# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

| CAMPAIGN FI   | INANCE REPORT  |  | COVER SHEET PG 1  |
|---|--|--|---|
| The C/OH Instruction Guit                                     | DE explains how to complete this form.                               | 1 ACCOUNT# (Ethics Commission filers) 00000078 | 2 PAGE#<br>1 of 41 2012 A   |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                         | MS / MRS / MR FIRST Mike  NICKNAME LAST Martinez                     | MI   | OFFICE USE ONLY ST NOTE OF THE CELY                               |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address | ADDRESS / PO BOX, APT / SUITE #,  P.O. Box 301676 Austin, TX 78703   | CITY, STATE, ZIP CODE                          | Date Hand-delivered or Date Postmarked  Receipt # Amount          |
| 5 CAMPAIGN<br>TREASURER                                       | MS / MRS / MR FIRST  | MI   | Date Processed  |
| NAME  | Celia  |  | Date Imaged   |
|   | NICKNAME LAST<br>Israel  | SUFFIX   |   |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); A 3604 Carla Dr. Austin, TX 78754 | PT / SUITE #, CITY, STATE;                     | ZIP CODE  |
| 7 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE PHONE NUMBER (512) 933-1796                                | EXTENSION                                      |   |
| 8 REPORT TYPE   | January 15 30th day befo   | ore election Runoff                            | 15th day after campaign treasurer appointment (officeholder only) |
|   | X July 15 8th day before   | e election Exceeded \$500 limit                | Final report (Attach C/OH - FR)                                   |
| 9 PERIOD<br>COVERED   | Month Day Year   | Month Day                                      | Year  |
|   | 05/03/2012   | THROUGH 06/30/20                               | 12  |
| 10 ELECTION   | ELECTION DATE ELECTION DATE  Month Day Year  05/12/2012              | TION TYPE Primary Runoff X                     | General Special   |
| 11 OFFICE   | OFFICE HELD (if any)  City Council, Place 2                          | 12 OFFICE SOUGHT (if known City Council, Place |   |
|   | GO   | TO PAGE 2                                      |   |

## **CANDIDATE / OFFICEHOLDER REPORT:** SINDOODT & TOTALS

#### FORM C/OH COVER SHEET DG 2

| SOLL OILL G                | IOIALO  |  | •                   | VER SHEET PG 2                          |
|----------------------------|---|--|---------------------|---|
| 13 C/OH NAME Martin        | nez, Mike   |  | 14 ACCOUR<br>000000 | ` '                                     |
| 15 NOTICE<br>FROM          | This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditure have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to repinformation only if they receive notice of such expenditures |  |                     |   |
| POLITICAL<br>COMMITTEE(S)  | COMMITTEE TYPE  | COMMITTEE NAME Austin Board of Realtors PAC  |                     |   |
|                            | GENERAL   | COMMITTEE ADDRESS<br>10900 Stonelake Blvd , Ste. 100A<br>Austin, TX 78759                                  |                     |   |
|                            | SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME Johnston, Michael  | <del></del>         |   |
| ☐ additional pages         |   | COMMUTATE CAMPAIGN TREASURER STORES A  |                     |   |
|                            |   | Austin, TX 78759   | <del></del>         |   |
| 16 CONTRIBUTION<br>TOTALS  |   | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN<br>ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED |                     | \$ 618.00                               |
|                            |   | POLITICAL CONTRIBUTIONS<br>THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                    |                     | \$ 22,254.00                            |
| EXPENDITURE<br>TOTALS      | 3. TOTAL I  | POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM!  |                     | <b>\$</b> 1,023.07                      |
|                            | 4. TOTAL  | POLITICAL EXPENDITURES   |                     | \$ 80,614.82                            |
| CONTRIBUTION<br>BALANCE    |   | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE<br>AY OF THE REPORTING PERIOD                                 |                     | \$ 21,273.77                            |
| OUTSTANDING<br>LOAN TOTALS |   | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH<br>AY OF THE REPORTING PERIOD                           | IE .                | \$ 0.00                                 |
| 17 AFFIDAVIT               |   |  |                     | , |
|                            |   | I swear, or affirm, under pena<br>is true and correct and include<br>me under Title 15, Election Co        | es all information  |   |
| MY C                       | IARGRETT FRANKLIN<br>OMMISSION EXPIRES<br>October 17, 2014  | M. M. Signature of   | Z<br>Candidate or O | fficeholder                             |
| AFFIX NOTARY S             | STAMP / SEAL ABOV   | /E   |                     |   |
| Sworn to and subscrib      |   | he said <u>Mike Mortinez</u><br>rtify which, witness my hand and seal of office.                           | , this th           | ne <u>//et~</u> day                     |
| Jan May got                | ttravei   | AM Marsott Francis   | Nota                | 44                                      |
| Signature of officer admi  | nistering oath  | Print name of officer administering oath   | title of office     | er administering oath                   |

Austin, Texas 78711-2070

#### P.O.Box 12070 FORM C/OH CANDIDATE / OFFICEHOLDER REPORT: **ADDENDUM NOTICE FROM POLITCAL COMMITTEE(S)** Page 3 of 41 C/OH NAME Martinez, Mike ACCOUNT # (Ethics Commission filers) 00000078 17 NOTICE · This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may FROM 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. .. **POLITICAL** COMMITTEE(S) COMMITTEE NAME Austin Environmental Democrats PAC COMMITTEE TYPE 604 West 11th Street COMMITTEE ADDRESS GENERAL Austin, TX 78701 SPECIFIC COMMITTEE CAMPAIGN Neely, Mary Ann TREASURER NAME COMMITTEE CAMPAIGN 604 West 11th Street TREASURER ADDRESS Austin TY 79704 Austin, TX 78701 NOTICE This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may **FROM** 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. .. **POLITICAL** COMMITTEE(S) COMMITTEE NAME Austin Firefighters PAC COMMITTEE TYPE 7537 Cameron Rd. COMMITTEE ADDRESS SENERAL Austin, TX 78752 COMMITTEE CAMPAIGN Lundstedt, David TREASURER NAME SPECIFIC 7537 Cameron Rd. COMMITTEE CAMPAIGN TREASURER ADDRESS Austin, TX 78752 NOTICE · 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 FROM information only if they receive notice of such expenditures. .. **POLITICAL** COMMITTEE(S) COMMITTEE NAME Austin Police Association PAC COMMITTEE TYPE 5817 Wilcab Road COMMITTEE ADDRESS SENERAL Austin, TX 78703 COMMITTEE CAMPAIGN ESCOBAR, Valencia TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS 5817 Wilcab Road Austin, TX 78703

| _ | The Instruction | on Guide explains how to complete this form.  |                                     | 1 PAGE#<br>Schedule: 1/       | 17 Report: 4/41                                    |  |  |
|---|-----------------|---|-------------------------------------|-------------------------------|--|--|--|
| 2 | FILER NAME      | Martinez, Mike  |                                     | 3 ACCOUNT# 00000078           | (Ethics Commission filers)                         |  |  |
| 4 | Date            | 5 Full name of contributor ☐ out-of-state PAC (ID# Austin Board of Realtors PAC               | )                                   | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |  |  |
|   | 05/07/2012      | 6 Contributor address; City; State, Zip Code<br>4106 Medical Parkway<br>Austin, TX 78756      |                                     | \$350.00                      | <br>   |  |  |
|   |                 |   |                                     | (If travel outside of         | Texas, complete Schedule T)                        |  |  |
| 9 | Principal occup | ation / Job title (See Instructions)  | 10 Employer (See In                 | structions)                   |  |  |  |
|   | Date            | Full name of contributor  | !)                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |  |
|   | 05/07/2012      | Contributor address; City, State; Zip Code<br>P O Box 200532<br>Austin, TX 78720              |                                     | \$350.00                      | <br>   |  |  |
|   |                 |   |                                     | (If travel outside of         | Texas, complete Schedule T)                        |  |  |
|   | Principal occup | ation / Job title (See Instructions)  | Employer (See In                    | structions)                   |  |  |  |
|   |                 |   |                                     |                               |  |  |  |
|   | Date            | Full name of contributor  | <u> </u>                            | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |  |
|   | 05/10/2012      | Contributor address; City; State; Zıp Code<br>6 Rock Way Cove<br>Austin, TX 78746             |                                     | \$250.00                      | [<br>  |  |  |
|   |                 |   |                                     | //8.4  <b>4</b>               | [  |  |  |
|   | D               | -(1(1-)-)-(11(0111))  |                                     |                               | Texas, complete Schedule T)                        |  |  |
|   | Vice Presider   | etion / Job title (See Instructions)  t Real Estate   | Employer (See In<br>Texas Industrie |                               |  |  |  |
|   | Date            | Full name of contributor  | <u> </u>                            | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |  |
|   | 05/07/2012      | Contributor address; City; State; Zip Code<br>22019 Cristobal Drive<br>Garden Ridge, TX 78266 |                                     | \$350.00                      |  |  |  |
|   |                 | Carden Mage, 17 70200   |                                     | (If travel outside of         | Texas, complete Schedule T)                        |  |  |
| H | Principal occur | eation / Job title (See Instructions)   | Employer (See In                    | ,                             | Toxas, complete constants ()                       |  |  |
|   | President       | and 17 you the (See Manuachona)   | Yellow Cab Sar                      |                               |  |  |  |
| ı | Date            | Full name of contributor  ut-of-state PAC (ID#  | )                                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |  |
|   |                 | Bouloubasis, Paula (*1)   |                                     |                               |  |  |  |
|   | 05/07/2012      | Contributor address; City; State; Zip Code 22019 Cristobal Drive Garden Ridge, TX 78266       |                                     | \$350.00                      | ;<br>1<br>1  |  |  |
|   | 05/07/2012      | Contributor address; City; State; Zip Code<br>22019 Cristobal Drive                           |                                     | ·                             | Texas, complete Schedule T)                        |  |  |
|   |                 | Contributor address; City; State; Zip Code<br>22019 Cristobal Drive                           | Employer (See In                    | (If travel outside of         | Texas, complete Schedule T)                        |  |  |

## SCHEDULE A

# **POLITICAL CONTRIBUTIONS**

|   | OTHER                           | THAN PLEDGES OR LOAN  | NS                                   |                               |  |
|---|---------------------------------|---|--------------------------------------|-------------------------------|--|
|   | The Instruction                 | אס Guide explains how to complete this form.  |                                      | 1 PAGE #<br>Schedule: 2/1     | 17 Report: 5/41                                    |
| 2 | FILER NAME                      | Martinez, Mike  |                                      | 3 ACCOUNT# 00000078           | (Ethics Commission filers)                         |
| 4 | Date                            | 5 Full name of contributor  | )                                    | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
|   | 05/03/2012                      | <b>6</b> Contributor address, City, State, Zip Code 52 the Hills Dr<br>Austin, TX 78738           |                                      | \$350.00                      | <br>   |
|   |                                 |   |                                      | (If travel outside of         | Texas, complete Schedule T)                        |
| 9 | Principal occup<br>sales        | ation / Job title (See Instructions)  | 10 Employer (See In Microsoft        | structions)                   |  |
|   | Date                            | Full name of contributor ☐ out-of-state PAC (ID#<br>Cahalane, Ben                                 | )                                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/07/2012                      | Contributor address, City, State, Zip Code<br>2500 N Houston Street, Apt 1209<br>Dallas, TX 75219 |                                      | \$200.00                      | <br>   |
|   |                                 |   |                                      | (If travel outside of         | Texas, complete Schedule T)                        |
|   |                                 | nation / Job title (See Instructions)<br>nt, Corporate Partnerships                               | Employer (See In<br>Dallas Stars L.F |                               |  |
|   | Date                            | Full name of contributor  ut-of-state PAC (ID# Chu, Millie  | )                                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/09/2012                      | Contributor address, City; State, Zip Code<br>8629 C Toro Creek Cove<br>Austin, TX 78759          |                                      | \$350.00                      | <br>   |
|   |                                 |   |                                      | (If travel outside of         | Texas, complete Schedule T)                        |
|   | Principal occup<br>Office Manag | ation / Job title (See Instructions)<br>er  | Employer (See In<br>Frank Lam & As   |                               |  |
|   | Date                            | Full name of contributor  | !)                                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/11/2012                      | Contributor address; City; State; Zip Code<br>2510 El Greco Cv<br>Austin, TX 78703                |                                      | \$350.00                      | <br>   |
|   |                                 |   |                                      | (If travel outside of         | Texas, complete Schedule T)                        |
|   | Principal occup<br>Real Estate  | pation / Job title (See Instructions)   | Employer (See In<br>Centro Develop   |                               |  |
|   | Date                            | Full name of contributor  | )                                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/07/2012                      | Contributor address; City; State; Zip Code<br>401 Texas Dr<br>Georgetown, TX 78628                |                                      | \$350.00                      | <br>   |
|   |                                 |   |                                      | ·                             | Texas, complete Schedule T)                        |
|   | Principal occup<br>Retired      | ation / Job title (See Instructions)  | Employer (See In<br>None             | structions)                   |  |

| - |                                 | ·  |                                    |                                   |  |
|---|---------------------------------|--|------------------------------------|-----------------------------------|--|
|   | The Instruction                 | N Guide explains how to complete this form.  |                                    | 1 PAGE #<br>Schedule: 3/          | 17 Report: 6/41                                    |
| 2 | FILER NAME                      | Martinez, Mike   |                                    | 3 ACCOUNT# 00000078               | (Ethics Commission filers)                         |
| 4 | Date                            | 5 Full name of contributor  uut-of-state PAC (ID# Connolly, Walter (*1)                        | !)                                 | 7 Amount of contribution (\$)     | 8 In-kind contribution description (if applicable) |
|   | 05/07/2012                      | 6 Contributor address; City, State, Zip Code<br>401 Texas Dr.<br>Georgetown, TX 78628          |                                    | \$350.00                          | <br> <br>  |
|   |                                 |  |                                    | (If travel outside of             | Texas, complete Schedule T)                        |
| 9 | Principal occup<br>President    | ation / Job title (See Instructions)   | 10 Employer (See In<br>Yellow Cab  | structions)                       |  |
|   | Date                            | Full name of contributor   | !)                                 | Amount of contribution (\$)       | In-kind contribution description (if applicable)   |
|   | 05/09/2012                      | Contributor address; City; State, Zip Code<br>24 Ridgewood Ter<br>Northampton, MA 1060         |                                    | \$100.00                          | <br>   |
| l |                                 |  |                                    | (If travel outside of             | Texas, complete Schedule T)                        |
|   | Principal occup                 | ation / Job title (See Instructions)   | Employer (See In                   | <u>'</u>                          |  |
|   |                                 |  |                                    |                                   |  |
|   | Date                            | Full name of contributor   | 1 )                                | Amount of contribution (\$)       | In-kind contribution description (if applicable)   |
|   | 05/12/2012                      | Contributor address; City; State; Zip Code<br>1601 W. 38th Street, Ste 206<br>Austin, TX 78731 |                                    | \$350.00                          | <br>   |
|   |                                 |  |                                    | (If travel outside of             | Texas, complete Schedule T)                        |
|   | Principal occup<br>Design Engin | eation / Job title (See Instructions) eer  | Employer (See In<br>Freescale Sem  | •                                 |  |
|   | Date                            | Full name of contributor ☐ out-of-state PAC (ID≠<br>Ejigu, Daniel                              | <u> </u>                           | Amount of contribution (\$)       | In-kind contribution description (if applicable)   |
|   | 05/07/2012                      | Contributor address; City; State; Zip Code<br>1522 Thibodeaux<br>Round Rock, TX 78664          |                                    | \$200.00                          | <br>   |
|   |                                 |  |                                    | <br>  (If travel outside of       | Texas, complete Schedule T)                        |
|   | Principal occup<br>Employee     | ation / Job title (See Instructions)   | Employer (See In<br>Texas Environn | structions)<br>nental Quality Cor | ntrol  |
|   | Date                            | Full name of contributor   | <u> </u>                           | Amount of contribution (\$)       | In-kind contribution description (if applicable)   |
|   | 05/07/2012                      | Contributor address; City; State; Zip Code<br>15204 Hyson Xing<br>Pflugerville, TX 78660       |                                    | \$350.00                          | 1<br>1<br>1  |
|   |                                 |  |                                    | (If travel outside of             | Texas, complete Schedule T)                        |
|   | Principal occup<br>Production O | ation / Job title (See Instructions)<br>peration   | Employer (See In<br>Hospira        | structions)                       |  |

