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

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

1 ACCOUNT # 00051464

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Councilman FIRST: Enrique MI:

NICKNAME: "Kike" LAST: Martin SUFFIX:

4 ORIGINAL REPORT TYPE

- [x] January 15
- [ ] 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: 07/01/01 THROUGH Month Day Year: 12/31/01

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) proper Corrections made on Coversheet 1 & 2

7 AFFIDAVIT

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me by J. Enrique Martin this the 7th day of August, 2002.

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

Melinda S Lopez — Signature of officer administering oath

Melinda S. Lopez — Printed name of officer administering oath

Notary — Title of officer administering oath

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

Printed on recycled paper

(Revised 05/11/2000)

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

CITY OF SAN ANTONIO
2002 AUG -7 AM 10: 11

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

1 ACCOUNT # (Ethics Commission filers): 00051464

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: Councilman
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 DR. SAT 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 SAT 78232

7 CAMPAIGN TREASURER PHONE
AREA CODE / PHONE NUMBER / EXTENSION: (210) 494-0878

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): District 4 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

RECEIVED SAN ANTONIO
2002 AUG -7 AM 10: 11

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	$ 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	$ 133.30
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	$ 2,433.70

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said J. Enrique Martin, this the 7th 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.

1 Total pages this Schedule A1: 56

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 Gulfdale, 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.

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 / 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 / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-27-2001	Phillip M. Basnall 216 Lamont Ave San Antonio, TX 78209	100.00	

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)
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 / 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 / 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
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: 55

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)
10-29-2001	Robert D. Richardson 5907 Royal Crest Dallas, Texas 75230	500.00	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 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 (☐ out-of-state PAC (ID#: ____)) / 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 (☐ out-of-state PAC (ID#: ____)) / 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 (☐ out-of-state PAC (ID#: ____)) / 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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Revised 04/03/2000

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: 55

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.

RECEIVED CITY OF SAN ANTONIO 2 AUG -7 AM 10:55 CITY CLERK

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 ... 15 ... 4:55

1 Total pages Schedule F:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission Use): 00051464

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7-15-2001	St. Clare's Church SAT 1711 Somerset Rd 78211	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	350.25

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 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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7-27-2001	John Delgado P.O. Box 839966 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

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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.

1 Total pages Schedule F:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission Use): 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 78242	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 7111 Laurel Valley San Antonio TX 78242	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 11914 Dawson Ln San Antonio TX 78242	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 7611 Marbach SAT 78227	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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Revised 04/04/2000

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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 500 W. Formosa San Antonio TX 78214	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 102 Genevieve San Antonio, TX 78214	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 19644 Somerset Rd Somerset, TX 78069	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 P.O. Box 839966 San Antonio TX 78283	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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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 [illegible] 16 [illegible] 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 2603 S. Flores SAT 78204	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 Sun ISD 2515 Bobcat Ln San Antonio TX 78224	160.00

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 P.O. Box 839966 San Antonio TX 78283	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

Printed on recycled paper

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 [illegible] 15 [illegible] 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 Layne 1718 Parnell Ave San Antonio TX 78224	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 11910 Orsinger San Antonio TX 78230	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 7710 Somerset Rd San Antonio TX 78211	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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Printed on recycled paper

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 [illegible] 15 [illegible] 4:55

1 Total pages Schedule F:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission Use): 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 7111 Laurel Valley SAT 78242	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 P.O. Box 839964 San Antonio TX 78283	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 Lagne P.O. Box 839964 San Antonio TX 78283	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

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

The Instruction Guide explains how to complete this form. 02 ... 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 2603 S. Flores San Antonio TX 78204	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 8503 Ray Ellison San Antonio TX 78227	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 P.O. Box 839966 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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.

1 Total pages Schedule F:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission Use): 00051464

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9-24-01	Lopez Automotive 1306 Somerset San Antonio TX 78211	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 7411 Barlite San Antonio TX 78224	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 1414 S. Alamo San Antonio TX 78210	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 P.O. Box 1835964 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

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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. 02 . 15 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 11910 Orsinger San Antonio TX 78230	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 P.O. Box 241702 San Antonio, TX 78224	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 3038 Navajo San Antonio TX 78211	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 ... 10 ... 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 Senatra 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 459 E. Mitchell San Antonio TX 78210	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 P.O. Box 839966 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 ($)
10-30-01	Connie Prado 215 McLaughlin San Antonio TX 78211	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.

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 ($)
11-7-2001	Jessus Villela 1007 Glamis SAT 78223	400.00

8 Purpose of payment (See instructions regarding type of information required.): Election 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 8327 STATON DR. SAT 78224	1,116.30

Purpose of payment (See instructions regarding type of information required.): Partial Reimbursement of Loan to Self.

-- 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 78211	62.00

Purpose of payment (See instructions regarding type of information required.): Election 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 ($)
	Marguret Adams San Antonio TX 78242	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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2002 AUG -7 AM 10:12 CITY OF SAN ANTONIO CITY CLERK

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 02 15 4:58

1 Total pages Schedule F:

2 FILER NAME: Enrique Martin

3 ACCOUNT # (Ethics Commission Use): 00051464

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11-29-01	Senior Residents Service 111 W Laurel San Antonio TX 78212	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 P.O. Box 839964 San Antonio TX 78283	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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