

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers) 00000078		<b>2 PAGE #</b> 1 of 4		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST Mike</div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Martinez</div> <div>SUFFIX</div> </div>				<b>OFFICE USE ONLY</b> Date Received Date Hand-delivered or Date Postmarked Receipt # Amount	
	<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 301 W. 2nd St. 2nd Floor Austin, TX 78701 <input type="checkbox"/> Change of Address					
<b>5 CAMPAIGN TREASURER NAME</b>	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div>				Date Processed Date Imaged	
	<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TX					
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION					
<b>8 REPORT TYPE</b>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final report (Attach C/OH - FR)</div> </div>					
<b>9 PERIOD COVERED</b>	Month Day Year                      Month Day Year 01/01/2010                      THROUGH                      06/30/2010					
<b>10 ELECTION</b>	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			
	<b>11 OFFICE</b> OFFICE HELD (if any) City Council, Place 2		<b>12 OFFICE SOUGHT (if known)</b>			
<b>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b> . . . 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						

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# 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

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 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

\$

3,037.47

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

\$

9,423.43

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.



*M. Martinez*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mike Martinez, this the 09 day  
of July, 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****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/2 Report: 3/4		<b>2 FILER NAME</b> Martinez, Mike		<b>3 ACCOUNT # (TEC filers)</b> 00000078
<b>4 Date</b> 02/26/2010	<b>5 Payee name</b> Blue Roots Strategies			
<b>6 Amount (\$)</b> \$1,123.75	<b>7 Payee address</b> City: State; Zip Code P.O. Box 300053 Austin, TX 78703			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Development of iPhone application for officeholder website	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 05/25/2010	<b>Payee name</b> La Voz Newspaper			
<b>Amount (\$)</b> \$112.50	<b>Payee address</b> City: State; Zip Code P.O. Box 19457 Austin, TX 78757			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Welcome ad for LULAC Convention	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 02/04/2010	<b>Payee name</b> Leadership Austin			
<b>Amount (\$)</b> \$125.00	<b>Payee address</b> City: State; Zip Code 1609 Shoal Creek Blvd. Austin, TX 78701			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Membership dues	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 06/26/2010	<b>Payee name</b> Quality Inn & Suites			
<b>Amount (\$)</b> \$112.70	<b>Payee address</b> City: State; Zip Code 1901 North Padre Island Dr. Austin, TX 78408-2333			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Travel Out Of District		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 2 night stay for State Democratic Convention	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/2 Report: 4/4		<b>2 FILER NAME</b> Martinez, Mike		<b>3 ACCOUNT # (TEC filers)</b> 00000078
<b>4 Date</b> 02/16/2010	<b>5 Payee name</b> Williams, Nancy			
<b>6 Amount (\$)</b> \$25.00	<b>7 Payee address</b> City; State; Zip Code P.O. Box 1088 Austin, TX 78767			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Thank you gift for Council staff	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/12/2010	<b>Payee name</b> Wolf Camera			
<b>Amount (\$)</b> \$1,538.52	<b>Payee address</b> City; State; Zip Code 4001 N. Lamar Suite 225 Austin, TX 78756			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) OTHER - Camera and related supplies		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Equipment for officeholder website	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held: