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: 14

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Enrique | MI

NICKNAME: "Kiko" | LAST: Martin | SUFFIX

4 ORIGINAL REPORT TYPE

- [ ] January 15
- [ ] July 15
- [ ] 30th day before election
- [x] 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: 03/27/2001 THROUGH Month Day Year: 04/25/2001

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Legal | Totals

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION

(1) Include full & Proper addresses of Expenditures

(2) Proper Corrections made on Coversheet pg 2

RECEIVED CITY OF SAN ANTONIO CITY CLERK 02 AUG -7 AM 10: 14

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 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.

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

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

Printed on recycled paper

(Revised 05/11/2000)

8th day Before Election

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

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

1 ACCOUNT # (Ethics Commission filers) 00051464

2 Total pages this report: 1/13

3 CANDIDATE / OFFICEHOLDER NAME	TITLE / FIRST: Enrique / MI / NICKNAME: Kike / LAST: Martin / SUFFIX	OFFICE USE ONLY: Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS ☐ Change of Address	ADDRESS / PO BOX: 8327 Staton Dr. / APT / SUITE #: / CITY: San Antonio / STATE: TX / ZIP CODE: 78224	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	TITLE: LTC (Ret) / FIRST: Tommie / MI / NICKNAME / LAST: Malone / SUFFIX	Receipt # / Amount / Date Processed / Date Imaged
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	
7 CAMPAIGN TREASURER PHONE	AREA CODE ( ) - / PHONE NUMBER / EXTENSION	

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8 REPORT TYPE

- ☐ January 15
- ☐ July 15
- ☐ 30th day before election
- ☒ 8th day before election
- ☐ Runoff
- ☐ Exceeded $500 limit
- ☐ 15th day after campaign treasurer appointment (officeholder only)
- ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 03/27/0001 THROUGH Month Day Year: 04/25/0001

10 ELECTION

ELECTION DATE Month Day Year: 05/05/0001

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE — OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

13 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

(Effective 12/16/1999)

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

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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)	$ 6,750.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 265.00
	4. **TOTAL POLITICAL EXPENDITURES**	$ 14,876.84
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 J. Enrique Martin, this the 7th day of August, 20 02, 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

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

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SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

2001 APR 27 P 4:57

The INSTRUCTION GUIDE explains how to complete this form.

Total pages this report: 3/13

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)
04/18/0001	David L. Earl,Attorney at Law 111 Soledad,Suite 1111 San Antonio TX 78205	2000.00	

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)
04/24/0001	G. Hasslocher 8520 Crownhill Blvd. San Antonio TX 78209	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)
04/18/0001	Iron Workers ST. Cope Fund 1106 Lavaca St.,Suite 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)
04/09/0001	Larry Irvin No. 5 Morning Downs San Antonio TX 78257	1500.00	

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)
04/09/0001	Gerald Lee 1226 E. Sunshine San Antonio TX 78228	500.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

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1 Total pages this report:

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)
04/18/0001	John Mackenzie 8779 Timber Point San Antonio TX 78250	400.00	

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)
04/09/0001	Morsh Family L.P. Partnership Warshaw MD	750.00	

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)
04/09/0001	Ricardo Perez 141 N. Grayson Alexandria VA 22304	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)
04/18/0001	Rich Sheldon 4006 Green Oak Dr. Waco TX 76710	500.00	

Principal occupation (Optional)
Employer (Optional)

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POLITICAL EXPENDITURES

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 27 PM 5:57

1 Total Expenditures this report: 5/13

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 ($)
04/11/0001	Yolanda Chapa 7712 Somerset Rd SAT 78211 San Antonio TX	408.00

8 Purpose of expenditure (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 ($)
04/21/0001	Yolanda Chapa 7712 Somerset Rd SAT 78211 San Antonio TX	126.06

Purpose of expenditure (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

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Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/20/0001	Cingular Wireless 17330 Preston Rd Suite 100A ~~San Antonio TX~~ DALLAS TX 75252	221.18

Purpose of expenditure (See instructions regarding type of information required.)
Telephone 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 ($)
04/24/0001	DJ Kino Longoria P.O. Box 690415 SAT 78216 San Antonio TX	75.00

Purpose of expenditure (See instructions regarding type of information required.)
Entertainment

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

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POLITICAL EXPENDITURES

SCHEDULE F

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 6/13

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 ($)
04/08/0001	John Delgado P.O. Box 839866 SAT 78283 San Antonio TX	80.00

8 Purpose of expenditure (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 ($)
04/02/0001	Elections Support Services 4958 W. Military DR. SAT 78242 TX	1929.73

Purpose of expenditure (See instructions regarding type of information required.)
Mailout

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 ($)
04/12/0001	Elections Support Services 4958 W. Military DR. SAT 78242 TX	1929.79

Purpose of expenditure (See instructions regarding type of information required.)
Mailout

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 ($)
04/24/0001	Elections Support Services 4958 W. Military DR. SAT 78242 TX	1892.02

Purpose of expenditure (See instructions regarding type of information required.)
Mailout

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages report:

2 FILER NAME
Enrique Martin

3 ACCOUNT # (Ethics Commission filers)
00051464

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CITY CLERK
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4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
04/05/0001	Flying Times 334 W. Crais Pl. SAT 78212 San Antonio TX	306.00

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

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 ($)
04/18/0001	Flying Times 334 W. Crais Pl. SAT 78212 San Antonio TX	170.00

Purpose of expenditure (See instructions regarding type of information required.)
Advertisement

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 ($)
04/14/0001	HEB 7010 S. ZARZAMORA SAT 78224 San Antonio TX	51.95

Purpose of expenditure (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 ($)
04/07/0001	Kelly Hancock Cruz 1511 Parnell SAT 78224 San Antonio TX	45.00

Purpose of expenditure (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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages report: 8/13

2 FILER NAME
Enrique Martin

3 ACCOUNT # (Ethics Commission Item)
00051464

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4 Date	5 Payee name	7 Amount ($)
04/24/0001	Kelly Hancock Cruz 6 Payee address; City; State; Zip Code 1511 Parwell SAT 78224 San Antonio TX	50.00

8 Purpose of expenditure (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	Amount ($)
04/18/0001	Heritage NA Payee address; City; State; Zip Code 1423 S. Ellison DR. SAT 78245 San Antonio TX	160.00

☺*b0W

Purpose of expenditure (See instructions regarding type of information required.)
Advertisement

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

Date	Payee name	Amount ($)
04/18/0001	Hispanic Broadcast Payee address; City; State; Zip Code 1405 N. Main AV. SAT 78212 San Antonio TX	2125.00

Purpose of expenditure (See instructions regarding type of information required.)
Advertisement

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

Date	Payee name	Amount ($)
04/20/0001	Hispanic Broadcast Payee address; City; State; Zip Code 1405 N. Main AV. SAT 78212 San Antonio TX	50.00

Purpose of expenditure (See instructions regarding type of information required.)
Broadcasting Fee

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

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POLITICAL EXPENDITURES

SCHEDULE F

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Total pages report: 9/13

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 ($)
04/16/0001	Eloy Laque P.O. Box 839966 SAT 78283 San Antonio TX	150.00

8 Purpose of expenditure (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 ($)
04/03/0001	Mark Laque 1718 Parwell AVE. SAT 78224 San Antonio TX	150.00

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

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

02 AUG -7 AM 10:15

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Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/14/0001	Mark Laque 1718 Parwell AVE. SAT 78224 San Antonio TX	150.00

Purpose of expenditure (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 ($)
04/08/0001	Marina Lopez 631 Royalvalley SAT 78242 San Antonio TX	30.00

Purpose of expenditure (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

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POLITICAL EXPENDITURES

SCHEDULE F

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages reported: 8

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 ($)
04/13/0001	Marina Lopez 631 Royalvalley SAT 78242 San Antonio TX	30.00

8 Purpose of expenditure (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 ($)
03/31/0001	Edward Metz Somerset TX ~~San Antonio TX~~	62.00

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for refreshments

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 ($)
03/30/0001	Munguia Printers 2201 Buena Vista st. SAT 78207 San Antonio TX	1412.11

Purpose of expenditure (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 ($)
04/11/0001	Munguia Printers 2201 Buena vista st. SAT 78207 San Antonio TX	1412.11

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages report: 4

2 FILER NAME
Enrique Martin

3 ACCOUNT # (Ethics Commission filers)
00051464

02 AUG -7 AM 10: 15
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4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
04/24/0001	Munguia Printers 2201 Buena Vista st. SAT 78207 San Antonio TX	722.35

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

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 ($)
03/31/0001	Pizza Hut 1727 S.W. military DR. SAT 78224 San Antonio TX	84.37

Purpose of expenditure (See instructions regarding type of information required.)
Refreshments for block walkers

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 ($)
04/04/0001	Connie Prado 215 McLaughlin SAT 78211 San Antonio TX	75.00

Purpose of expenditure (See instructions regarding type of information required.)
Administrative 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 ($)
04/10/0001	Southside Reporter 2203 S. Hackberry SAT 78210 San Antonio TX	375.00

Purpose of expenditure (See instructions regarding type of information required.)
Advertisement

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

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POLITICAL EXPENDITURES

SCHEDULE F

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 12/13

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 ($)
04/08/0001	Sergio Suarez 6515 mossledge San Antonio TX 78242	30.00

8 Purpose of expenditure (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 ($)
04/13/0001	Sergio Suarez 6515 mossledge San Antonio TX 78242	30.00

Purpose of expenditure (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

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Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/05/0001	U.S. Postmaster 7411 Barlite SAT 78224 TX	68.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/17/0001	U.S. Postmaster 7411 Barlite SAT 78224 TX	102.00

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

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

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POLITICAL EXPENDITURES

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 27 P 4:59

Total pages report: 13/13

2 FILER NAME
Enrique Martin

3 ACCOUNT # (Ethics Commission filers)
00051464

4 Date	5 Payee name	7 Amount ($)
04/24/0001	Usafe Auto Rental	374.25
	6 Payee address; City; State; Zip Code 3532 SW Military DR. SAT 78211 San Antonio TX	

8 Purpose of expenditure (See instructions regarding type of information required.)
Car rental - Election Support

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

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