|   | The Instruction                  | on Guide explains how to complete this form.  |                                      | 1 PAGE#<br>Schedule: 4/       | 17 Report: 7/41                                     |
|---|----------------------------------|---|--------------------------------------|-------------------------------|---|
| 2 | FILER NAME                       | Martinez, Mike  |                                      | 3 ACCOUNT# 00000078           | (Ethics Commission filers)                          |
| 4 | Date                             | 5 Full name of contributor ☐ out-of-state PAC (ID#<br>Engdaw, Teferi                    | <u> </u>                             | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
| į | 05/10/2012                       | 6 Contributor address; City; State; Zip Code<br>15450 FM 1325 #2321<br>Austin, TX 78728 |                                      | \$350.00                      | <br>  |
|   |                                  |   |                                      | (If travel outside of         | Texas, complete Schedule T)                         |
| 9 | Principal occup<br>Taxi Driver   | ation / Job title (See Instructions)  | 10 Employer (See In<br>Lone Star Cab | structions)                   |   |
|   | Date                             | Full name of contributor  | <u> </u>                             | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
|   | 05/07/2012                       | Contributor address; City; State; Zip Code<br>PO Box 91886<br>Austin, TX 78709          |                                      | \$12.00                       | ]<br> <br>  |
|   | ;                                |   |                                      | (If travel outside of         | Texas, complete Schedule T)                         |
| - | Principal occup                  | eation / Job title (See Instructions)   | Employer (See In                     | •                             | <u>, , , , , , , , , , , , , , , , , , , </u>       |
|   | President / C                    | EO  | Texas Discount                       |                               |   |
|   | Date                             | Full name of contributor  | <u> </u>                             | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|   | 05/07/2012                       | Contributor address; City, State, Zip Code<br>PO Box 91886<br>Austin, TX 78709          |                                      | \$200.00                      | <br>  |
|   |                                  |   |                                      | (If travel outside of         | Texas, complete Schedule T)                         |
|   | Principal occup<br>President/ CE | ation / Job title (See Instructions)<br>EO  | Employer (See In<br>Texas Discount   |                               |   |
|   | Date                             | Full name of contributor ☐ out-of-state PAC (ID#<br>Fleming, Kevin                      | <u> </u>                             | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|   | 05/08/2012                       | Contributor address, City, State; Zip Code<br>14230 Fitzhugh Rd<br>Austin, TX 78736     |                                      | \$150.00                      | <br>  |
|   | ļ                                |   |                                      | (If travel outside of         | Texas, complete Schedule T)                         |
|   | Principal occup                  | ation / Job title (See Instructions)  | Employer (See In                     | structions)                   |   |
| F | Date                             | Full name of contributor  | <i>t</i>                             | Amount of                     | In-kind contribution                                |
|   |                                  | Ford, Charles   | ,                                    | contribution (\$)             | description (if applicable)                         |
|   | 05/07/2012                       | Contributor address; City; State; Zip Code<br>625 Brentwood Street<br>Austin, TX 78752  |                                      | \$100.00                      | <br>  |
|   |                                  |   |                                      | (If travel outside of         | Texas, complete Schedule T)                         |
|   | Principal occup                  | ation / Job title (See Instructions)  | Employer (See In                     | •                             |   |
|   |                                  | ····  |                                      |                               |   |

|   | OTHER                            | THAN FLEDGES OR LOAD   | <b>NO</b>                              |                               |  |
|---|----------------------------------|--|--|-------------------------------|--|
|   | The Instruction                  | אס Guide explains how to complete this form.   |  | 1 PAGE #<br>Schedule: 5/      | 17 Report: 8/41                                    |
| 2 | FILER NAME                       | Martinez, Mike   |  | 3 ACCOUNT#<br>00000078        | (Ethics Commission filers)                         |
| 4 | Date                             | 5 Full name of contributor   | )                                      | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
|   | 05/12/2012                       | 6 Contributor address, City; State, Zip Code<br>6603 Cat Creek Trail<br>Austin, TX 78731 |  | \$250.00                      | <br>   |
| L |                                  |  |  | (If travel outside of         | Texas, complete Schedule T)                        |
| 9 | Principal occup<br>Attorney      | eation / Job title (See Instructions)  | 10 Employer (See In<br>K Friese & Asso |                               |  |
|   | Date                             | Full name of contributor   | )                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/07/2012                       | Contributor address, City, State; Zip Code<br>2722 Highpoint Dr.<br>Round Rock, TX 78664 |  | \$350.00                      | <br> <br>  |
|   |                                  |  |  | <u>'</u>                      | Texas, complete Schedule T)                        |
|   | Principal occup Accountant       | eation / Job title (See Instructions)  | Employer (See In<br>Financial Freed    |                               |  |
|   | Date                             | Full name of contributor   | )                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| Ē | 05/10/2012                       | Contributor address; City, State; Zip Code<br>1708 S Congress<br>Austin, TX 78704        |  | \$100.00                      | <br>   |
| L |                                  |  |  | <u> </u>                      | Texas, complete Schedule T)                        |
|   | Principal occup                  | vation / Job title (See Instructions)  | Employer (See In                       | structions)                   |  |
|   | Date                             | Full name of contributor ☐ out-of-state PAC (ID#<br>Haifu, Hirut                         | )                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/07/2012                       | Contributor address; City, State; Zip Code<br>2722 High Point Dr<br>Round Rock, TX 78664 |  | \$350.00                      | <br>   |
| L |                                  |  |  | (If travel outside of         | Texas, complete Schedule T)                        |
|   | Principal occup<br>Lab Technicia | nation / Job title (See Instructions)  | Employer (See In<br>Hospira            | structions)                   |  |
|   | Date                             | Full name of contributor ☐ out-of-state PAC (ID#<br>Hannifin, Mary                       | )                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/07/2012                       | Contributor address; City; State; Zip Code<br>1610 Eva Street<br>Austin, TX 78704        |  | \$150.00                      | i<br> <br>   |
|   |                                  |  |  | (If travel outside of         | Texas, complete Schedule T)                        |
|   | Principal occup                  | ation / Job title (See Instructions)   | Employer (See In                       | structions)                   |  |
| 1 |                                  |  |  |                               |  |

| The Instruction               | ON GUIDE explains how to complete this form.   |                                       | 1 PAGE#<br>Schedule: 6/       | 17 Report: 9/41                                    |
|-------------------------------|--|---------------------------------------|-------------------------------|--|
| 2 FILER NAME                  | Martinez, Mike   |                                       | 3 ACCOUNT#<br>00000078        | (Ethics Commission filers)                         |
| 4 Date                        | 5 Full name of contributor ☐ out-of-state PAC (ID# Harter, Stephen (*1)                    | :)                                    | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 05/07/2012                    | 6 Contributor address; City; State, Zip Code<br>8 Winston Woods Drive<br>Houston, TX 77024 |                                       | \$350.00                      | <br>   |
|                               |  |                                       | (If travel outside of         | Texas, complete Schedule T)                        |
| 9 Principal occup<br>Chairman | pation / Job title (See Instructions)  | 10 Employer (See In<br>Texas Taxi Inc | structions)                   |  |
| Date                          | Full name of contributor   | )                                     | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/07/2012                    | Contributor address, City; State; Zip Code<br>8 Winston Woods Drive<br>Houston, TX 77024   |                                       | \$350.00                      | <b>!</b><br>1                                      |
|                               |  |                                       | (15.4)                        | 7  |
| 5.4                           |  | <b>5</b>                              |                               | Texas, complete Schedule T)                        |
| Homemaker                     | pation / Job title (See Instructions)  | Employer (See In<br>None              | structions)                   |  |
| Date                          | Full name of contributor   | <u> </u>                              | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/10/2012                    | Contributor address; City; State; Zip Code<br>8011 Richard King Trail<br>Austin, TX 78749  |                                       | \$350.00                      | <br>   |
|                               |  |                                       | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occuj<br>President  | pation / Job title (See Instructions)  | Employer (See In<br>Woodland Prop     |                               |  |
| Date                          | Full name of contributor   | !)                                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/10/2012                    | Contributor address; City; State; Zip Code<br>1210 Wilderness Cove<br>Austin, TX 78746     |                                       | \$350.00                      | <br>   |
|                               |  |                                       | (If travel outside of         | Texas, complete Schedule T)                        |
|                               | pation / Job title (See Instructions) nt of Development & Brokerage                        | Employer (See In<br>Woodland Prop     |                               |  |
| Date                          | Full name of contributor   | <u> </u>                              | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| 05/10/2012                    | Contributor address, City, State, Zip Code<br>1210 Wilderness Cove<br>Austin, TX 78746     |                                       | \$350.00                      | <br>   |
|                               |  |                                       | (If travel outside of         | Texas, complete Schedule T)                        |
|                               | pation / Job title (See Instructions)<br>nt of Asset Management                            | Employer (See In<br>Woodland Prop     |                               |  |

|   |                              |  |  |                               | •  |
|---|------------------------------|--|--|-------------------------------|--|
|   | The Instruction              | ON GUIDE explains how to complete this form.   |  | 1 PAGE #<br>Schedule: 7/      | 17 Report: 10/41                                   |
| 2 | FILER NAME                   | Martinez, Mike   |  | 3 ACCOUNT#<br>00000078        | (Ethics Commission filers)                         |
| 4 | Date                         | 5 Full name of contributor ☐ out-of-state PAC (ID#<br>Hodge, David (*2)              | )  | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
|   | 05/10/2012                   | 6 Contributor address, City, State; Zip Code<br>4809 Caswell Ave<br>Austin, TX 78751 |  | \$350.00                      | <br>   |
|   |                              |  |  | (If travel outside of         | Texas, complete Schedule T)                        |
| 9 | Principal occup<br>Owner     | eation / Job title (See Instructions)  | 10 Employer (See In<br>Big Top Candy         | structions)<br>& Monkey See M | onkey Do   |
|   | Date                         | Full name of contributor   | !)   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/09/2012                   | Contributor address; City, State; Zip Code<br>2755 Barnhill Lane<br>Frisco, TX 75034 |  | \$99.00                       | <br>   |
|   |                              | FIISCO, TX 75034   |  | (If travel outside of         | Texas, complete Schedule T)                        |
|   | Principal occup              | pation / Job title (See Instructions)  | Employer (See In                             | structions)                   |  |
|   |                              |  |  |                               |  |
|   | Date                         | Full name of contributor   | <u>;                                    </u> | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/11/2012                   | Contributor address, City, State; Zip Code<br>908 West 18th St<br>Austin, TX 78701   |  | \$350.00                      | <br>   |
|   |                              |  |  | (If travel outside of         | Texas, complete Schedule T)                        |
| _ | Principal occup              | eation / Job title (See Instructions)  | Employer (See In                             |                               | Texas, complete constant 1/                        |
|   | General Mana                 |  | Cielo Wind Sen                               | vices                         |  |
|   | Date                         | Full name of contributor □ out-of-state PAC (ID#<br>Hornaday, Walter                 | <del></del>                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/11/2012                   | Contributor address; City, State, Zip Code<br>908 W 18th St                          |  | \$350.00                      | <br>   |
| • |                              | Austin, TX 78701   |  |                               | 1  |
|   |                              |  |  | <u> </u>                      | Texas, complete Schedule T)                        |
|   | Principal occup<br>Executive | eation / Job title (See Instructions)  | Employer (See In<br>Cielo Wind Sen           |                               |  |
|   | Date                         | Full name of contributor   | *)   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/10/2012                   | Contributor address; City, State; Zip Code<br>3012 West Ave<br>Austin, TX 78705      |  | \$100.00                      | <br>   |
|   |                              |  |  |                               | · -  |
|   | Deineinal                    | ortion / Johnston / Con January  | Employee (Can te                             | <u> </u>                      | Texas, complete Schedule T)                        |
|   | enncipal occup               | eation / Job title (See Instructions)  | Employer (See In                             | suddions)                     |  |

