

**JESUS R.
MARTINEZ**

30 Days Before
Election

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

37

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Jesus

R

NICKNAME

LAST

SUFFIX

Rami Martinez

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6744 Noble Pine
Brownsville, TX 78526

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 574-1269

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Ciria

NICKNAME

LAST

SUFFIX

Martinez

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3714 San Jacinto Rd. Brownsville, TX 78521

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 639-8579

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

7 / 01 / 2024

THROUGH

9 / 26 / 2024

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

1:16 PM

OCT 04 2024

OFFICE USE ONLY
DEPARTMENT OF STATE AFFAIRS
REGISTRATION DIVISION

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

By: *[Signature]*

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Jesus Ramiro Martinez</i>	20 Filer ID (Ethics Commission Filers)
--	---

	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18125.93
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1996 ¹⁵
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7160.53
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

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 Ramiro Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

7-12-24

5 Full name of contributor out-of-state PAC (ID#: _____)

Charlene K. Kuprel

7 Amount of contribution (\$)

\$25.00

6 Contributor address; City; State; Zip Code

701 Hallam St. Laguna Vista, TX 78578

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7-12-24

Full name of contributor out-of-state PAC (ID#: _____)

Catherine Shelton

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

1531 Los Sabales Brownsville, TX 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-12-24

Full name of contributor out-of-state PAC (ID#: _____)

Richard L. Bilbrie

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

801 Parkview Circle Harlingen, TX 78550

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-12-24

Full name of contributor out-of-state PAC (ID#: _____)

Doak M. Dunkin

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

1305 N. Stuart Place Harlingen, TX 78552

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

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 Ramiro Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

7-20-24

5 Full name of contributor

Sylvia Martinez

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$20.00

6 Contributor address;

City;

State;

Zip Code

3500 S. Dakota Brownsville, TX 78521

8 Principal occupation / Job title (See Instructions)

works at

9 Employer (See Instructions)

Tortillena Crystal

Date

7-20-24

Full name of contributor

Chicken Plate Fundraiser

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$3780.00

Contributor address;

City;

State;

Zip Code

3465 Ruben M. Torres Brownsville, TX 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-25-24

Full name of contributor

Alberto Baez (Elite Learning Academy)

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$400.00

Contributor address;

City;

State;

Zip Code

515 Rebindale Rd Brownsville TX 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-25-24

Full name of contributor

Republican Party of Texas

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$2000.00

Contributor address;

City;

State;

Zip Code

807 Brazos St. Ste 701 Austin TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

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 Ramiro Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

9-4-24

5 Full name of contributor

out-of-state PAC (ID#: _____)

Aquans Primary Home Care

7 Amount of contribution (\$)

\$1500.00

6 Contributor address;

City;

State;

Zip Code

950 E. Alton Gilmer Brownsville, TX 78524

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-4-24

Full name of contributor

out-of-state PAC (ID#: _____)

Olmito Sand Pit LLC

Amount of contribution (\$)

\$1000.00

Contributor address;

City;

State;

Zip Code

5926 M Avenick Rd Brownsville, TX 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-4-24

Full name of contributor

out-of-state PAC (ID#: _____)

ALROMA Construction LLC

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

5238 Sagebrush Rd Brownsville, TX 78526

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-4-24

Full name of contributor

out-of-state PAC (ID#: _____)

Roofing A-1 Construction Corp

Amount of contribution (\$)

\$400.00

Contributor address;

City;

State;

Zip Code

1736 Chipinque St Brownsville, TX 78524

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

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 Ramiro Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 9-10-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santa Fe Primary Home Care Svcs.	7 Amount of contribution (\$) \$1000⁰⁰
6 Contributor address; City; State; Zip Code 3465 E. Ruben Torres ^{Stab.} Brownsville, TX 78520		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-10-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buena Vida Primary Home Care	Amount of contribution (\$) \$1000⁰⁰
Contributor address; City; State; Zip Code 4035 Boca Chica St 3 Brownsville TX 78521		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-10-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feed and Seeds 7 Leguas LLC	Amount of contribution (\$) \$400⁰⁰
Contributor address; City; State; Zip Code 260 FM 511 Blmito, TX 78575		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-10-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balli Restaurant LLC ^{PBA} CAIACAS	Amount of contribution (\$) \$2000⁰⁰
Contributor address; City; State; Zip Code 714 Military Hwy Brownsville TX 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME <i>Jesus Ramiro Martinez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$			
5 Date <i>7-20-24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Estrella Fraire</i>	8 Amount of Contribution \$ <i>\$7352</i>	9 In-kind contribution description <i>4 packs of plates 125 ct</i>
7 Contributor address; City; State; Zip Code <i>5600 Knights Brg. Brownsville, TX 78526</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Health care Administrator</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Santa Fe Primary Homecare</i>	
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 <i>7-20-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nora Garza</i>	Amount of Contribution \$ <i>\$122¹¹</i>	In-kind contribution description <i>2 boxes packaged cutlery 3 pieces of mashed potatoes</i>
Contributor address; City; State; Zip Code <i>34 Bennett Dr. Brownsville, TX 78521</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Librarian</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>HFCISD</i>	
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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME <i>Jesus Ramiro Martinez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>7-20-24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>María Hernandez</i>	8 Amount of Contribution \$ <i>\$6864</i>	9 In-kind contribution description <i>3 boxes of chicken</i>
7 Contributor address; City; State; Zip Code <i>16104 Pipers Walk Brownsville, TX 78526</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>owner</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Santa Fe Primary Home Care</i>	
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 <i>7-20-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alma R. Martinez</i>	Amount of Contribution \$ <i>\$20⁰⁰</i>	In-kind contribution description <i>1 ice chest of rice</i>
Contributor address; City; State; Zip Code <i>6026 Camelia Dr. Brownsville, TX 78526</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME <i>Jesus Ramiro Martinez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>7-20-24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ciria Martinez</i>	8 Amount of Contribution \$ <i>\$105.00</i>	9 In-kind contribution description <i>4 cans Season All foil ice, baggies charcoal starter</i>
7 Contributor address; City; State; Zip Code <i>3714 San Jacinto Brownsville, TX 78521</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Interpreter</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Online Interpreters</i>	
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 <i>7-20-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Emanuel Hernandez</i>	Amount of Contribution \$ <i>\$74.82</i>	In-kind contribution description <i>sodas</i>
Contributor address; City; State; Zip Code <i>7228 Dominizano Dr Brownsville, TX 78520</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Contractor</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>EVH Construction</i>	
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 THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME Jesus Ramirez Martinez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 9-23-24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White Wing Fields	8 Amount of Contribution \$ \$300	9 In-kind contribution description Hunting Certificate
7 Contributor address; City; State; Zip Code 827 S. Oklahoma Ave Brownsville, TX 77821		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 9-23-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) La Gardencia	Amount of Contribution \$ \$300	In-kind contribution description 3- \$100 Vouchers
Contributor address; City; State; Zip Code 3193 W. Alton Glass Blvd Brownsville, TX 77820		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME <i>Jesus Ramiro Martinez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>9-23-24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Advanced Auto Parts</i>	8 Amount of Contribution \$ <i>\$100</i>	9 In-kind contribution description <i>4 buckets w/ carwash items</i>
7 Contributor address; City; State; Zip Code <i>3740 International Blvd Brownsville, TX 78520</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 <i>9-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Advanced Auto Parts</i>	Amount of Contribution \$ <i>\$60</i>	In-kind contribution description <i>cartool set socket & ratchet set</i>
Contributor address; City; State; Zip Code <i>3740 International Blvd Brownsville, TX 78520</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 <i>Jesus Ramiro Martinez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7-01-24</i>	5 Payee name <i>Juan Manuel Sias</i>	
6 Amount (\$) <i>\$100</i>	7 Payee address; City; State; Zip Code <i>323 Rancho Viejo Blvd Brownsville, TX 78521</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>DJ for Golf Tournament</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>7-17-24</i>	Payee name <i>Charles Coons</i>	
Amount (\$) <i>\$300</i>	Payee address; City; State; Zip Code <i>1755 West Monroe St. Brownsville, TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Campaign Support</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>8-05-24</i>	Payee name <i>Apple.com</i>	
Amount (\$) <i>\$4.32</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>Unknown charge will check with bank.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 Jesus Ramiro Martinez	3 Filer ID (Ethics Commission Filers)
----------------------------	---------------------------------------	---------------------------------------

4 Date 8-12-24	5 Payee name Google One	7 Payee address: City: State: Zip Code
-------------------	----------------------------	---

6 Amount (\$) \$20.24	7 Payee address: Online Purchase	City: State: Zip Code
--------------------------	-------------------------------------	-----------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Campaign Email Maintenance
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Date 8-13-24	Payee name Ricardo Martinez	7 Payee address: City: State: Zip Code
-----------------	--------------------------------	---

Amount (\$) \$23.64	7 Payee address: 950 E. Alton Gilmer Blvd. Brownsville, TX 78526	City: State: Zip Code
------------------------	---	-----------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Heat Press Machine
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Date 8-13-24	Payee name Ricardo Martinez	7 Payee address: City: State: Zip Code
-----------------	--------------------------------	---

Amount (\$) \$45.45	7 Payee address: 950 E. Alton Gilmer Blvd. Brownsville, TX 78526	City: State: Zip Code
------------------------	---	-----------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Heat Transfer Vinyl
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 <i>Jesus Ramiro Martinez</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>8-29-24</i>	5 Payee name <i>Chuck Vieh Campaign</i>
--------------------------	--

6 Amount (\$) <i>\$300</i>	7 Payee address; <i>3009 Augusta National Dr Harlingen, TX 78550</i>
-------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contribution by Candidate</i>	(b) Description <i>for Campaign Event</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date <i>8-30-24</i>	Payee name <i>Pizza Patron</i>
------------------------	-----------------------------------

Amount (\$) <i>\$35.66</i>	Payee address; <i>5005 Paredes lined Brownsville, TX 78520</i>
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>meet and greet</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date <i>9-03-24</i>	Payee name <i>Stripes</i>
------------------------	------------------------------

Amount (\$) <i>\$66.47</i>	Payee address; <i>7900 Frontage Rd Olmito, TX 78575</i>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Travel In District</i>	Description <i>Gas expense</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 <i>Jesus Ramiro Martinez</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>9-01-24</i>	5 Payee name <i>Apple.com</i>
--------------------------	----------------------------------

6 Amount (\$) <i>\$4.32</i>	7 Payee address: City: State: Zip Code
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <i>unknown charge will check with bank</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date <i>9-04-24</i>	Payee name <i>Walmart.com</i>
------------------------	----------------------------------

Amount (\$) <i>\$134.77</i>	Payee address: City: State: Zip Code <i>(online purchase) Bentonville.</i>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Registered Player Goodie Bag</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date <i>9-04-24</i>	Payee name <i>Humberto Sagahan</i>
------------------------	---------------------------------------

Amount (\$) <i>\$100.00</i>	Payee address: City: State: Zip Code <i>315 Perry St. Yoakum, TX 77995</i>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Pulga Online Advertisement</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 <i>Jesus Ramiro Martinez</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>9-06-24</i>	5 Payee name <i>Zach Halkias Graphic Design</i>
--------------------------	--

6 Amount (\$) <i>\$320.00</i>	7 Payee address; <i>Online Purchase</i>	City;	State;	Zip Code
----------------------------------	--	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Door Hangers</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>9-06-24</i>	Payee name <i>walmart</i>
------------------------	------------------------------

Amount (\$) <i>\$93.73</i>	Payee address; <i>3500 W. Alton Glor</i>	City; <i>Brownsville, TX</i>	State;	Zip Code <i>7826</i>
-------------------------------	---	---------------------------------	--------	-------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Door Prizes</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>9-06-24</i>	Payee name
------------------------	------------

Amount (\$) <i>\$400.00</i>	Payee address;	City;	State;	Zip Code
--------------------------------	----------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>Returned Item (check)</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 <i>Jesus Ramiro Martinez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9-17-24</i>	5 Payee name <i>Irma</i>	
6 Amount (\$) <i>\$40.00</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contribution made by candidate</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9-17-24</i>	Payee name <i>Miguel Mender</i>	
Amount (\$) <i>\$370.00</i>	Payee address; City; State; Zip Code <i>5409 Palm Valley Dr N Harlingen, TX 78552</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Political Sign Install.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9-18-24</i>	Payee name <i>Charles Coons</i>	
Amount (\$) <i>\$300.00</i>	Payee address; City; State; Zip Code <i>1755 West Monroe St. Brownsville TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Campaign Support</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 <i>Jesus Ramin Martinez</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	---	---------------------------------------

4 Date <i>9-25-24</i>	5 Payee name <i>SUNOCO</i>
--------------------------	-------------------------------

6 Amount (\$) <i>\$69.29</i>	7 Payee address; City; State; Zip Code <i>9670 Anacua St Dimity, TX 78520</i>
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Travel in District</i>	(b) Description <i>gas</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date <i>9-25-24</i>	Payee name <i>Marshalls</i>
------------------------	--------------------------------

Amount (\$) <i>\$104.92</i>	Payee address; City; State; Zip Code <i>2850 Pablo Kisel Brownsville, TX 78524</i>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Door Prizes</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED