JESUS R. MARTINEZ

ı		CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	Jesus	R^{\scriptscriptstyleMI}	OFFICE USE ONLY
	NICKNAME RO	ami Mu	artinez suffix	Date Received PRESERVION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	1 ~	Noble Pine		1 3 C 5 A C A
Change of Address			78524	V salaman ay mada sa
5 CANDIDATE/ OFFICEHOLDER PHONE	(954) E	PHONE NUMBER 574-1269	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST ()	Mí	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed
		Ma	rtinez	Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT / SL	·	STATE; ZIP CODE
ADDRESS (Residence or Business)	37145	Santacint	NDd Rowner	1111, TX 78521
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	1117 17 18521
PHONE	(956)	139-8579		
9 REPORT TYPE	Jenuary 15	30th day before el	ection Runoff	15th day efter campaign freasurer appointment (Officeholder Only)
	July 15	8th day before elec	etion Exceeded Madified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
		101/2024	THROUGH 9	26/2024
11 ELECTION	ELECTION DA	r	ELECTION TYPE	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
·	Month Day	Year Primary	Runoff Other Description	
	/ /	General	Special	
12 OFFICE	OFFICE HELD (if any	·	13 OFFICE SOLIGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	+UE	SENULUER. INESE EXPENDITURES.	MAY HAVE REEN MADE WITHOUT THE CANDI	DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR EY RECEIVE NOTICE OF SUCH EXPENDITURES,
OOMMATTLE(O)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS	
		GO TO F	PAGE 2	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Com		
	Jesus Ramino Martiner		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$18125.93
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$18125.93 \$1996 ¹⁵
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ ·
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	TRIBUTIONS	\$7160.53
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COL	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$

Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
-	3 Filer ID (Ethics Commission Filers
Jesus Ramino Martinez	
	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	\$25.00
	, , , , , , , , , , , , , , , , , , ,
ration / Job title (See Instructions)	finnel
J Linployer (ode institut	uonsy
Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
CatherineShelton	(4)
Contributor address; City; State; Zip Code	\$25.00
ITZI Luc Cultura a su surul su su susul	4 Lo
Employer (See Instructions)	tions)
Full name of contributor	Amount of contribution (\$)
Richard L. Bilbre	(4)
	H = 0.0
To Park was Kirch II I Dames	\$50
tion / Job title (See Instructions)	· · · · · · · · · · · · · · · · · · ·
Employer (See Instruct	ions)
Full name of contributor	Amount of contribution (6)
	Amount of contribution (\$)
Condition	H = 1 0
,	\$450
305 N. StuartPlace Harlingen, 1078552	
tion / Job title (See Instructions) Employer (See Instruction	ions)
	Charlene K. Kuprel 6 Contributor address; City; State; Zip Code 701 Hallam St. Laguna Vista TX 78578 Dation / Job title (See Instructions) Full name of contributor

SCHEDULE A1

if the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Jesus Ramino Martinez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:) SHIVIA Martine 2	7 Amount of contribution (\$)
7-20-24	6 Contributor address; City; State; Zip Code	\$20:
8 Principal occu	3500 S. Dakota Brownsuill, 1×78521 pation / Job title (See Instructions) 9 Employer (See Instructions)	
	Works at Tortille	na Cry Stal
Date	Full name of contributor	Amount of contribution (\$)
7-20-24	Chicken Plate Fundraiser Contributor address; City; State; Zip Code	\$3780
Principal occup	3465 Ruben M. Torro Brownsvill TX 785X ation / Job title (See Instructions) Employer (See Instruc	
Date	Full name of contributor	Amount of contribution (\$)
	HIDERTO Bael (Eliklearnes Acedemy) Contributor address; City; State; Zip Code	\$400
	515 Robindale Rel Brownsville 1078521	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Book Si Ca to Par Charle FAC (ID#:)	Amount of contribution (\$)
7-25-24	Republican Party of Taxas Contributor address; City; State; Zip Code 807 Brazas St. Ste701 Awstin, X78701	\$2000
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions)	ions)
	•	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	Enen