| <u>L</u> |                                |  |  |                               |  |
|----------|--------------------------------|--|--|-------------------------------|--|
|          | The Instruction                | ON GUIDE explains how to complete this form.   |  | 1 PAGE#<br>Schedule: 8/       | 17 Report: 11/41                                   |
| 2        | FILER NAME                     | Martinez, Mike   |  | 3 ACCOUNT# 00000078           | (Ethics Commission filers)                         |
| 4        | Date                           | 5 Full name of contributor ☐ out-of-state PAC (ID# Kargbo, Christy (*1)                  | <u> </u>                                     | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 2        | 05/07/2012                     | 6 Contributor address; City, State; Zip Code<br>8834 Honeysuckle Tr.<br>Austin, TX 78759 |  | \$350.00                      | <br> <br>  |
|          |                                |  |  | (If travel outside of         | Texas, complete Schedule T)                        |
| 9        | Principal occup<br>Homemaker   | ation / Job title (See Instructions)   | 10 Employer (See In<br>None                  | structions)                   |  |
|          | Date                           | Full name of contributor   | <u>;                                    </u> | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|          | 05/07/2012                     | Contributor address, City; State; Zip Code<br>8834 Honeysuckle Tr.<br>Austin, TX 78759   |  | \$350.00                      | <br>   |
|          |                                | 7.000.00   |  | (If travel outside of         | Texas, complete Schedule T)                        |
| Г        |                                | eation / Job title (See Instructions)  | Employer (See In                             |                               |  |
|          | President                      |  | Yellow Cab Aus                               | stin                          |  |
|          | Date                           | Full name of contributor   | <u> </u>                                     | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|          | 05/07/2012                     | Contributor address; City; State; Zip Code<br>2958 Donnell Dr.<br>Round Rock, YX 78664   | ., ,   | \$350.00                      | <br>   |
|          |                                | Nouna Noun, 17/10004   |  | (If travel outside of         | I Texas, complete Schedule T)                      |
|          | Principal occup<br>Founder     | ation / Job title (See Instructions)   | Employer (See In<br>Lone Star Cab            | structions)                   |  |
|          | Date                           | Full name of contributor   | <u> </u>                                     | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|          | 05/10/2012                     | Contributor address, City; State, Zip Code<br>15450 FM 1325 #2321<br>Austin, TX 78728    |  | \$350.00                      |  |
|          | •                              |  |  | (If travel outside of         | Texas, complete Schedule T)                        |
|          | Principal occup<br>Housekeepin | ation / Job title (See Instructions)<br>g  | Employer (See In<br>Seton Hospital           | structions)                   |  |
|          | Date                           | Full name of contributor   | <del></del>                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|          | 05/07/2012                     | Contributor address; City, State; Zip Code 17205 Tobermory Dr. Pflugerville, TX 78660    |  | \$200.00                      | <br>   |
|          |                                |  |  |                               |  |
| <u> </u> | D. C. C.                       | about lab title (Octoberation)   | F  | <u> </u>                      | Texas, complete Schedule T)                        |
|          | Principal occup<br>Attendant   | eation / Job title (See Instructions)  | Employer (See In<br>Department of I          |                               |  |

| The Instruction                | ON GUIDE explains how to complete this form.   |                                    | 1 PAGE #<br>Schedule: 9/      | 17 Report. 12/41                                 |  |  |
|--------------------------------|--|------------------------------------|-------------------------------|--|--|--|
| 2 FILER NAME                   | Martinez, Mike   |                                    | 3 ACCOUNT# 00000078           | (Ethics Commission filers)                       |  |  |
| 4 Date                         | 5 Full name of contributor ☐ out-of-state PAC (ID≴<br>Kesseme, Wubashet                    | <u> </u>                           | 7 Amount of contribution (\$) | 8  |  |  |
| 05/07/2012                     | 6 Contributor address, City; State; Zip Code<br>15204 Hyson Xing<br>Pflugerville, TX 78660 |                                    | \$350.00                      | !<br>  |  |  |
|                                |  |                                    | (if travel outside of         | Texas, complete Schedule T)                      |  |  |
| 9 Principal occup<br>Inspector | pation / Job title (See Instructions)  | 10 Employer (See In<br>Hospira     | structions)                   |  |  |  |
| Date                           | Full name of contributor   | <u> </u>                           | Amount of contribution (\$)   | In-kind contribution description (if applicable) |  |  |
| 05/10/2012                     | Contributor address, City, State, Zip Code<br>1508 S. Congress Avenue<br>Austin, TX 78704  |                                    | \$100.00                      | ;<br>  |  |  |
|                                |  |                                    | (If travel outside of         | Texas, complete Schedule T)                      |  |  |
| Principal occu                 | pation / Job title (See Instructions)  | Employer (See In                   | structions)                   |  |  |  |
| Date                           | Full name of contributor   | <u>‡)</u>                          | Amount of contribution (\$)   | In-kind contribution description (if applicable) |  |  |
| 05/09/2012                     | Contributor address, City, State; Zip Code 508 W. 16th St. Austin, TX 78701                |                                    | \$350.00                      | <br>   |  |  |
|                                |  |                                    | (If travel outside of         | Texas, complete Schedule T)                      |  |  |
| Principal occu<br>President    | pation / Job title (See Instructions)  | Employer (See In<br>Frank Lam & As |                               |  |  |  |
| Date                           | Full name of contributor   | ;)                                 | Amount of contribution (\$)   | In-kind contribution description (if applicable) |  |  |
| 05/10/2012                     | Contributor address; City; State; Zip Code 2322 Townes Ln Austin, TX 78703                 |                                    | \$350.00                      | <br>   |  |  |
|                                |  |                                    | (If travel outside of         | Texas, complete Schedule T)                      |  |  |
| Principal occuj<br>Owner       | pation / Job title (See Instructions)  | Employer (See In<br>Geuro's Restau |                               |  |  |  |
| Date                           | Full name of contributor   | <i>‡</i> )                         | Amount of contribution (\$)   | In-kind contribution description (if applicable) |  |  |
| 05/11/2012                     | Contributor address; City, State, Zip Code<br>102 Lakota Pass<br>Austin, TX 78738          |                                    | \$350.00                      | 1<br>  |  |  |
|                                |  |                                    | (If travel outside of         | Texas, complete Schedule T)                      |  |  |
|                                | pation / Job title (See Instructions)  | Employer (See In                   |                               |  |  |  |
| Regional Dire                  | ector  | Delaware North                     | Company                       |  |  |  |

|   | O THER THAIT EEDGEG OR EGANG     |  |                                    |                               |  |  |
|---|----------------------------------|--|------------------------------------|-------------------------------|--|--|
|   | The Instruction                  | אס Guide explains how to complete this form.   |                                    | 1 PAGE#<br>Schedule. 10       | /17 Report: 13/41                                  |  |
| 2 | FILER NAME                       | Martinez, Mike   |                                    | 3 ACCOUNT# 00000078           | (Ethics Commission filers)                         |  |
| 4 | Date                             | 5 Full name of contributor ☐ out-of-state PAC (ID: Marks, Kathleen                     | <u> </u>                           | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |  |
|   | 05/09/2012                       | 6 Contributor address; City; State; Zip Code<br>711 Hutley Ct<br>Granite Bay, CA 95746 |                                    | \$75.00                       | <br>   |  |
|   |                                  |  |                                    | (If travel outside of         | Texas, complete Schedule T)                        |  |
| 9 | Principal occup                  | ation / Job title (See Instructions)   | 10 Employer (See In                | structions)                   |  |  |
|   | Date                             | Full name of contributor   | <del>,</del>                       | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |
|   | 05/07/2012                       | Contributor address; City, State; Zip Code<br>1406 Hays Street<br>Houston, TX 77009    | . ,                                | \$350.00                      | <br>   |  |
|   |                                  |  |                                    | L                             | Texas, complete Schedule T)                        |  |
|   | Principal occup<br>Homemaker     | vation / Job title (See Instructions)  | Employer (See In<br>None           | structions)                   |  |  |
|   | Date                             | Full name of contributor   | ¥)                                 | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |
|   | 05/07/2012                       | Contributor address, City; State, Zip Code<br>1406 Hays Street<br>Houston, TX 77009    |                                    | \$350.00                      | !<br>  |  |
|   |                                  |  |                                    | (If travel outside of         | Texas, complete Schedule T)                        |  |
|   | Principal occup<br>President/ CE | ation / Job title (See Instructions)   | Employer (See In<br>Texas Taxi Inc | structions)                   |  |  |
|   | Date                             | Full name of contributor   | <u> </u>                           | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |
|   | 05/11/2012                       | Contributor address, City; State, Zip Code<br>8608 Camelia Ln<br>Austin, TX 78759      |                                    | \$350.00                      | <br>   |  |
|   |                                  |  |                                    | (If travel outside of         | Texas, complete Schedule T)                        |  |
|   | Principal occup<br>Realtor       | ation / Job title (See Instructions)   | Employer (See In<br>self           | structions)                   |  |  |
|   | Date                             | Full name of contributor   | <del>*</del> )                     | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |
|   | 05/07/2012                       | Contributor address; City; State, Zip Code<br>1522 Thibodeaux<br>Round Rock, TX 78664  |                                    | \$350.00                      | <br>   |  |
|   |                                  |  |                                    | (If travel outside of         | Texas, complete Schedule T)                        |  |
|   | Principal occup<br>Small Busine  | ation / Job title (See Instructions) ss Owner  | Employer (See In<br>Self Employed  | structions)                   |  |  |
| • |                                  |  | i                                  |                               |  |  |

| The Instruction Guide explains how to complete this form. |                                  |  |                                     | 1 PAGE #<br>Schedule: 11                      | /17 Report: 14/41                                   |
|---|----------------------------------|--|-------------------------------------|---|---|
| 2   | FILER NAME                       | Martinez, Mike   |                                     | 3 ACCOUNT#<br>00000078                        | (Ethics Commission filers)                          |
| 4   | Date                             | 5 Full name of contributor  ut-of-state PAC (ID# Mersha, Genet   | )                                   | 7 Amount of contribution (\$)                 | 8 In-kind contribution description (if applicable)  |
|   | 05/07/2012                       | 6 Contributor address; City; State; Zip Code<br>5506 S. Pleasant Valley Rd<br>Austin, TX 78744                 |                                     | \$350.00                                      | !<br>!<br>!   |
|   |                                  |  |                                     | (If travel outside of                         | Texas, complete Schedule T)                         |
| 9   | Principal occup<br>Production As | ation / Job title (See Instructions)<br>ssistant   | 10 Employer (See In:<br>Flextronics | structions)                                   |   |
|   | Date                             | Full name of contributor □ out-of-state PAC (ID#<br>Mersha, Zenaw  | )                                   | Amount of contribution (\$)                   | In-kind contribution description (if applicable)    |
|   | 05/07/2012                       | Contributor address, City; State, Zip Code<br>4501 E. Riverside Dr<br>Apt 2032<br>Austin, TX 78741             |                                     | \$350.00                                      | <br>  |
|   | :                                | Austin, 17/0/41  |                                     | (if travel outside of                         | Texas, complete Schedule T)                         |
| _   | Principal occur                  | pation / Job title (See Instructions)  | Employer (See In                    | <u> </u>                                      | Texas, complete ochedule 1)                         |
|   | Taxi Driver                      | enon 7 300 title (See mattactions)   | Lone Star Cab                       | 311 4 6 11 11 11 11 11 11 11 11 11 11 11 11 1 |   |
|   | Date                             | Full name of contributor   | :)                                  | Amount of contribution (\$)                   | In-kind contribution description (if applicable)    |
|   | 05/09/2012                       | Contributor address, City, State, Zip Code<br>1120 S Capital of Texas Hwy<br>West Lake Hills, TX 78746         |                                     | \$250.00                                      | <br>  |
|   |                                  |  |                                     | (If travel outside of                         | Texas, complete Schedule T)                         |
|   | Principal occup<br>Homemaker     | ation / Job title (See Instructions)   | Employer (See In:<br>None           | structions)                                   |   |
|   | Date                             | Full name of contributor   | )                                   | Amount of contribution (\$)                   | In-kind contribution<br>description (if applicable) |
|   | 05/10/2012                       | Contributor address, City; State, Zip Code<br>1120 S Capital of Texas Hwy<br>West Lake Hills, TX 78746         |                                     | \$250.00                                      | <br>  |
|   |                                  |  |                                     | (If travel outside of                         | Texas, complete Schedule T)                         |
|   | Principal occup<br>concert prom  | ation / Job title (See Instructions)<br>oter   | Employer (See In<br>The Messina Gi  | •   |   |
| -   | Det-                             | Full property March 1997   | C00342907 \                         | A   | la literat a constitution                           |
|   | Date                             | Full name of contributor   | (000342907                          | Amount of contribution (\$)                   | In-kind contribution description (If applicable)    |
|   | 05/09/2012                       | Contributor address; City; State, Zip Code<br>1 N. Old State Capitol Plaza, Suite 525<br>Springfield, IL 62701 |                                     | \$350.00                                      | <br>  |
|   |                                  |  |                                     | (if travel outside of                         | Texas, complete Schedule T)                         |
|   | Principal occup                  | pation / Job title (See Instructions)  | Employer (See In                    | <u> </u>                                      |   |
|   |                                  |  |                                     |   |   |

|   | OTHER THAN I LEDGES OR LOANS |  |                                     |                               |  |
|---|------------------------------|--|-------------------------------------|-------------------------------|--|
|   | The Instruction              | ON GUIDE explains how to complete this form.   |                                     | 1 PAGE #<br>Schedule: 12      | /17 Report: 15/41                                  |
| 2 | FILER NAME                   | Martinez, Mike   |                                     | 3 ACCOUNT#<br>00000078        | (Ethics Commission filers)                         |
| 4 | Date                         | 5 Full name of contributor  ut-of-state PAC (ID# Montford, Mindy                       | )                                   | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
|   | 05/07/2012                   | 6 Contributor address; City, State, Zip Code<br>1100B Guadalupe St<br>Austin, TX 78701 |                                     | \$100.00                      | <br> <br>  |
|   |                              |  |                                     | (If travel outside of         | Texas, complete Schedule T)                        |
| 9 | Principal occup              | ation / Job title (See Instructions)   | 10 Employer (See In                 | structions)                   |  |
|   | Date                         | Full name of contributor   | )                                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/03/2012                   | Contributor address; City, State; Zip Code<br>10509 Pariva Trl<br>Austin, TX 78726     |                                     | \$100.00                      | <br>   |
|   |                              |  |                                     | 1 '                           | Texas, complete Schedule T)                        |
|   | Principal occup              | eation / Job title (See Instructions)  | Employer (See In                    | structions)                   |  |
|   | Date                         | Full name of contributor ☐ out-of-state PAC (ID#<br>Negrete, David                     | !)                                  | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/08/2012                   | Contributor address, City, State; Zip Code<br>1405 Tamar Ln<br>Austin, TX 78727        |                                     | \$350.00                      | <br>   |
|   |                              |  |                                     | <u> </u>                      | Texas, complete Schedule T)                        |
|   | Principal occup<br>Architect | pation / Job title (See Instructions)  | Employer (See In<br>Negrete & Kolai |                               |  |
|   | Date                         | Full name of contributor □ out-of-state PAC (ID#<br>Negrete, Diana                     | )                                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/08/2012                   | Contributor address; City; State; Zip Code<br>1405 Tamar Ln<br>Austin, TX 78727        |                                     | \$150.00                      | <br>   |
|   |                              |  |                                     | (If travel outside of         | Texas, complete Schedule T)                        |
|   | Principal occup              | eation / Job title (See Instructions)  | Employer (See In                    | structions)                   |  |
|   | Date                         | Full name of contributor   | )                                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/08/2012                   | Contributor address, City, State; Zip Code<br>2910 Kassarine Pass<br>Austin, TX 78704  |                                     | \$100.00                      | I<br> <br>   |
|   |                              |  |                                     | (If travel outside of         | Texas, complete Schedule T)                        |
|   | Principal occup              | ation / Job title (See Instructions)   | Employer (See In                    | structions)                   |  |
| 1 |                              |  |                                     |                               |  |

|  | The Instruction Guide explains how to complete this form. |   |                                       | 1 PAGE#<br>Schedule: 13       | /17 Report: 16/41                                  |
|--|---|---|---------------------------------------|-------------------------------|--|
| 2                                      | FILER NAME  | Martinez, Mike  |                                       | 3 ACCOUNT# 00000078           | (Ethics Commission filers)                         |
| 4                                      | Date  | 5 Full name of contributor  | #)                                    | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
|  | 05/12/2012  | 6 Contributor address; City, State; Zip Code<br>17701 Worley Dr<br>Pflugerville, TX 78660 |                                       | \$100.00                      | <br> <br>  |
|  |   |   |                                       | (If travel outside of         | Texas, complete Schedule T)                        |
| 9                                      | Principal occup   | ation / Job title (See Instructions)  | 10 Employer (See In                   | structions)                   |  |
|  | Date  | Full name of contributor  | #)                                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|  | 05/04/2012  | Contributor address, City; State, Zip Code<br>1001 Congress Ave<br>Ste 400                |                                       | \$200.00                      | <br> <br> -  |
|  |   | Austin, TX 78701  |                                       |                               |  |
|  |   |   | · · · · · · · · · · · · · · · · · · · | <u> </u>                      | Texas, complete Schedule T)                        |
|  | Principal occup<br>Principal                              | eation / Job title (See Instructions)   | Employer (See In<br>Graydon Group     |                               |  |
|  | Date  | Full name of contributor  | )                                     | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|  | 05/07/2012  | Contributor address, City, State; Zip Code<br>409 El Paso Street<br>Austin, TX 78704      |                                       | \$100.00                      | <br>   |
|  |   |   |                                       | <u>L'</u>                     | Texas, complete Schedule T)                        |
|  | Principal occup   | pation / Job title (See Instructions)   | Employer (See In                      | structions)                   |  |
|  | Date  | Full name of contributor  | #)                                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|  | 05/07/2012  | Contributor address; City; State, Zip Code<br>704 Patterson Ave<br>Austin, TX 78703       |                                       | \$125.00                      | <br>   |
|  |   |   |                                       | (If travel outside of         | Texas, complete Schedule T)                        |
|  | Principal occup   | ation / Job title (See Instructions)  | Employer (See In                      | structions)                   |  |
|  | Date  | Full name of contributor  | #)                                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|  | 05/09/2012  | Contributor address; City, State, Zip Code<br>PO Box 9556<br>Austin, TX 78766             |                                       | \$350.00                      | <br>   |
|  |   |   |                                       | (If traval autoida = f        | Texas, complete Schedule T)                        |
|  | Principal occup<br>Partner                                | ation / Job title (See Instructions)  | Employer (See In<br>Austin White Lii  | structions)                   | . saus, complete ochedule ()                       |
| ــــــــــــــــــــــــــــــــــــــ |   |   | 1                                     |                               |  |

| _   | The Instruction            | ON GUIDE explains how to complete this form.   |                                      | 1 PAGE#                       | /17 Report: 17/41                                  |
|---|----------------------------|--|--------------------------------------|-------------------------------|--|
| 2   | FILER NAME                 | Martinez, Mike   |                                      | 3 ACCOUNT#<br>00000078        | (Ethics Commission filers)                         |
| 4   | Date                       | 5 Full name of contributor ☐ out-of-state PAC (ID: Shia, George                        | <u> </u>                             | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
|   | 05/12/2012                 | 6 Contributor address, City, State; Zip Code<br>900 Houston Street<br>Austin, TX 78756 |                                      | \$250.00                      | <br>   |
|   |                            |  |                                      | (if travel outside of         | Texas, complete Schedule T)                        |
| 9   | Principal occup<br>Dentist | ation / Job title (See Instructions)   | 10 Employer (See In<br>Self Employed | structions)                   |  |
|   | Date                       | Full name of contributor   | #)                                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/10/2012                 | Contributor address; City; State, Zip Code<br>3123 Edgewater Drive<br>Austin, TX 78733 |                                      | \$350.00                      | l<br>  |
|   |                            |  |                                      | (if travel outside of         | Texas, complete Schedule T)                        |
|   | Principal occup<br>Owner   | ation / Job title (See Instructions)   | Employer (See In<br>HopDoddy         | structions)                   |  |
|   | Date                       | Full name of contributor   | #)                                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/07/2012                 | Contributor address; City; State, Zip Code<br>4400-A Eilers Aave<br>Austin, TX 78751   |                                      | \$150.00                      | <br>   |
|   |                            |  |                                      | (If travel outside of         | Texas, complete Schedule T)                        |
|   | Principal occup            | ation / Job title (See Instructions)   | Employer (See In                     | estructions)                  |  |
|   | Date                       | Full name of contributor   | #)                                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/07/2012                 | Contributor address; City, State; Zip Code<br>4400-A Eilers Aave<br>Austin, TX 78751   |                                      | \$150.00                      | <br> <br>  |
|   |                            |  |                                      | (If travel outside of         | Texas, complete Schedule T)                        |
| Principal occupation / Job title (See Instructions) |                            |  | Employer (See In                     | estructions)                  |  |
|   | Date                       | Full name of contributor   | #)                                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
|   | 05/07/2012                 | Contributor address, City; State, Zip Code<br>2958 Donnell Dr.<br>Round Rock, TX 78664 |                                      | \$350.00                      | <br>   |
| L   |                            |  |                                      | (If travel outside of         | Texas, complete Schedule T)                        |
|   | Principal occup<br>Owner   | ation / Job title (See Instructions)   | Employer (See In<br>Karıbu Restaur   |                               |  |
| Į   |                            |  | )                                    |                               |  |

|   | OTHER THAN I LEDGES ON LOANS |  |  |                               |  |
|---|------------------------------|--|--|-------------------------------|--|
|   | The Instruction              | N Guide explains how to complete this form.  |  | 1 PAGE #<br>Schedule: 15      | i/17 Report: 18/41   |
| 2 | FILER NAME                   | Martinez, Mike   |  | 3 ACCOUNT# 00000078           | (Ethics Commission filers)   |
| 4 | Date                         | 5 Full name of contributor ☐ out-of-state PAC (ID# Texas Taxi PAC (*1)                         | )                                      | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)                   |
|   | 05/07/2012                   | 6 Contributor address; City, State; Zip Code<br>919 Congress Ave. Ste 1500<br>Austin, TX 78701 |  | \$350.00                      | <br> <br>  |
|   |                              |  |  | (If travel outside of         | Texas, complete Schedule T)  |
| 9 | Principal occup              | eation / Job title (See Instructions)  | 10 Employer (See In                    | structions)                   |  |
|   | Date                         | Full name of contributor   | )                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)                     |
|   | 05/10/2012                   | Contributor address; City; State; Zip Code<br>406 W Mary Street<br>Austin, TX 78704            |  | \$125.00                      | I<br> <br>   |
|   |                              |  |  | (If travel outside of         | Texas, complete Schedule T)  |
|   | Principal occup              | pation / Job title (See Instructions)  | Employer (See In                       | structions)                   |  |
|   | Date                         | Full name of contributor   | )                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable) Food / beverage for |
|   | 05/10/2012                   | Contributor address; City; State, Zip Code<br>406 W. Mary Street<br>Austin, TX 78704           |  | \$75.00                       | event<br> <br>   |
|   |                              |  |  | (If travel outside of         | Texas, complete Schedule T)  |
|   | Principal occup<br>Owner     | pation / Job title (See Instructions)  | Employer (See In<br>Dear Bage <b>l</b> | structions)                   |  |
|   | Date                         | Full name of contributor   | )                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)                     |
|   | 05/10/2012                   | Contributor address; City; State, Zip Code<br>406 W. Mary Street<br>Austin, TX 78704           |  | \$125.00                      | <br>   |
|   |                              |  |  | (if travel outside of         | Texas, complete Schedule T)  |
|   | Principal occup<br>Owner     | pation / Job title (See Instructions)  | Employer (See In<br>Dear Bagel         | structions)                   |  |
|   | Date                         | Full name of contributor   | )                                      | Amount of contribution (\$)   | In-kind contribution description (if applicable)                     |
|   | 05/10/2012                   | Contributor address; City; State, Zip Code<br>1702 Briar St<br>Austin, TX 78704                |  | \$100.00                      | <br>   |
| L |                              |  |  | (If travel outside of         | Texas, complete Schedule T)  |
|   | Principal occup              | eation / Job title (See Instructions)  | Employer (See In                       | structions)                   |  |

| The INSTRUCTION GUIDE explains how to complete this form.  | 1 PAGE#<br>Schedule: 16            | 6/17 Report: 19/41            |  |  |  |
|--|------------------------------------|-------------------------------|--|--|--|
| 2 FILER NAME Martinez, Mike  |                                    | 3 ACCOUNT#<br>00000078        | (Ethics Commission filers)                         |  |  |
| 4 Date 5 Full name of contributor ☐ out-of-state PAC (ID Weisberg, Jeffrey (*2)                          | #)                                 | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |  |  |
| 05/10/2012 6 Contributor address; City; State; Zip Code 707 Jewell Street Austin, TX 78704               |                                    | \$100.00                      | <br>   |  |  |
|  |                                    | (If travel outside of         | Texas, complete Schedule T)                        |  |  |
| 9 Principal occupation / Job title (See Instructions)  | 10 Employer (See In                | structions)                   |  |  |  |
| Date Full name of contributor  out-of-state PAC (ID Wertheimer, Stephen                                  | )#)                                | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |  |
| 05/07/2012 Contributor address, City; State, Zip Code 3202 Gentry Drive Austin, TX 78746                 |                                    | \$350.00                      | <br>   |  |  |
|  |                                    | <u> </u>                      | Texas, complete Schedule T)                        |  |  |
| Principal occupation / Job title (See Instructions) Owner  | Employer (See In<br>The Continenta | ,                             |  |  |  |
| Date Full name of contributor  out-of-state PAC (ID Wheelus, C. Daniel                                   | )#)                                | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |  |
| 05/12/2012 Contributor address; City; State; Zip Code 3103 Bee Caves Rd, Suite 201 Austin, TX 78746      |                                    | \$350.00                      | <br>   |  |  |
|  |                                    | (If travel outside of         | Texas, complete Schedule T)                        |  |  |
| Principal occupation / Job title (See Instructions) Attorney   | Employer (See In<br>Self Employed  | structions)                   |  |  |  |
| Date Full name of contributor  out-of-state PAC (ID Wheelus, Gail  | )#)                                | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |  |
| 05/12/2012 Contributor address; City, State; Zip Code 3103 Bee Caves Rd, Suite 201 Austin, TX 78746      |                                    | \$350.00                      | <br> <br>  |  |  |
|  |                                    | (If travel outside of         | Texas, complete Schedule T)                        |  |  |
| Principal occupation / Job title (See Instructions) Homemaker  | Employer (See In<br>None           | J                             | · · · · · · · · · · · · · · · · · · ·              |  |  |
| Date Full name of contributor  out-of-state PAC (ID Woldegebriel, Meseret                                | )#)                                | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |  |
| 05/07/2012 Contributor address, City; State; Zip Code 941 Hesters Crossing Rd #2702 Round Rock, TX 78681 |                                    | \$350.00                      | 1<br>1<br>1  |  |  |
|  |                                    | (If travel outside of         | Texas, complete Schedule T)                        |  |  |
| Principal occupation / Job title (See Instructions)<br>Housekeeping                                      | Employer (See In<br>Seton Hospital | structions)                   |  |  |  |

Texas Ethics Commission

# **POLITICAL CONTRIBUTIONS**

|   | OTHER THAN PLEDGES OR LOANS                               |   |                                      |                               |  |  |
|---|---|---|--------------------------------------|-------------------------------|--|--|
|   | The Instruction Guide explains how to complete this form. |   |                                      | 1 PAGE#<br>Schedule: 17       | /17 Report: 20/41  |  |
| 2 | PILER NAME Martinez, Mike                                 |   | 3 ACCOUNT#<br>00000078               | (Ethics Commission filers)    |  |  |
| 4 | Date  | 5 Full name of contributor ☐ out-of-state PAC (ID#<br>Yedeme, Tigabu                            | )                                    | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)   |  |
| : | 05/07/2012  | 6 Contributor address; City, State, Zip Code 941 Hesters Crossing Rd #2702 Round Rock, TX 78681 |                                      | \$350.00                      | <br>   |  |
|   |   |   |                                      | (If travel outside of         | Texas, complete Schedule T)  |  |
| 9 | Principal occup<br>Taxi Driver                            | ation / Job title (See Instructions)  | 10 Employer (See In<br>Lone Star Cab | structions)                   |  |  |
|   | Date  | Full name of contributor  | )                                    | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |  |
|   | 05/08/2012  | Contributor address, City; State; Zip Code<br>17205 Tobermory Dr.<br>Pflugerville, TX 78660     |                                      | \$350.00                      | <br>   |  |
|   | !   |   |                                      | (If travel outside of         | Texas, complete Schedule T)  |  |
| Г | Principal occup<br>Taxi Driver                            | pation / Job title (See Instructions)   | Employer (See In<br>Lone Star Cab    | structions)                   | and the second s |  |
|   |   |   |                                      |                               |  |  |
|   |   |   |                                      |                               |  |  |

