01	Steve Adams San Antonio TX	65.00

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 ($)
8-14-01	Susie Garza San Antonio TX	500.00

Purpose of payment (See instructions regarding type of information required.): Reimbursement for food & drinks

** 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 ($)
8-14-01	Vincent Lazaro 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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Revised 04/04/2000

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. 02 JAN 15 PM 4:55

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 ($)
8-16-01	AFL-CIO San Antonio TX	180.00

8 Purpose of payment (See instructions regarding type of information required.): Add - Event

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 ($)
8-16-01	Shannon Snead	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 ($)
8-16-01	John Delgado San Antonio TX	88.32

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

** 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 ($)
8-23-01	Eloy Lagua San Antonio TX	750.00

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. 02 JAN 15 PM 4:56

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 ($)
8-26-01	AAA Stamp & Engraving Co San Antonio TX	70.00

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

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 ($)
8-29-01	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 ($)
8-31-01	Valley Hi Elementary San Antonio TX	200.00

Purpose of payment (See instructions regarding type of information required.): Donation for uniforms

** 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 ($)
8-31-01	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

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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 ($)
9-24-01	Lopez Automotive San Antonio TX	95.00

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

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 ($)
9-26-01	Postmaster San Antonio TX	38.00

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

** 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 ($)
10-3-01	Blue STAR Brewery San Antonio TX	456.65

Purpose of payment (See instructions regarding type of information required.): Event - 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 ($)
10-4-01	John Delgado San Antonio	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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 02 JUN 15 PM 4:56

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 ($)
10-8-01	Brandy Sanchez San Antonio TX	1,500.00

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 ($)
10-16-01	Steve Adams San Antonio TX	1,700.00

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 ($)
10-18-01	Raul Prado Campaign San Antonio, TX	3,000.00

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

** 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 ($)
10-18-01	Robert Garza San Antonio TX	500.00

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

** 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. 02 JAN 15 PM 4:56

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 ($)
10-26-01	Michael Senata San Antonio TX	1,500.00

8 Purpose of payment (See instructions regarding type of information required.): Senior Housing Repairs

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 ($)
10-28-01	Augustine Beltran San Antonio TX	1,500.00

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 ($)
10-29-01	John Delgado	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 ($)
10-30-01	Connie Prado San Antonio TX	100.00

Purpose of payment (See instructions regarding type of information required.): Donation for Halloween SSISD Event

** 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.

02 JAN 15 PM 4:

56 Total pages Schedule F:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission filers): 000 51464

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11-7-2001	Jesus Villela San Antonio TX	400.00

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 ($)
11-19-01	Enrique Martin San Antonio TX	1,116.30

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

** 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 ($)
11-20-01	Misty vela San Antonio tx	62.00

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 ($)
11-20-01	Margaret Adams San Antonio TX	15.00

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

** 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. 02 JUN 15 PM 4:56

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 ($)
11-29-01	Senior Residents Service San Antonio TX	1,000.00

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

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 ($)
12-20-01	John Delgado San Antonio TX	1,500.00

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 ($)

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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PLEDGED CONTRIBUTIONS

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

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)

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)

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)

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)

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)

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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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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

3 ACCOUNT # (Ethics Commission filers)

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)

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)

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)

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)

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)

Principal occupation (Optional)	Employer (Optional)

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission filers): 00051464

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

5 Date of loan

6 Is lender a financial institution? Y N

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

8 Lender address; City; State; Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

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

Is lender a financial institution? Y N

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

Lender address; City; State; Zip Code

Loan Amount ($)

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

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

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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 ($)

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	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

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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