

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000078	2 PAGE # 1 of 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mike		OFFICE-USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX Martinez		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 301 W. 2nd St. 2nd Floor Austin, TX 78701		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Janis		
	NICKNAME LAST SUFFIX Pinnelli		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 50038 Austin, TX 78763		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 478-7816		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2009 12/31/2009		
10 ELECTION	ELECTION DATE Month Day Year 05/10/2009	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) City Council, Place 2		12 OFFICE SOUGHT (if known)
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	... 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		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Martinez, Mike

15 ACCOUNT # (Ethics Commission filers)
0000007816 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

17 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

12,074.52

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

12,462.54

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

0.00

18 AFFIDAVIT



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

Mike Martinez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mike Martinez, this the 15 day
of January, 20 10, to certify which, witness my hand and seal of office.

Reyna Ruiz

Signature of officer administering oath

Reyna Ruiz

Print name of officer administering oath

Admin Specialist

Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/6 Report: 3/10**2** FILER NAME Martinez, Mike**3** ACCOUNT # (Ethics Commission filers)
00000078**4** Date**5** Payee name
Another Option Productions**7** Amount
(\$)

11/17/2009

6 Payee address; City; State; Zip Code
requested
TX

\$100.00

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

Donation for Givens Recreation Thanksgiving Dinner

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
Apple StoreAmount
(\$)

10/14/2009

Payee address; City; State; Zip Code
2901 S. Capital of Texas Highway
Austin, TX 78746

\$2,865.82

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

Computer & supplies

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
AT&TAmount
(\$)

09/02/2009

Payee address; City; State; Zip Code
907 W 5th St.
STE 103
Austin, TX 78703

\$640.83

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

Phone/PDA

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
Austin AFL-CIOAmount
(\$)

08/20/2009

Payee address; City; State; Zip Code
2520 Longview St.
Suite 211
Austin, TX 78705

\$215.00

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

Advertisement

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/6 Report: 4/10**2** FILER NAME Martinez, Mike**3** ACCOUNT # (Ethics Commission filers)
00000078**4** Date**5** Payee name
Austin NAACP**7** Amount
(\$)

11/19/2009

6 Payee address; City; State; Zip Code
1704 E. 12th Street
Austin, TX 78702

\$150.00

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

Advertisement in banquet program

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
Austin Pets AliveAmount
(\$)

09/22/2009

Payee address; City; State; Zip Code
P.O. Box 6247
Austin, TX 78762

\$300.00

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

Donation for Autoclave surgical instrument sterilizer

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
Blue Roots StrategiesAmount
(\$)

11/02/2009

Payee address; City; State; Zip Code
P.O. Box 300053
Austin, TX 78703

\$1,750.00

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

Website

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
Blue Roots StrategiesAmount
(\$)

11/18/2009

Payee address; City; State; Zip Code
P.O. Box 300053
Austin, TX 78703

\$500.00

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

Website

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 3/6 Report: 5/10**2** FILER NAME Martinez, Mike**3** ACCOUNT # (Ethics Commission filers)
00000078**4** Date**5** Payee name

Cavazos, Jazmin

7 Amount
(\$)

07/23/2009

6 Payee address; City; State; Zip Code2207 S 5th St.
Apt. 203
Austin, TX 78704

\$500.00

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

Contract Labor

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

Garza, Robert

Amount
(\$)

07/23/2009

Payee address; City; State; Zip Code

2106 Keepsake Dr.
Austin, TX 78745

\$1,000.00

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

Contract Labor

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

La Voz Newspaper

Amount
(\$)

07/18/2009

Payee address; City; State; Zip Code

P.O. Box 19457
Austin, TX 78757

\$750.00

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

Advertisement & newspaper sponsor

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

La Voz Newspaper

Amount
(\$)

11/09/2009

Payee address; City; State; Zip Code

P.O. Box 19457
Austin, TX 78757

\$82.50

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

Advertisement & newspaper sponsor

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 4/6 Report: 6/10**2** FILER NAME Martinez, Mike**3** ACCOUNT # (Ethics Commission filers)
00000078**4** Date**5** Payee name

Moore, Andrew

7 Amount
(\$)

07/23/2009

6 Payee address; City; State; Zip Code105 Elizabeth St.
Austin, TX 78704

\$1,000.00

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

Contract labor

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

National Multiple Sclerosis Society

Amount
(\$)

09/21/2009

Payee address; City; State; Zip Code

8111 N. Stadium Drive
Suite 100
Houston, TX 77054

\$50.00

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

Donation for MS: Austin Walk event

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

Newton, Scott

Amount
(\$)

10/22/2009

Payee address; City; State; Zip Code

3012 Oak Crest Ave.
Austin, TX 78704

\$25.00

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

CD from photoshoot

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name

Paradigm Shift

Amount
(\$)

09/01/2009

Payee address; City; State; Zip Code

Requested

\$100.00

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

Donation for Youth Event

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 5/6 Report: 7/10**2** FILER NAME Martinez, Mike**3** ACCOUNT # (Ethics Commission filers)
00000078

4 Date 10/12/2009	5 Payee name Peoplefund 6 Payee address; City; State; Zip Code 207 Chalmers Ave Austin, TX 78702	7 Amount (\$) \$150.00
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8 Purpose of payment (See instructions regarding type of information required.)
Donation for 2009 Conference on Economic Opportunity**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 10/15/2009	Payee name South Austin Democrats Payee address; City; State; Zip Code PO Box 152592 Austin, TX 78715	Amount (\$) \$100.00
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Purpose of payment (See instructions regarding type of information required.)
Donation** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 09/01/2009	Payee name Texas Tribune Payee address; City; State; Zip Code 823 Congress Ave Suite 210 Austin, TX 78701	Amount (\$) \$100.00
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Purpose of payment (See instructions regarding type of information required.)
Donation** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/06/2009	Payee name The Flower Bucket Payee address; City; State; Zip Code 3100 North Lamar Boulevard Austin, TX 78705	Amount (\$) \$70.36
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Purpose of payment (See instructions regarding type of information required.)
Flowers and delivery for funeral** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/6 Report: 8/10**2** FILER NAME Martinez, Mike**3** ACCOUNT # (Ethics Commission filers)
00000078**4** Date**5** Payee name

Travis County Democratic Party

7 Amount
(\$)

10/23/2009

6 Payee address; City; State; Zip Code1311 East 6th Street
Austin, TX 78702

\$250.00

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

Donation for Trio of Stars Women's Brunch event

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name

United East Austin Coalition

Amount
(\$)

10/28/2009

Payee address; City; State; Zip Code

1511 Haskell St.
Austin, TX 78702

\$100.00

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

Donation for 24th Annual Dia De La Raza event

(If travel outside of Texas, complete Schedule T) ☐**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name

Williamson, Laura

Amount
(\$)

07/23/2009

Payee address; City; State; Zip Code

12417 Audane Dr.
Austin, TX 78727

\$1,275.01

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

Contract Labor

(If travel outside of Texas, complete Schedule T) ☐**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 9/10**2** FILER NAME Martinez, Mike**3** ACCOUNT # (Ethics Commission filers)
00000078**4** Date

11/06/2009

5 Payor name
Lee Leffingwell (Campaign Account)**6** Payor address; City; State; Zip Code
2520 Longview St.
STE 313
Austin, TX 78705**8** Amount
(\$)

\$35.18

7 Reason for credit
Partial reimbursement for joint flowers sent to a funeral

**CANDIDATE/OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**** Complete only if 'Report Type' on page 1 is marked 'Final Report' ****

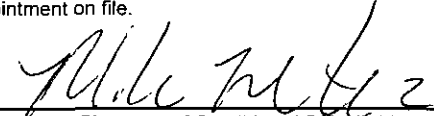
Page 10 of 10

1 C/OH NAME Martinez, Mike**2 ACCOUNT # (Ethics Commission filers)**

00000078

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****** Complete A & B below only if you are not an officeholder ******A. CAMPAIGN FUNDS**

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER****** Complete this section only if you are an officeholder ****

- ☒ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.


Signature of Officeholder