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

SCHEDULE A1

JSWS Lamid Mathin	• 61	e Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1:
A Date 5 Full name of contributor	2 FILER NAM	Jesus Ramin Martine	U, i ii	3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions) Date Full name of contributor Olmito Sand Pit LLC Contributor address; City: State: Zip Code 5926 Mavenck adBrownsill, 17852] Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Full name of contributor city: State: Zip Code 5238 Sage brush adBrownsille, 178526 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Table Contributor address: City: State: Zip Code Table Contributor address: City: State: Zip Code Table Contributor address: City: State: Zip Code Date Full name of contributor contribution (\$)	4 Date	5 Full name of contributor ut-of-state PA Aquant Primary Ho 6 Contributor address; City;	AC (ID#:) MR Carc State; Zip Code	0 18°
DIMITO SAND PIT LIC Contributor address; City; State; Zip Code 5926 Mavenck Rel Brown Wille TX 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Contributor address; City; State; Zip Code BYOO Contributor address; City; State; Zip Code T36 Chipingus StBrownsville TY 78524	Principal occ	upation / Job title (See Instructions)		tions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Alrom A Construction (\$) Amount of contribution (\$) Contributor address; City; State; Zip Code (\$500) Full name of contributor (\$) Date Full name of contributor (\$) out-of-state PAC (ID#: (\$) Amount of contributions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Contributor address; City; State; Zip Code (\$)				Amount of contribution (\$)
Date Full name of contributor ALROM A Constructions Contributor address; City; State; Zip Code Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Contributor contributor Contributor contributor Contributor contributor Contributor contributor Contributor address; City; State; Zip Code	1-4-24		i i	\$1000 "
Allom A Construction (\$) Allom A Construction UC Contributor address; City; State; Zip Code 5238 Sage brush ndBrownsville, pt 78526 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Roofing A-1 Construction Corp Contributor address; City; State; Zip Code 1736 Chipingue StBrownsville pt 78524	Principal occu	pation / Job title (See Instructions)		•
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Roofing A-1 Construction Corp Contributor address; City; State; Zip Code Bringing Language Star Star Star Star Star Star Star Star	.	ALROMA Construction	rllc	
Roofing A-1 Construction Corp Contributor address; City; State; Zip Code 1736 Chipingue StB nownsuille 1×78524 Representation of contribution (\$)	Principal occu	5238 Sage brush nd Brown pation / Job title (See Instructions)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	7-4-29	Roofing A-1 Constructions of Chipinguest Brown	Chion Corp State; Zip Code	
	Principal occu	oation / Job title (See Instructions)	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

n me reque	ested information is not applicable, DO NOT in	nclude this page in the	report.
Th	e Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Jesus Ramino Martine	l.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA San ta Fe Primary Home	c (IDH:)	7 Amount of contribution (\$)
9-10-24	6 Contributor address; City;	State; Zip Code	\$1000
8 Principal occ	3465 E Rubentomes Brown W	117 1X 78526	
	Special 7 oob tile (See instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor [] out-of-state PA		Amount of contribution (\$)
9-10-24	Buena Vida Primary Hor Contributor address; City;	i	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
•	4035 Boca Chilasus B	State: Zip Code	\$1000
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor		Amount of contribution (\$)
A 110 211	Feed and Seeds 7 Legu	as ill	* 8
9-16-24	Contributor address; City:	State; Zip Code	5400
Principal occur	260Fm 511 blm ito, TX pation / Job title (See Instructions)		
	Sections)	Employer (See Instructi	ions)
Date '	Full name of contributor	(ID#:)	Amount of contribution (\$)
9-16-24	Balli Restaurant L	CCA(ACAS State; Zip Code	±0000
'	714 Military Huy Brown		\$2000
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
			The state of the s
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

If the requested information is not applicable, DO NOT include	e this page in the report.
The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:
2 FILER NAME Jesus Ramino Martinez	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	SUTIONS \$
5600 Knight Bry. Brownsville, DO 7	
10 Principal occupation / Job title (FOR NON JUDICIAL) (See Instructions) Health Care Administrator 12 Contributor's principal occupation (FOR JUDICIAL)	11 Employer (FOR NON-JUDICIAL) (See Instructions) Sahtafe Primary HameCare 13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor out-of-state PAC (ID#: NOTA GATZA Contributor address; City; State; 34 Bennett Dr. Brauns Ville, TW.	Amount of Contribution \$\\ \text{Contribution } \\ \text{In-kind contribution description} \\ \text{2 boxes packaged cat-lery} \\ \text{21 Check if travel outside of Texas. Complete Schedule T.} align*
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
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il the requested information is not applicable, DO NOT include	le this page in the report.
The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:
2 FILER NAME Jesus Ramino Martin	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	
5 Date 6 Full name of contributor out-of-state PAC (ID#: Maria Hernander 7-26-24 7 Contributor address: City; State;	Zip Code 8 Amount of 9 In-kind contribution description 8 Amount of 9 In-kind contribution description 9 In-kind contribution description Contribution \$ 3 b 6 xes o f
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	78526 Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	Santa FE Primary Home Care 13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
7-20-24 Full name of contributor out-of-state PAC (1D#: Alma R. Martine Contributor address; City; State; Co26 Campliapr. Brownsoille,	Amount of Contribution S Contributio
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
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ii uite requ	rested information is not applicable, DO NOT Includ	e this page	in the report.	
T	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	dule A2:
2 FILER NAW	Jesus Ramino Martin	roz.	3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$,
⁵ Date 7-20-24	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$ \$105^0	9 In-kind contribution description Gens Seasen All foil ICC, baggies Charael Starter ide of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDIC!	AL)(See Instructions) Prefer
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	л of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>		
Date 7-20 - 24 (Full name of contributor out-of-state PAC (10#: Emanuel Hernander Contributor address: City; State; 72 2 8 DominiZano-Of Brownsville, pc.	Zip Code	Amount of Contribution \$ \$74.82	I In-kind contribution I description I Sodas I description I description I description
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Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
łf	ATTACH ADDITIONAL COPIES OF TO contributor is out-of-state PAC, please see Instruction			requirements.

1 Total pages Schedule A2: 3 Filer ID (Ethics Commission Filers)
182
TIONS \$
8 Amount of 9 In-kind contribution description Contribution \$ 9 In-kind contribution description Hunting Code 5300 Certificate Check if travel outside of Texas. Complete Schedule 1 Employer (FOR NON-JUDICIAL) (See Instructions)
3 Contributor's job title (FOR JUDICIAL) (See Instructions)
5 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
Amount of Contribution s description P Code Contribution \$ 3 - \$100 Code C
Contributor's job title (FOR JUDICIAL) (See Instructions)
Law firm of contributor's spouse (if any) (FOR JUDICIAL)

SCHEDULE A2

in the requested information is not applicable, bo Not includ	ae this page in the report.
The Instruction Guide explains how to complete this form	m. 1 Total pages Schedule A2:
2 FILER NAME Jesus Ramino Martiner	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$
3740 International Blud Brownsville, 7	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)]
Date Full name of contributor out-of-state PAC (ID#: 4-324 Advanced AutoPart Contributor address; City; State; 3740 International Bluds nownsuite, 1	zip Code \$60 150CKet & ratchet
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Food/Beverage Expense Gift/Awards/Memorials Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 05 5 Payee name 7-01-24 6 Amount (\$) 7 Payee address: State; Zip Code \$100 Rancho Viejo Blod Brownsolle, TX **PURPOSE** T. for Golf Tournament OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Charles Coons State; Zip Code **PURPOSE** Advertising **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Appleocom Payee address: City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Uknown charge will check PURPOSE OF EXPENDITURE with bank. Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

		iciade triis page in the report.	
Advertising Expense	EXPENDITURE CATEG	FORIES FOR BOX 8(a)	
Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Pol Credit Card Payment	ilical Committee Legal Services	Printing Expense Travel Out of District Salaries/Wages/Contract Labor Other (enters real one)	ment & Related Expense
1 Total names Schooling	The Instruction Guide explains	how to complete this form.	2
1 Total pages Schedule F	Jesus Ramino	Martiner 3 Filer ID (Ethics	Commission Filers)
8-12-24 6 Amount (S)	Google one		
\$2024	7 Payee address;	City; State;	Zip Code
8	Ohline Purchas (a) Category (See Categories listed at the top of this sol		
PURPOSE	the art of the art of the season of the seas		
OF EXPENDITURE	Other	Campaign Email Maintenance	
	(c) Check if travel outside of Texas. Complete Sche		
9 Complete ONLY if direct	Candidate / Office Late	L_1 17. Grazenoider living (Xpense
expenditure to benefit C/C	H	Office sought C	Office held
Date	Payee name		
8-13-24	Ricardo Ma	rhn02	
Amount (\$)	Payee address;	City; State;	7:- 0
\$23.64	950 F. Alton Gla	or Blud. Brownsvill, TX -	Zíp Code
PURPOSE	Category (See Categories listed at the top of this sched	Description	7032φ
OF EXPENDITURE	Printing Expense		ie
Camplety Green	Check if travel outside of Texas. Complete Schedu	ule T. Check If Austin, TX, officeholder living ex	Dense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office powels	lice held
Date	Payee name		
8-13-24	Ricardo Mar	tinez	
Amount (\$)	Payee address:	Cinc	
\$4545	950 E. Alton Glav B	Claus,	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedul	le) Description TO 785	26
OF EXPENDITURE	Printing Expens.	e HeatTransfer Vin	
	Check if travel outside of Texas, Complete Schedule		71
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	rse ice held
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ns provided by Texas Ethic	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED	
transport by rexes EUIC	s Commission www.ethics.state	e txus	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contribullons/Donations Made By Candidate/Officeholder/Political Committee Credit Card Psyment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Ex Printing E		Travel In District Travel Out Of Dis	uipment & Related Expense	
The instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	F1: 2 FILER NAME JESUS Ramino Martiner 3 Filer ID (Ethics Commission Filers)						
4 Date 8-29-24	5 Payee na	5 Payee name Chuck Vieh Campaign					
6 Amount (\$)	7 Payee ad	dress;	1 001	city;	State;	Zīp Code	
\$300°	3009	AugustaNa	tionalp	r Harling.	en X	78550	
8	(a) Categor	(See Categories listed at the top of		(b) Description	. (, , , , , , , , , , , , , , , , , , , ,	
PURPOSE OF EXPENDITURE	Cont	nbutin by Ca	ndidal	for Can	n paign		
	(c)	Check if travel outside of Texas. Comp	lete Schedule T.	Check if Austi	in, TX, officeholder liv	ing expense	
9 Complete ONLY if direct expenditure to benefit C/Ol-		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					
8-30-24	1	7,22a F	atr	un .			
Amount (\$)	Payee ad	dress;	:	City;	State;	Zip Code	
\$35,66	5005	5 Paredesti	nerd	Brownsui	110 TX	78520	
	Category	(See Categories listed at the top of	his schedule)	Description			
PURPOSE OF EXPENDITURE	Eve	ntExpen	5e	menta	nd grea	et	
·		Check if travel outside of Texas, Compl	ele Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
Date	Payee na	me					
9-03-24		Stripes					
Amount (\$)	Payee add	lress;		City;	State;	Zip Code	
\$66.47	790	Frontage	Rd	Olmito	IX -	78575	
	Category	See Calegories listed at the top of the	ris schedule)	Description	7		
PURPOSE OF EXPENDITURE	Trave	I Fa Diston	it	Gas es	pense	2	
		heck if travel outside of Texas. Comple	le Schedule T.	Check if Austin	, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH	Candida	e / Officeholder name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

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Specific Complete Control	The Instruction Guide explains how to complete this form.							
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repa Office Ove Polling Exp Printing Ex Sataries/W	ayment/Reimbursement erhead/Rental Expense xpense Expense Nages/Contract Labor	Travel In District Travel Out Of Distr	ulpment & Related Expense
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
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expenditure to benefit C/O	н	- mas i-2m	Onio neia			
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\$370.00	5409PalmValley Dr	N Harlingen	,TX 78552			
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9-18-24	Charles C	bons				
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\$300.00	1755 West Monroe	St. Brownsnile	TX 78520			
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SCHEDULE F1

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