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 ho                | w to complete this form.   | man a sample processor               |
|--|-----------------------------|--|----------------------------|--------------------------------------|
| 1 PAGE# 2 FILER NAME                   |                             |  |                            | 3 ACCOUNT # (TEC filers)             |
| Schedule: 1/21 F                       | leport: 21/41               | Martinez, Mike                                   | -                          | 0000078                              |
| 4 Date                                 | 5 Payee name                |  |                            |                                      |
| 05/31/2012                             | Austin Chror                |  |                            |                                      |
| 6 Amount (\$)                          | 7 Payee addres              | s City; State; Zip Code                          |                            |                                      |
| \$1,845.00                             | PO Box 490                  |  |                            |                                      |
|  | Austin, TX 7                | 8765   |                            |                                      |
|  |                             |  | I m a =                    |                                      |
| 8<br>PURPOSE                           | ,                           | e Categories listed at the top of this schedule) |                            | side of Texas, complete Schedule T)  |
| OF                                     | Advertising E               | expense  | Political advertising      |                                      |
| EXPENDITURE                            | 1                           |  |                            |                                      |
| 9 Complete ONLY if                     | Candidate / O               | fficeholder name                                 | Office sought              | Office held:                         |
| direct expenditure<br>to benefit C/OH  |                             |  | _                          |                                      |
|  |                             |  |                            |                                      |
| Date 05/04/0010                        | Payee name                  | Cofé   |                            |                                      |
| 05/24/2012                             | Austin Java                 |  |                            |                                      |
| Amount (\$)                            | Payee addres                |  |                            | j                                    |
| \$200.00                               | 301 W. 2nd<br>Austin, TX 7  |  |                            |                                      |
|  |                             |  |                            |                                      |
|  | Category (Sec               | e Categories listed at the top of this schedule) | Description (If travel out | tside of Texas, complete Schedule T) |
| PURPOSE                                | Food/Bevera                 |  | breakfast meeting          |                                      |
| OF<br>EXPENDITURE                      |                             |  |                            |                                      |
|  |                             |  |                            |                                      |
| Complete ONLY if<br>direct expenditure | Candidate / O               | fficeholder name                                 | Office sought              | Office held:                         |
| to benefit C/OH                        |                             |  |                            |                                      |
| Date                                   | Payee name                  |  |                            |                                      |
| 06/26/2012                             | Austin Land                 | & Cattle Co.                                     |                            |                                      |
| Amount (\$)                            | Payee addres                | s City, State, Zip Code                          |                            |                                      |
| \$2,025.65                             |                             | ₋amar Boulevard                                  |                            |                                      |
|  | Austin, TX 7                | 78703  |                            |                                      |
|  |                             |  |                            |                                      |
| PURPOSE                                |                             | e Categories listed at the top of this schedule) | · · · · · ·                | side of Texas, complete Schedule T)  |
| OF                                     | Event Exper                 | ise  | Inauguration day dinne     | ∍r                                   |
| EXPENDITURE                            |                             |  | ļ                          |                                      |
| Complete ONLY if                       | Candidate / O               | fficeholder name                                 | Office sought:             | Office held                          |
| direct expenditure                     | Odrididate / O              | meendaer name                                    | Office sought.             | Office Held                          |
| to benefit C/OH                        |                             |  |                            |                                      |
| Date                                   | Payee name                  |  |                            |                                      |
| 05/07/2012                             | Bearden, Ja                 |  |                            |                                      |
| Amount (\$)                            | Payee addres                | ** '   |                            |                                      |
| \$103.50                               | 1515 Wicker<br>Austin, TX 7 | sham Lane #835                                   |                            |                                      |
|  | Austin, 1X                  | 0741   |                            |                                      |
|  | Category /Sea               | a Categories listed at the top of this schedule) | Description (If travel out | tside of Texas, complete Schedule T) |
| PURPOSE                                | ,                           | ges/Contract Labor                               | Salary                     | one or vender complete conducto (,   |
| OF<br>EXPENDITURE                      |                             | •  |                            |                                      |
|  |                             |  |                            |                                      |
| Complete ONLY if                       | Candidate / O               | fficeholder name                                 | Office sought:             | Office held                          |
| direct expenditure<br>to benefit C/OH  |                             |  |                            |                                      |

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

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

**EXPENDITURE CATEGORIES** 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, 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Martinez, Mike 00000078 Schedule: 2/21 Report: 22/41 4 Date 5 Payee name 05/12/2012 Bearden, James Amount (\$) Payee address City: State Zip Code \$215.00 1515 Wickersham Lane #835 Austin, TX 78741 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor contract labor OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held direct expenditure to benefit C/OH Date Payee name Blue Roots Strategies 05/22/2012 Amount (\$) Payee address State; Zip Code City, \$637.98 P.O. Box 300053 Austin, TX 78703 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Phone calls Advertising Expense OF EXPENDITURE Office sought. Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name 05/14/2012 Brisa Communications Amount (\$) Payee address City, State: Zip Code \$1,000.00 323 Congress Ave., #250 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Graphic design Consulting Expense OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought. Office held: direct expenditure to benefit C/OH Date Payee name 05/03/2012 Burns, Kevin Amount (\$) Payee address City, State; Zip Code 801 W 5th St. #100 \$350.00 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Returned contribution **EXPENDITURE** Complete ONLY if Office sought: Candidate / Officeholder name Office held: direct expenditure

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (carbon analysis) and the second of the secon

| Fees  | Printing Expense Office Overheads  The Instruction Guide explains ho                           | · · · · · · · · · · · · · · · · · · ·    | enter a category not listed above)    |
|---|--|--|---------------------------------------|
| 1 PAGE#   | 2 FILER NAME   |  | 3 ACCOUNT # (TEC filers)              |
| Schedule: 3/21 F  | [ ]  |  | 00000078                              |
| 4 Date  | 5 Payee name   | -  | 00000070                              |
| 05/17/2012  | Camarillo, Sylvia  |  |                                       |
| 6 Amount (\$)   | 7 Payee address City; State; Zip Code  |  |                                       |
| \$2,000.00  |  |  |                                       |
| 8 PURPOSE OF EXPENDITURE                                    | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description (If travel or Salary     | itside of Texas, complete Schedule T) |
| 9 Complete ONLY if<br>direct expenditure<br>to benefit C/OH | Candidate / Officeholder name  | Office sought:                           | Office held.                          |
| Date  | Payee name   |  |                                       |
| 05/03/2012  | Checkmark Typesetting  |  |                                       |
| Amount (\$)   | Payee address City; State; Zip Code  |  |                                       |
| \$1,993.45  | 3217 N. IH 35<br>Austin, TX 78722  |  |                                       |
|   | Category (See Categories listed at the top of this schedule)                                   | Description (If travel or                | itside of Texas, complete Schedule T) |
| PURPOSE   | Printing Expense   | yardsigns                                | _                                     |
| OF<br>EXPENDITURE   |  |  |                                       |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name  | Office sought                            | Office held:                          |
| Date  | Рауее пате   |  |                                       |
| 05/07/2012  | Coronado, Christopher  |  |                                       |
| Amount (\$)   | Payee address City, State, Zip Code  |  |                                       |
| \$102.50  | 1201 Broadmoor Drive Apt 130<br>Austin, TX 78723   |  |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor     | Description (If travel or Salary         | tside of Texas, complete Schedule T)  |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name  | Office sought:                           | Office held:                          |
| Date  | Payee name   |  |                                       |
| 05/12/2012  | Coronado, Christopher  |  |                                       |
| Amount (\$)   | Payee address City; State; Zip Code  |  |                                       |
| \$150.00  | 1201 Broadmoor Drive Apt 130<br>Austin, TX 78723   |  |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor     | Description (if travel of contract labor | itside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name  | Office sought:                           | Office held:                          |

Candidate / Officeholder name

Complete ONLY if

direct expenditure to benefit C/OH

#### POLITICAL EXPENDITURES

SCHEDULE F

(512)463-5800 TDD 1-800-735-2989

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel Out Of District

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

Polling Expense Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 3 ACCOUNT # (TEC filers) FILER NAME 2 Martinez, Mike 00000078 Schedule: 4/21 Report: 24/41 4 Date 5 Payee name East Austin Conservancy 06/29/2012 Amount (\$) Payee address City, State; Zip Code \$1,000.00 2601 Zaragosa St. Austin, TX 78702 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Contributions/Donations Made By Candidate/Officeholder/Political Committee Donation OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Emancipet 05/17/2012 Payee address Amount (\$) City; State; Zip Code 7201 Levander Loop \$1,000.00 Austin, TX 78702 Description Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Candidate/Officeholder/Political Committee Donation OF EXPENDITURE Candidate / Officeholder name Office held Office sought: Complete ONLY if direct expenditure to benefit C/OH Date Payee name Facebook.com 05/04/2012 Payee address City; State; Zip Code Amount (\$) 1601 Willow Road \$40.00 Menlo Park, CA 94025 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Political advertising OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Facebook.com 05/05/2012 Amount (\$) Payee address City; State; Zip Code 1601 Willow Road \$39.95 Menlo Park, CA 94025 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Political advertising **EXPENDITURE** 

Office held.

Office sought

#### P O.Box 12070

#### POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

**EXPENDITURE CATEGORIES** 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. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Martinez, Mike 00000078 Schedule: 5/21 Report: 25/41 4 Date 5 Payee name Facebook.com 05/07/2012 6 Amount (\$) Payee address City: State: Zip Code \$40.00 1601 Willow Road Menlo Park, CA 94025 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Political advertising Advertising Expense OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought Office held: direct expenditure to benefit C/OH Date Payee name Facebook.com 05/09/2012 Payee address State: Zip Code Amount (\$) City \$40.00 1601 Willow Road Menlo Park, CA 94025 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description PURPOSE Advertising Expense Political advertising OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought Office held: direct expenditure to benefit C/OH Date Payee name Facebook.com 05/12/2012 Payee address Amount (\$) City; State; Zip Code 1601 Willow Road \$160.00 Menlo Park, CA 94025 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Political advertising OF EXPENDITURE Candidate / Officeholder name Complete ONLY if Office sought. Office held: direct expenditure to benefit C/OH Date Payee name Facebook.com 05/12/2012 City; State; Zip Code Amount (\$) Pavee address 1601 Willow Road \$140.00 Menlo Park, CA 94025 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Advertising Expense Political advertising OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

|  | Polling Expense Travel Out Of Dis Printing Expense Office Overhead/I The INSTRUCTION GUIDE explains hov  | . , , , , , , , , , , , , , , , , , , ,  |           |
|--|--|--|-----------|
| 1 PAGE#  | 2 FILER NAME   | 3 ACCOUNT# (TEC  | : filers) |
| Schedule: 6/21 R   | The second secon | 00000078   | ,         |
| 4 Date   | 5 Payee name   | 1 0000010  |           |
| 05/13/2012   | Facebook.com   |  |           |
| 6 Amount (\$)  | 7 Payee address City; State, Zip Code  |  |           |
| \$120.00   |  |  |           |
| \$120.00   | Menlo Park, CA 94025   |  |           |
|  |  |  |           |
| 8  | (a) Category (See Categories listed at the top of this schedule)   | (b) Description (If travel outside of Texas, complete Schedu   | e T)      |
| PURPOSE<br>OF  | Advertising Expense  | Political advertising  |           |
| EXPENDITURE  |  |  |           |
|  |  |  |           |
| 9 Complete ONLY if direct expenditure  | Candidate / Officeholder name  | Office sought Office held  |           |
| to benefit C/OH  |  |  |           |
| Date   | Payee name   |  |           |
| 05/14/2012   | Fiestas Patrias of Austin  |  |           |
| Amount (\$)  | Payee address City, State, Zip Code  |  |           |
| \$250.00   |  |  |           |
| φ250.00<br>  | Austin, TX 78702   |  |           |
|  |  |  |           |
|  | Category (See Categories listed at the top of this schedule)   | Description (If travel outside of Texas, complete Schedu   | e T)      |
| PURPOSE  | Advertising Expense  | Political advertising  | _         |
| OF<br>EXPENDITURE  |  |  |           |
|  |  |  |           |
| Complete ONLY if direct expenditure  | Candidate / Officeholder name  | Office sought: Office held   |           |
| to benefit C/OH  |  |  |           |
| Date   | Payee name   |  |           |
| 05/03/2012   | First Data Services  |  |           |
| Amount (\$)  | Payee address City; State; Zip Code  |  |           |
| \$282.70   |  |  |           |
| 1  | 5565 Glenridge Connector NE  |  | ·····     |
|  | 5565 Glenridge Connector NE<br>Atlanta, GA 30342   |  |           |
| _  | 5565 Glenridge Connector NE<br>Atlanta, GA 30342   |  |           |
|  | 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top of this schedule)  | Description (If travel outside of Texas, complete Schedu   | е т) 🔲    |
| PURPOSE  | Atlanta, GA 30342  | Description (If travel outside of Texas, complete Schedu<br>Credit card processing fees  | е Т) 🔲    |
| PURPOSE<br>OF<br>EXPENDITURE   | Atlanta, GA 30342  Category (See Categories listed at the top of this schedule)  |  | е Т) 🔲    |
| OF<br>EXPENDITURE  | Atlanta, GA 30342  Category (See Categories listed at the top of this schedule) Accounting/Banking   | Credit card processing fees  | е Т) 🔲    |
| OF<br>EXPENDITURE  | Atlanta, GA 30342  Category (See Categories listed at the top of this schedule)  |  | е Т) 🔲    |
| OF<br>EXPENDITURE  | Atlanta, GA 30342  Category (See Categories listed at the top of this schedule) Accounting/Banking   | Credit card processing fees  | ет) 🗌     |
| OF EXPENDITURE  Complete ONLY if direct expenditure  | Atlanta, GA 30342  Category (See Categories listed at the top of this schedule) Accounting/Banking   | Credit card processing fees  | ет) 🗌     |
| OF<br>EXPENDITURE<br>Complete ONLY if<br>direct expenditure<br>to benefit C/OH   | Atlanta, GA 30342  Category (See Categories listed at the top of this schedule) Accounting/Banking  Candidate / Officeholder name  | Credit card processing fees  | е Т) 🔲    |
| OF<br>EXPENDITURE  Complete ONLY if<br>direct expenditure<br>to benefit C/OH  Date   | Atlanta, GA 30342  Category (See Categories listed at the top of this schedule) Accounting/Banking  Candidate / Officeholder name  | Credit card processing fees  | е т) 🔲    |
| OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/03/2012  Amount (\$)                                  | Atlanta, GA 30342  Category (See Categories listed at the top of this schedule) Accounting/Banking  Candidate / Officeholder name  Payee name First Data Services  Payee address City, State; Zip Code 5565 Glenridge Connector NE   | Credit card processing fees  | ет) [     |
| OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/03/2012   | Atlanta, GA 30342  Category (See Categories listed at the top of this schedule) Accounting/Banking  Candidate / Officeholder name  Payee name First Data Services  | Credit card processing fees  | ө Т) □    |
| OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/03/2012  Amount (\$)                                  | Atlanta, GA 30342  Category (See Categories listed at the top of this schedule) Accounting/Banking  Candidate / Officeholder name  Payee name First Data Services Payee address City, State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342  | Credit card processing fees  Office sought: Office held:   |           |
| OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/03/2012  Amount (\$) \$185.20                         | Atlanta, GA 30342  Category (See Categories listed at the top of this schedule) Accounting/Banking  Candidate / Officeholder name  Payee name First Data Services Payee address City, State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top of this schedule)  | Credit card processing fees  Office sought: Office held:  Description (If travel outside of Texas, complete Schedu                             |           |
| OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/03/2012  Amount (\$)                                  | Atlanta, GA 30342  Category (See Categories listed at the top of this schedule) Accounting/Banking  Candidate / Officeholder name  Payee name First Data Services Payee address City, State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342  | Credit card processing fees  Office sought: Office held:   |           |
| OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/03/2012  Amount (\$) \$185.20                         | Atlanta, GA 30342  Category (See Categories listed at the top of this schedule) Accounting/Banking  Candidate / Officeholder name  Payee name First Data Services Payee address City, State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top of this schedule)  | Credit card processing fees  Office sought: Office held:  Description (If travel outside of Texas, complete Schedu                             |           |
| OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/03/2012  Amount (\$) \$185.20  PURPOSE OF EXPENDITURE | Atlanta, GA 30342  Category (See Categories listed at the top of this schedule) Accounting/Banking  Candidate / Officeholder name  Payee name First Data Services  Payee address City, State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top of this schedule) Accounting/Banking  | Credit card processing fees  Office sought: Office held:  Description (If travel outside of Texas, complete Schedu Credit card processing fees |           |
| OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/03/2012  Amount (\$) \$185.20  PURPOSE OF             | Atlanta, GA 30342  Category (See Categories listed at the top of this schedule) Accounting/Banking  Candidate / Officeholder name  Payee name First Data Services Payee address City, State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top of this schedule)  | Credit card processing fees  Office sought: Office held:  Description (If travel outside of Texas, complete Schedu                             |           |

Austin, Texas 78711-2070

#### **POLITICAL EXPENDITURES**

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

| Consulting Experience Event Expense Fees   |  |  | Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) s form.   |
|--|--|--|--|
| 1 PAGE#  | 2 FILER NAME   |  | 3 ACCOUNT # (TEC filers)   |
| Schedule: 7/21 F   | 1  |  | 0000078  |
| 4 Date   | 5 Payee name   |  |  |
| 05/03/2012   | First Data Services  |  |  |
| 6 Amount (\$)  | 7 Payee address City; State,   | Zıp Code   |  |
| \$27.60  | 5565 Glenridge Connector NE<br>Atlanta, GA 30342   |  |  |
| 8  | (a) Category (See Categories listed at the top   | of this schedule) (b) Description  | n (If travel outside of Texas, complete Schedule T)  |
| PURPOSE<br>OF  | Accounting/Banking   | Credit ca  | rd processing fees   |
| EXPENDITURE  |  |  |  |
|  |  |  |  |
| 9 Complete ONLY if direct expenditure  | Candidate / Officeholder name  | Office   | sought Office held   |
| to benefit C/OH  |  |  |  |
| Date   | Payee name   |  |  |
| 05/07/2012   | First Data Services  |  |  |
| Amount (\$)  | Payee address City, State,   | Zip Code   |  |
| \$0.87   | 5565 Glenridge Connector NE  | ·  |  |
| 1 \$0.07   | Atlanta, GA 30342  |  |  |
| !  |  |  |  |
|  | Category (See Categories listed at the top   | of this schedule) Description  | n (If travel outside of Texas, complete Schedule T)  |
| PURPOSE<br>OF  | Accounting/Banking   | Credit ca  | rd processing fees   |
| EXPENDITURE  |  |  |  |
| 1  |  |  |  |
|  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name  | Office   | sought Office held.  |
| direct expenditure   | Candidate / Officeholder name Payee name   | Office   | sought Office held.  |
| direct expenditure to benefit C/OH   |  | Office   | sought Office held.  |
| direct expenditure<br>to benefit C/OH<br>Date  | Payee name   |  | sought Office held.  |
| direct expenditure to benefit C/OH  Date 05/07/2012  Amount (\$)   | Payee name First Data Services Payee address City; State; 5565 Glenridge Connector NE  |  | sought Office held.  |
| direct expenditure to benefit C/OH  Date 05/07/2012  | Payee name First Data Services Payee address City; State;  |  | sought Office held.  |
| direct expenditure to benefit C/OH  Date 05/07/2012  Amount (\$)   | Payee name First Data Services Payee address City; State; 5565 Glenridge Connector NE  |  | sought Office held.  |
| direct expenditure to benefit C/OH  Date 05/07/2012  Amount (\$)  \$10.42  | Payee name First Data Services Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top  | Zıp Code  of this schedule) Descriptio   | n (If travel outside of Texas, complete Schedule T)  |
| direct expenditure to benefit C/OH  Date 05/07/2012  Amount (\$) \$10.42   | Payee name First Data Services Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342  | Zıp Code  of this schedule) Descriptio   |  |
| direct expenditure to benefit C/OH  Date 05/07/2012  Amount (\$)  \$10.42  | Payee name First Data Services Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top  | Zıp Code  of this schedule) Descriptio   | n (If travel outside of Texas, complete Schedule T)  |
| direct expenditure to benefit C/OH  Date 05/07/2012  Amount (\$) \$10.42  PURPOSE OF EXPENDITURE   | Payee name First Data Services Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top Accounting/Banking   | Zip Code  of this schedule) Descriptio  Credit ca  | n (If travel outside of Texas, complete Schedule T)<br>rd processing fees  |
| direct expenditure to benefit C/OH  Date 05/07/2012  Amount (\$) \$10.42   | Payee name First Data Services Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top  | Zip Code  of this schedule) Descriptio  Credit ca  | n (If travel outside of Texas, complete Schedule T)  |
| direct expenditure to benefit C/OH  Date 05/07/2012  Amount (\$) \$10.42  PURPOSE OF EXPENDITURE  Complete ONLY if   | Payee name First Data Services Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top Accounting/Banking   | Zip Code  of this schedule) Descriptio  Credit ca  | n (If travel outside of Texas, complete Schedule T)<br>rd processing fees  |
| direct expenditure to benefit C/OH  Date 05/07/2012  Amount (\$) \$10.42  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure  | Payee name First Data Services Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top Accounting/Banking   | Zip Code  of this schedule) Descriptio  Credit ca  | n (If travel outside of Texas, complete Schedule T)<br>rd processing fees  |
| direct expenditure to benefit C/OH  Date 05/07/2012  Amount (\$) \$10.42  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  | Payee name First Data Services Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top Accounting/Banking  Candidate / Officeholder name  | Zip Code  of this schedule) Descriptio  Credit ca  | n (If travel outside of Texas, complete Schedule T)<br>rd processing fees  |
| direct expenditure to benefit C/OH  Date 05/07/2012  Amount (\$) \$10.42  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  | Payee name First Data Services Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top Accounting/Banking  Candidate / Officeholder name  | Zip Code  of this schedule)  Description  Credit ca  | n (If travel outside of Texas, complete Schedule T)<br>rd processing fees  |
| direct expenditure to benefit C/OH  Date 05/07/2012  Amount (\$) \$10.42  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/10/2012   | Payee name First Data Services Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top Accounting/Banking  Candidate / Officeholder name  Payee name First Data Services Payee address City; State; 5565 Glenridge Connector NE   | Zip Code  of this schedule)  Description  Credit ca  | n (If travel outside of Texas, complete Schedule T)<br>rd processing fees  |
| direct expenditure to benefit C/OH  Date 05/07/2012  Amount (\$) \$10.42  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/10/2012  Amount (\$)                                | Payee name First Data Services  Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top Accounting/Banking  Candidate / Officeholder name  Payee name First Data Services Payee address City; State;  | Zip Code  of this schedule)  Description  Credit ca  | n (If travel outside of Texas, complete Schedule T)<br>rd processing fees  |
| direct expenditure to benefit C/OH  Date 05/07/2012  Amount (\$) \$10.42  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/10/2012  Amount (\$)                                | Payee name First Data Services  Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top Accounting/Banking  Candidate / Officeholder name  Payee name First Data Services  Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342   | Zip Code  Of this schedule)  Description Credit ca  Office  Zip Code                           | n (If travel outside of Texas, complete Schedule T) rd processing fees sought: Office held:  |
| direct expenditure to benefit C/OH  Date 05/07/2012  Amount (\$) \$10.42  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/10/2012  Amount (\$) \$1.60                         | Payee name First Data Services  Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top Accounting/Banking  Candidate / Officeholder name  Payee name First Data Services  Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top                   | Zip Code  of this schedule)  Description Credit ca  Office  Zip Code  Description  Description | n (If travel outside of Texas, complete Schedule T) rd processing fees  sought: Office held:   |
| direct expenditure to benefit C/OH  Date 05/07/2012  Amount (\$) \$10.42  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/10/2012  Amount (\$) \$1.60  PURPOSE OF             | Payee name First Data Services  Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top Accounting/Banking  Candidate / Officeholder name  Payee name First Data Services  Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342   | Zip Code  of this schedule)  Description Credit ca  Office  Zip Code  Description  Description | n (If travel outside of Texas, complete Schedule T) rd processing fees sought: Office held:  |
| direct expenditure to benefit C/OH  Date 05/07/2012  Amount (\$) \$10.42  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/10/2012  Amount (\$) \$1.60                         | Payee name First Data Services  Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top Accounting/Banking  Candidate / Officeholder name  Payee name First Data Services  Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top                   | Zip Code  of this schedule)  Description Credit ca  Office  Zip Code  Description  Description | n (If travel outside of Texas, complete Schedule T) rd processing fees  sought: Office held:   |
| direct expenditure to benefit C/OH  Date 05/07/2012  Amount (\$) \$10.42  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/10/2012  Amount (\$) \$1.60  PURPOSE OF EXPENDITURE | Payee name First Data Services  Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top Accounting/Banking  Candidate / Officeholder name  Payee name First Data Services Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top Accounting/Banking | Zip Code  of this schedule)  Description Credit can  Office  Zip Code  Description credit can  | n (If travel outside of Texas, complete Schedule T) rd processing fees  sought: Office held:  n (If travel outside of Texas, complete Schedule T) rd processing fees |
| direct expenditure to benefit C/OH  Date 05/07/2012  Amount (\$) \$10.42  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/10/2012  Amount (\$) \$1.60  PURPOSE OF             | Payee name First Data Services  Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top Accounting/Banking  Candidate / Officeholder name  Payee name First Data Services  Payee address City; State; 5565 Glenridge Connector NE Atlanta, GA 30342  Category (See Categories listed at the top                   | Zip Code  of this schedule)  Description Credit can  Office  Zip Code  Description credit can  | n (If travel outside of Texas, complete Schedule T) rd processing fees  sought: Office held:   |

| POLITIC  | SCHEDULE F   |  |  |  |
|--|--|--|--|--|
|  | EXPENDITURE CATEGORIES  onse Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Loa   | an Repayment/Reimbursement                               |  |  |
| Advertising Expe<br>Accounting/Bank<br>Consulting Exper<br>Event Expense<br>Fees | Accounting/Banking Consulting Expense Event Expense Polling Expense Fees Formula Expense Travel In District Contributions/D Travel In District Candidate/O Fravel Out of District Candidate/O Printing Expense Office Overhead/Rental Expense OTHER (enter the formula Expense) The Instruction Guide explains how to complete this form.  |  |  |  |
| 1 PAGE#  | 2 FILER NAME Martinez, Mike  | 3 ACCOUNT # (TEC filers)                                 |  |  |
| Schedule: 8/21 F   | 5 Payee name   | 00000078   |  |  |
| 05/14/2012   | First Data Services  |  |  |  |
| 6 Amount (\$)<br>\$3.04  | 7 Payee address City, State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342  |  |  |  |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description (If training and the content of the con | ovel outside of Texas, complete Schedule T)              |  |  |
| 9 Complete ONLY if<br>direct expenditure<br>to benefit C/OH                      | Candidate / Officeholder name Office sought.   | Office held  |  |  |
| Date<br>05/14/2012   | Payee name<br>First Data Services  |  |  |  |
| Amount (\$)<br>\$0.08  | Payee address City; State, Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)  Accounting/Banking  Credi card proce   | avel outside of Texas, complete Schedule T) Ssing fees   |  |  |
| Complete ONLY if direct expenditure to benefit C/OH                              | Candidate / Officeholder name Office sought:   | Office held:   |  |  |
| Date 06/04/2012  | Payee name First Data Services   |  |  |  |
| Amount (\$)<br>\$319.75  | Payee address City; State; Zip Code<br>5565 Glenridge Connector NE<br>Atlanta, GA 30342  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)  Accounting/Banking  Credit card proce  | avel outside of Texas, complete Schedule T)              |  |  |
| Complete ONLY if direct expenditure to benefit C/OH                              | Candidate / Officeholder name Office sought:   | Office held:   |  |  |
| Date   | Payee name   |  |  |  |
| 06/04/2012   | First Data Services  |  |  |  |
| Amount (\$)<br>\$123.90  | Payee address City, State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)  Accounting/Banking  Credit card proce  | avel outside of Texas, complete Schedule T)  essing fees |  |  |
| Complete ONLY if<br>direct expenditure<br>to benefit C/OH                        | Candidate / Officeholder name Office sought  | Office held.   |  |  |

**EXPENDITURE CATEGORIES** 

#### POLITICAL EXPENDITURES

SCHEDULE F

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. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Martinez, Mike 00000078 Schedule: 9/21 Report: 29/41 4 Date 5 Payee name First Data Services 06/04/2012 Amount (\$) Payee address City, State; Zip Code 5565 Glenridge Connector NE \$20.40 Atlanta, GA 30342 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Accounting/Banking Credit card processing fees OF EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if Office sought Office held direct expenditure to benefit C/OH Date Payee name 05/12/2012 Gallardo, Jose Amount (\$) Payee address City; State; Zip Code \$250.00 140 Arabian Stallion Run Dale, TX 78616 Category (See Categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) PURPOSE Salaries/Wages/Contract Labor contract labor OF EXPENDITURE Office held: Office sought: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Pavee name Garza, Bobby 05/17/2012 Payee address City, State, Zip Code Amount (\$) 2106 Keepsake Dr. \$2,000.00 Austin, TX 78745 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Salaries/Wages/Contract Labor Salary OF EXPENDITURE Candidate / Officeholder name Office held: Complete ONLY if Office sought: direct expenditure to benefit C/OH Date Payee name 05/12/2012 Gierbolini, Edgar Amount (\$) Payee address City, State; Zip Code 1006 Banister Lane, APT 614 \$210.00 Austin, TX 78704 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor contract labor **EXPENDITURE** Office held Complete ONLY if Candidate / Officeholder name Office sought direct expenditure to benefit C/OH

**EXPENDITURE CATEGORIES** 

#### **POLITICAL EXPENDITURES**

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense 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)

| Fees  | Printing Expense I ravei Out Of D Printing Expense Office Overhead The Instruction Guide explains he | d/Rental Expense OTHER (enti                     | er a category not listed above)   |
|---|--|--|-----------------------------------|
| 1 PAGE#   | 2 FILER NAME   |  | 3 ACCOUNT # (TEC filers)          |
| Schedule: 10/21   | Report: 30/41 Martinez, Mike   |  | 00000078                          |
| 4 Date  | 5 Payee name   |  |                                   |
| 05/15/2012  | Gierbolini, Edgar  |  |                                   |
| 6 Amount (\$)   | 7 Payee address City, State, Zip Code  |  |                                   |
| \$50.00   | 1006 Banister Lane, APT 614<br>Austin, TX 78704  |  |                                   |
| 8<br>PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor       | (b) Description (If travel outsic contract labor | de of Texas, complete Schedule T) |
| EXPENDITURE   |  |  |                                   |
| 9 Complete ONLY if<br>direct expenditure<br>to benefit C/OH | Candidate / Officeholder name  | Office sought:                                   | Office held:                      |
| Date  | Payee name   | · · · · · · · · · · · · · · · · · · ·            |                                   |
| 05/07/2012  | Gomez, Reno  | 18755000   |                                   |
| Amount (\$)   | Payee address City; State; Zip Code  |  |                                   |
| \$116.50  | 1201 Broadmoor Drive Apt 130<br>Austin, TX 78723   |  |                                   |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor           | Description (If travel outside Salary            | de of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name  | Office sought                                    | Office held:                      |
| Date  | Payee name   |  |                                   |
| 05/12/2012  | Gomez, Reno  |  |                                   |
| Amount (\$)   | Payee address City; State; Zip Code  |  |                                   |
| \$125.00  | 1201 Broadmoor Drive Apt 130<br>Austin, TX 78723   |  |                                   |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor           | Description (If travel outside contract labor    | de of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name  | Office sought:                                   | Office held:                      |
| Date  | Payee name   |  |                                   |
| 05/14/2012  | Goss, Delwin   |  |                                   |
| Amount (\$)   | Payee address City, State, Zip Code  |  |                                   |
| \$150.00  | 6410 Ponca St<br>Austin, TX 78741  |  |                                   |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor           | Description (If travel outsit<br>contract labor  | de of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name  | Office sought:                                   | Office held:                      |

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

| Event Expense<br>Fees                                       | Polling Expens<br>Printing Expen        | se                        |                   | nd/Rental Expense       | OTHER (er                             | te/Officeho<br>iter a categ | lder/Political C<br>jory not listed | committee<br>above) |
|---|---|---------------------------|-------------------|-------------------------|---------------------------------------|-----------------------------|-------------------------------------|---------------------|
|   |   |                           | Guide explains h  | ow to complete thi      | s form.                               |                             |                                     |                     |
| 1 PAGE#<br>Schedule: 11/21                                  | I =                                     | LER NAME<br>artinez, Mike |                   |                         |                                       | 1 -                         | 0000078                             | (TEC filers)        |
| 4 Date  | 5 Payee name                            |                           | ·                 |                         |                                       |                             |                                     |                     |
| 05/12/2012  | Guerrero, Frankie                       |                           |                   |                         |                                       |                             |                                     |                     |
| 6 Amount (\$)   | 7 Payee address                         | City, State,              | Zip Code          |                         |                                       |                             |                                     |                     |
| \$200.00  | 6302 Mary Wood<br>Austin, TX 78745      | Drive                     | ·                 |                         |                                       |                             |                                     |                     |
| 8 PURPOSE OF EXPENDITURE                                    | (a) Category (See Cate<br>Event Expense | gones listed at the top   | of this schedule) | (b) Description         | on (If travel outs<br>night party DJ  | ide of Texa                 | as, complete S                      | chedule T)          |
| 9 Complete ONLY if<br>direct expenditure<br>to benefit C/OH | Candidate / Officeho                    | older name                |                   | Office                  | sought                                |                             | Office held.                        |                     |
| Date  | Payee name                              |                           |                   |                         |                                       |                             |                                     |                     |
| 05/07/2012  | Halpin, Matthew                         |                           |                   |                         |                                       |                             |                                     |                     |
| Amount (\$)   | Payee address                           | City, State,              | Zip Code          |                         |                                       |                             |                                     |                     |
| \$275.00  | 4305 Duval St. #1<br>Austin, TX 78751   |                           |                   |                         |                                       |                             |                                     |                     |
|   | Category (See Cate                      | jories listed at the top  | of this schedule) | Description             | on (If travel outs                    | ide of Tex                  | as, complete S                      | chedule T)          |
| PURPOSE<br>OF   | Salaries/Wages/C                        | Contract Labor            |                   | Salary                  |                                       |                             |                                     |                     |
| EXPENDITURE   |   |                           |                   |                         |                                       |                             |                                     |                     |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeho                    | older name                |                   | Office                  | sought                                |                             | Office held:                        |                     |
| Date  | Payee name                              |                           |                   |                         |                                       |                             |                                     |                     |
| 05/17/2012  | Halpın, Matthew                         |                           |                   |                         |                                       |                             |                                     |                     |
| Amount (\$)   | Payee address                           | City, State,              | Zip Code          |                         |                                       |                             |                                     |                     |
| \$750.00  | 4305 Duval St. #1<br>Austin, TX 78751   |                           |                   |                         |                                       |                             |                                     |                     |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See Cate<br>Salaries/Wages/C  |                           | of this schedule) | Description Salary      | on (If travel outs                    | side of Texa                | as, complete S                      | ichedule T)         |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeho                    | older name                |                   | Office                  | sought                                |                             | Office held.                        |                     |
| Date  | Payee name                              |                           |                   |                         |                                       |                             |                                     |                     |
| 05/03/2012  | Harry, Susan                            |                           |                   |                         |                                       |                             |                                     |                     |
| Amount (\$)   | Payee address                           | City; State;              | Zıp Code          |                         |                                       |                             |                                     |                     |
| \$3,000.00  | P.O. Box 301074<br>Austin, TX 78703     | •                         | ·                 |                         |                                       |                             |                                     |                     |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See Cate<br>Consulting Expen  |                           | of this schedule) | Description<br>Fundrais | on (If travel outs<br>ling & compliar |                             | •                                   | chedule T)          |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeho                    | older name                |                   | Office                  | sought:                               |                             | Office held:                        |                     |

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense **Event Expense** 

**EXPENDITURE CATEGORIES** 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. 1 PAGE# 3 ACCOUNT # (TEC filers) 2 FILER NAME Martinez, Mike 00000078 Schedule: 12/21 Report: 32/41 4 Date 5 Payee name 05/17/2012 Harry, Susan 6 Amount (\$) Payee address City; State; Zip Code P.O. Box 301074 \$1,000.00 Austin, TX 78703 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Fundraising & compliance consulting Consulting Expense OF **EXPENDITURE** 9 Complete ONLY if Office held: Candidate / Officeholder name Office sought direct expenditure to benefit C/OH Date Payee name HEB 05/05/2012 Amount (\$) Payee address City: State: Zip Code \$60.52 2701 East 7th St. Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense food / beverage OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name HEB 05/11/2012 City, State; Zip Code Amount (\$) Payee address 2701 East 7th St. \$100.55 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense food / beverage OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought. Office held direct expenditure to benefit C/OH Date Payee name HEB 05/12/2012 Amount (\$) Payee address City, State, Zip Code 2701 East 7th St. \$61.30 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense food / beverage OF **EXPENDITURE** Office sought Office held Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH

Austin, Texas 78711-2070

#### **POLITICAL EXPENDITURES**

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

| Event Expense<br>Fees                                       | Polling Expense Travel Out Of Dis<br>Printing Expense Office Overhead/I |   |
|---|---|---|
|   | The Instruction Guide explains how                                      | v to complete this form.  |
| 1 PAGE#   | 2 FILER NAME  | 3 ACCOUNT # (TEC filers)  |
| Schedule: 13/21   | Report: 33/41 Martinez, Mike  | 00000078  |
| 4 Date  | 5 Payee name  |   |
| 05/12/2012  | Hudson, Nick  |   |
| 6 Amount (\$)   | 7 Payee address City; State; Zip Code                                   |   |
| \$400.00  | 5701 S. Mopac Expwy., #2124<br>Austin, TX 78749                         |   |
| 8   | (a) Category (See Categories listed at the top of this schedule)        | (b) Description (If travel outside of Texas, complete Schedule T) |
| PURPOSE<br>OF   | Salaries/Wages/Contract Labor   | Salary  |
| EXPENDITURE   |   |   |
| 9 Complete ONLY if<br>direct expenditure<br>to benefit C/OH | Candidate / Officeholder name   | Office sought Office held.  |
| Date  | Payee name  | · · · · · · · · · · · · · · · · · · ·                             |
| 05/17/2012  | Hudson, Nick  |   |
| Amount (\$)   | Payee address City, State, Zip Code                                     |   |
| \$1,500.00  | 5701 S. Mopac Expwy , #2124<br>Austin, TX 78749                         |   |
|   | Category (See Categories listed at the top of this schedule)            | Description (If travel outside of Texas, complete Schedule T)     |
| PURPOSE<br>OF   | Salaries/Wages/Contract Labor   | Salary  |
| EXPENDITURE   |   |   |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name   | Office sought Office held   |
| Date  | Payee name  |   |
| 05/07/2012  | Jones, Patrick  |   |
| Amount (\$)   | Payee address City; State, Zip Code                                     |   |
| \$121.00  | 1707 Ulit Avenue<br>Austin, TX 78702                                    |   |
|   | Category (See Categories listed at the top of this schedule)            | Description (If travel outside of Texas, complete Schedule T)     |
| PURPOSE<br>OF   | Salaries/Wages/Contract Labor   | Salary  |
| EXPENDITURE   |   |   |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name   | Office sought. Office held  |
| Date  | Payee name  |   |
| 05/12/2012  | Jones, Patrick  |   |
| Amount (\$)   | Payee address City, State, Zip Code                                     |   |
| \$250.00  | 1707 Ulit Avenue<br>Austin, TX 78702                                    |   |
|   | Category (See Categories listed at the top of this schedule)            | Description (if travel outside of Texas, complete Schedule T)     |
| PURPOSE<br>OF   | Salaries/Wages/Contract Labor   | contract labor  |
| EXPENDITURE   |   |   |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name   | Office sought Office held   |
| <del></del>   |   | Electronic Eding Version 2.4                                      |

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

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

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

| Fees  | Printing Expense Office Overhead/F The Instruction Guide explains how   |  | r a category not listed above)   |
|---|---|--|----------------------------------|
| 1 PAGE#   | 2 FILER NAME  | The complete time terms  | 3 ACCOUNT # (TEC filers)         |
| Schedule: 14/21   | - B. A  |  | 00000078                         |
| 4 Date  | 5 Payee name  |  |                                  |
| 05/03/2012  | Kelly Graphics  |  |                                  |
| 6 Amount (\$)   | 7 Payee address City, State, Zip Code   |  |                                  |
| \$28,023.74   | 1409 Quaker Ridge<br>Austin, TX 78746   |  |                                  |
| 8 PURPOSE OF EXPENDITURE                                    | (a) Category (See Categories listed at the top of this schedule) Advertising Expense  | (b) Description (If travel outside Printing, mailing & postage | e of Texas, complete Schedule T) |
| 9 Complete ONLY if<br>direct expenditure<br>to benefit C/OH | Candidate / Officeholder name   | Office sought.   | Office held.                     |
| Date  | Payee name  |  |                                  |
| 06/11/2012  | Leadership Austin   |  |                                  |
| Amount (\$)   | Payee address City; State; Zip Code   |  |                                  |
| \$500.00  | 1609 Shoal Creek Boulevard<br>Austin, TX 78701  |  |                                  |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description (If travel outside Donation                        | e of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name   | Office sought:   | Office held:                     |
| Date  | Payee name  |  |                                  |
| 05/03/2012  | Littlefield, Mark   |  |                                  |
| Amount (\$)   | Payee address City, State; Zip Code   |  |                                  |
| \$1,500.00  | 7707 Vail Valley Dr.<br>Austin, TX 78749  |  |                                  |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See Categories listed at the top of this schedule) Consulting Expense   | Description (If travel outsid<br>Consulting                    | e of Texas, complete Schedule T) |
| Complete ONLY if<br>direct expenditure<br>to benefit C/OH   | Candidate / Officeholder name   | Office sought  | Office held                      |
| Date  | Payee name  |  |                                  |
| 05/15/2012  | Littlefield, Mark   |  |                                  |
| Amount (\$)   | Payee address City, State, Zip Code   |  |                                  |
| \$1,500.00  | 7707 Vail Valley Dr.<br>Austin, TX 78749  |  |                                  |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See Categones listed at the top of this schedule) Salaries/Wages/Contract Labor   | Description (If travel outsid<br>General consulting            | e of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name   | Office sought.   | Office held.                     |

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES

salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District

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. 1 PAGE# FILER NAME 3 ACCOUNT # (TEC filers) Martinez, Mike Schedule: 15/21 Report: 35/41 00000078 5 Payee name 4 Date Littlefield, Mark 05/17/2012 6 Amount (\$) Payee address City; State; Zip Code 7707 Vail Valley Dr. \$1,000.00 Austin, TX 78749 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Consulting OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought Office held: direct expenditure to benefit C/OH Date Payee name 05/07/2012 Llund, Wendily Payee address City, Amount (\$) State Zip Code 10137 Aspen St. \$112.00 Austin, TX 78758 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Salaries/Wages/Contract Labor Salary **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Llund, Wendily 05/12/2012 Payee address Amount (\$) City; State; Zip Code 10137 Aspen St. \$300.00 Austin, TX 78758 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor contract labor OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Margie Becker & Associates 05/14/2012 Amount (\$) Payee address City, State; Zip Code 1205 Kinney Ave. #A Austin, TX 78704 \$8,310.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Television advertising production Advertising Expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

**EXPENDITURE CATEGORIES** 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   | ,                              | t a datagory not notice above,        |
|--|--|--------------------------------|---------------------------------------|
| 1 PAGE#                                | 2 FILER NAME   |                                | 3 ACCOUNT # (TEC filers)              |
| Schedule: 16/21                        | B # = B #11  |                                | 00000078                              |
| 4 Date                                 | 5 Payee name   |                                |                                       |
| 05/12/2012                             | Martinez, Bethany  |                                |                                       |
| 6 Amount (\$)                          | 7 Payee address City; State; Zip Code  |                                |                                       |
| \$250.00                               | 210 Ramsey   |                                |                                       |
| ·                                      | Ceder Hill, TX 75104   |                                |                                       |
|  |  |                                |                                       |
| 8<br>PURPOSE                           | (a) Category (See Categories listed at the top of this schedule)                           | 1 7 7                          | e of Texas, complete Schedule T)      |
| OF                                     | Salaries/Wages/Contract Labor  | contract labor                 |                                       |
| EXPENDITURE                            |  |                                |                                       |
| 9 Complete ONLY if                     | Candidate / Officeholder name  | Office sought                  | Office held                           |
| direct expenditure                     |  |                                |                                       |
| to benefit C/OH                        |  |                                |                                       |
| Date                                   | Payee name   |                                |                                       |
| 05/07/2012                             | Martinez, Jon  |                                |                                       |
| Amount (\$)                            | Payee address City; State; Zip Code  |                                |                                       |
| \$381.00                               | 1710 E. Oltorf #710<br>Austin, TX 78741  |                                |                                       |
|  | Austin, 17/10/41   |                                |                                       |
| · · · · · · · · · · · · · · · · · · ·  | Category (See Categories listed at the top of this schedule)                               | Description (If travel outside | e of Texas, complete Schedule T)      |
| PURPOSE                                | Salaries/Wages/Contract Labor  | Salary                         | 3 Of Texas, complete conedule 17 L.J. |
| OF<br>EXPENDITURE                      | Odianos Wagos Contado. 2005.   | - Caidiy                       |                                       |
| EXPENDITURE                            |  |                                |                                       |
| Complete ONLY if                       | Candidate / Officeholder name  | Office sought:                 | Office held:                          |
| direct expenditure<br>to benefit C/OH  |  |                                |                                       |
| Date                                   | Payee name   |                                |                                       |
| 05/14/2012                             | Martinez, Jon  |                                |                                       |
| Amount (\$)                            | Payee address City; State; Zip Code  |                                |                                       |
| \$381.00                               | 1710 E Oltorf #710   |                                |                                       |
| φυσ1.00<br>                            | Austin, TX 78741   |                                | :                                     |
|  |  |                                |                                       |
|  | Category (See Categories listed at the top of this schedule)                               | Description (If travel outsid  | e of Texas, complete Schedule T)      |
| PURPOSE<br>OF                          | Salaries/Wages/Contract Labor  | Salary                         |                                       |
| EXPENDITURE                            |  |                                |                                       |
| O LA ONLY &                            | 0 - 4 data / 0.00 - balder anno  | Office accepts                 | Off 1- 114                            |
| Complete ONLY if<br>direct expenditure | Candidate / Officeholder name  | Office sought                  | Office held                           |
| to benefit C/OH                        |  |                                |                                       |
| Date                                   | Payee name   |                                |                                       |
| 05/17/2012                             | Martinez, Jon  |                                |                                       |
| Amount (\$)                            | Payee address City, State; Zip Code  |                                |                                       |
| \$750.00                               | 1710 E. Oltorf #710  |                                |                                       |
|  | Austin, TX 78741   |                                |                                       |
|  | Cotocoo (Co. Cotocoo batalanta tatalanta contratala)                                       | Deposition (6 to out out is    |                                       |
| PURPOSE                                | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outsid  | e of Texas, complete Schedule T)      |
| OF                                     | Salaties/Wages/Contract Labor  | Galary                         |                                       |
| EXPENDITURE                            |  |                                |                                       |
| Complete ONLY if                       | Candidate / Officeholder name  | Office sought                  | Office held.                          |
| direct expenditure<br>to benefit C/OH  |  |                                |                                       |

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

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

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (expense actions) and listed above)

| Fees                                  | Printing Expense Office Overhead/ The Instruction Guide explains how                         |                                       | a category not listed above)   |
|---------------------------------------|--|---------------------------------------|--------------------------------|
| 1 PAGE#                               | 2 FILER NAME   | · · · · · · · · · · · · · · · · · · · | 3 ACCOUNT # (TEC filers)       |
| Schedule: 17/21                       | 17 a.a. m  |                                       | 0000078                        |
| 4 Date                                | 5 Payee name   |                                       |                                |
| 05/17/2012                            | Moore, Andy  |                                       |                                |
| 6 Amount (\$)                         | 7 Payee address City; State, Zip Code  | <del></del>                           |                                |
|                                       | l i i i i i i i i i i i i i i i i i i i  |                                       |                                |
| \$1,000.00                            | Austin, TX 78704   |                                       |                                |
|                                       | 1  |                                       |                                |
| <u> </u>                              | (a) Category (See Categories listed at the top of this schedule)                             | (b) Description (If travel outside    | of Texas, complete Schedule T) |
| 8<br>PURPOSE                          | Salaries/Wages/Contract Labor  | Salary supplement                     | or Texas, complete schedule 1) |
| OF                                    | Salanes/Wages/Contract Labor   | Calary supplement                     |                                |
| EXPENDITURE                           |  |                                       |                                |
| 9 Complete ONLY if                    | Candidate / Officeholder name  | Office sought.                        | Office held:                   |
| direct expenditure                    | Candidate / Cincendider Hame   | Omde sought.                          | Office field.                  |
| to benefit C/OH                       |  |                                       |                                |
| Date                                  | Payee name   |                                       | <del>- 1</del>                 |
| 05/17/2012                            | NARAL Texas  |                                       |                                |
| Amount (\$)                           | Payee address City, State; Zip Code  |                                       |                                |
| \$500.00                              |  |                                       |                                |
| \$500.00                              | Austin, TX 78704   |                                       |                                |
| ļ                                     |  |                                       |                                |
|                                       | Catagory (See Catagorina listed at the top of this schoolile)                                | Description (If travel outside        | of Texas, complete Schedule T) |
| PURPOSE                               | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By | Donation                              | or rexas, complete ochedule 17 |
| OF                                    | Candidate/Officeholder/Political Committee   | Donation                              |                                |
| EXPENDITURE                           |  |                                       |                                |
| Complete ONLY if                      | Candidate / Officeholder name  | Office sought                         | Office held:                   |
| direct expenditure                    | Candidate / Officerolder frame   | Office sought                         | Office field.                  |
| to benefit C/OH                       |  |                                       |                                |
| Date                                  | Payee name   |                                       |                                |
| 05/14/2012                            | NGP VAN  |                                       |                                |
| Amount (\$)                           | Payee address City, State; Zip Code  |                                       |                                |
| \$185.00                              | 1101 15th Street, NW   |                                       |                                |
| ψ 100.00                              | Washington, DC 20005   |                                       |                                |
|                                       |  |                                       |                                |
|                                       | Category (See Categories listed at the top of this schedule)                                 | Description (If travel outside        | of Texas, complete Schedule T) |
| PURPOSE                               | Office Overhead/Rental Expense   | Database                              |                                |
| OF<br>EXPENDITURE                     | '  |                                       |                                |
| LAFEINDITORE                          |  |                                       |                                |
| Complete ONLY if                      | Candidate / Officeholder name  | Office sought:                        | Office held:                   |
| direct expenditure to benefit C/OH    |  | ū                                     |                                |
| to benefit C/OH                       |  |                                       |                                |
| Date                                  | Payee name   |                                       |                                |
| 05/30/2012                            | NGP VAN  |                                       |                                |
| Amount (\$)                           | Payee address City, State, Zip Code  |                                       |                                |
| \$25.00                               | 1101 15th Street, NW   |                                       |                                |
| ,                                     | Washington, DC 20005   |                                       |                                |
|                                       |  |                                       |                                |
|                                       | Category (See Categories listed at the top of this schedule)                                 | Description (If travel outside        | of Texas, complete Schedule T) |
| PURPOSE<br>OF                         | Advertising Expense  | database software                     |                                |
| EXPENDITURE                           |  |                                       |                                |
|                                       |  | <u></u>                               |                                |
| Complete ONLY if                      | Candidate / Officeholder name  | Office sought.                        | Office held                    |
| direct expenditure<br>to benefit C/OH |  |                                       |                                |

**EXPENDITURE CATEGORIES** 

#### **POLITICAL EXPENDITURES**

SCHEDULE F

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)

| 1 365                                 | The Instruction Guide explains how  | ,                                       |  |
|---------------------------------------|---|---|--|
| 1 PAGE#                               | 2 FILER NAME  | 3 ACCOUNT # (TEC filers)  |  |
| Schedule: 18/21                       | 1   | 00000078  |  |
| 4 Date                                | 5 Payee name  |   |  |
| 05/08/2012                            | NOKOA   |   |  |
| 6 Amount (\$)                         | 7 Payee address City, State, Zip Code   |   |  |
| \$350.00                              | P.O. Box 1131   |   |  |
|                                       | Austin, TX 78767  |   |  |
|                                       |   |   |  |
| 8 PURPOSE                             | (a) Category (See Categories listed at the top of this schedule)                            | (b) Description (If travel outside of Texas, complete Schedule T)             |  |
| OF                                    | Advertising Expense   | Political advertising   |  |
| EXPENDITURE                           |   |   |  |
| 9 Complete ONLY if                    | Candidate / Officeholder name   | Office sought: Office held  |  |
| direct expenditure                    |   | Cindo Socigina  |  |
| to benefit C/OH                       |   |   |  |
| Date                                  | Payee name  |   |  |
| 05/12/2012                            | Office Depot  |   |  |
| Amount (\$)                           | Payee address City; State; Zip Code   |   |  |
| \$135.44                              | 2101 South Lamar Boulevard  |   |  |
| J                                     | Austin, TX 78704  |   |  |
|                                       |   | December (Manual antida of Tanana analysis Caladala T)                        |  |
| PURPOSE                               | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description (If travel outside of Texas, complete Schedule T) office supplies |  |
| OF                                    | Office Overflead/Nerital Expense  | onice supplies  |  |
| EXPENDITURE                           |   |   |  |
| Complete ONLY if                      | Candidate / Officeholder name   | Office sought: Office held:   |  |
| direct expenditure<br>to benefit C/OH |   |   |  |
|                                       |   |   |  |
| Date 05/16/2012                       | Payee name<br>Office Depot  |   |  |
| 05/16/2012<br>Amount (\$)             | Payee address City; State; Zip Code   |   |  |
| 1 '''                                 | 2101 South Lamar Boulevard  |   |  |
| \$92.42                               | Austin, TX 78704  |   |  |
|                                       |   |   |  |
|                                       | Category (See Categories listed at the top of this schedule)                                | Description (If travel outside of Texas, complete Schedule T)                 |  |
| PURPOSE                               | Office Overhead/Rental Expense  | Office supplies   |  |
| OF<br>EXPENDITURE                     |   |   |  |
|                                       |   |   |  |
| Complete ONLY if                      | Candidate / Officeholder name   | Office sought Office held:  |  |
| direct expenditure to benefit C/OH    |   |   |  |
| Date                                  | Payee name  |   |  |
| 05/09/2012                            | Office Max  |   |  |
| Amount (\$)                           | Payee address City; State; Zip Code   |   |  |
| \$371.24                              | 907 West 5th Street   |   |  |
|                                       | Austin, TX 78701  |   |  |
|                                       |   |   |  |
| BUBBOSE                               | Category (See Categories listed at the top of this schedule)                                | Description (If travel outside of Texas, complete Schedule T)                 |  |
| PURPOSE<br>OF                         | Advertising Expense   | office supplies   |  |
| EXPENDITURE                           |   |   |  |
| Complete ONLY if                      | Candidate / Officeholder name   | Office sought: Office held:   |  |
| direct expenditure                    | Suradate / Siliburiologi Harris   | Onice sought.   |  |
| to benefit C/OH                       |   |   |  |

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

| Fees  | Printing Expense Office Overhead  The Instruction Guide explains ho                            | Rental Expense OTHER (ente                            | er a category not listed above)   |
|---|--|---|-----------------------------------|
| 1 PAGE#   | 2 FILER NAME   |   | 3 ACCOUNT # (TEC filers)          |
|   |  |   | 00000078                          |
| 4 Date  | 5 Payee name   |   | 1 00000010                        |
| 05/07/2012  | Roark, Amanda  |   |                                   |
| 6 Amount (\$)   | 7 Payee address City; State; Zip Code  |   |                                   |
| \$169.50  | 1  |   |                                   |
| 8<br>PURPOSE  | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description (if travel outsid                     | e of Texas, complete Schedule T)  |
| OF<br>EXPENDITURE   |  |   |                                   |
| 9 Complete ONLY if<br>direct expenditure<br>to benefit C/OH | Candidate / Officeholder name  | Office sought:  | Office held:                      |
| Date<br>05/12/2012  | Payee name<br>Roark, Amanda  |   |                                   |
| Amount (\$)   | Payee address City; State, Zip Code  |   |                                   |
| \$275.00  |  |   |                                   |
|   | Category (See Categories listed at the top of this schedule)                                   | Description (if travel outside                        | le of Texas, complete Schedule T) |
| PURPOSE<br>OF   | Salaries/Wages/Contract Labor  | contract labor  |                                   |
| EXPENDITURE   |  |   |                                   |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name  | Office sought:  | Office held:                      |
| Date  | Payee name   |   |                                   |
| 05/08/2012  | Scholz Garten  |   |                                   |
| Amount (\$)   | Payee address City, State, Zip Code  |   |                                   |
| \$433.00  | 1607 San Jacinto Boulevard<br>Austin, TX 78701   |   |                                   |
| PURPOSE   | Category (See Categories listed at the top of this schedule) Event Expense                     | Description (If travel outside Election night party   | le of Texas, complete Schedule T) |
| OF<br>EXPENDITURE   | Lyon Exponse   | Licoton riight party                                  |                                   |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name  | Office sought   | Office held:                      |
| Date  | Payee name   |   |                                   |
| 05/13/2012  | Scholz Garten  |   |                                   |
| Amount (\$)   | Payee address City; State, Zip Code  |   |                                   |
| \$1,432.37  |  |   |                                   |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See Categories listed at the top of this schedule) Event Expense                     | Description (If travel outsid<br>Election night party | e of Texas, complete Schedule T)  |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name  | Office sought.  | Office held                       |

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

#### P.O.Box 12070 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Legal Services Food/Beverage Expense Travel In District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Polling Expense Printing Expense Travel Out Of District Office Overhead/Rental Expense Event Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Martinez, Mike 00000078 Schedule: 20/21 Report: 40/41 4 Date 5 Payee name 05/13/2012 Scholz Garten 6 Amount (\$) Payee address City; State; Zip Code 1607 San Jacinto Boulevard \$27.19 Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Food/Beverage Expense Election night party OF **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if Office sought: Office held direct expenditure to benefit C/OH Date Payee name 06/22/2012 The Care Communities Amount (\$) Payee address City; State; Zip Code 4315 Guadalupe #303 \$500.00 Austin, TX 78751 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Contributions/Donations Made By Donation OF Candidate/Officeholder/Political Committee EXPENDITURE Office held Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure to benefit C/OH Date Payee name 05/17/2012 Travis County Democratic Party Amount (\$) Payee address City, State; Zip Code P.O. Box 684263 \$1,000,00 Austin, TX 78768 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Political donation **OF** Candidate/Officeholder/Political Committee **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/09/2012 **USPS** Payee address Amount (\$) City, State, Zip Code Downtown Station \$180.00 Austin, TX 78701 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Printing Expense postage OF EXPENDITURE

Office held:

Office sought:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

| Fees                                   | Printing Expense Office Overhead/F  The Instruction Guide explains how | The state of the s | r a category not listed above)   |
|--|--|--|----------------------------------|
| 1 PAGE#                                | 2 FILER NAME   | to complete this torm.   | 3 ACCOUNT # (TEC filers)         |
| Schedule: 21/21                        | 17 sa. e. saa.   |  | 00000078                         |
| 4 Date                                 | 5 Payee name   |  | 1 00000078                       |
| 05/09/2012                             | USPS   |  |                                  |
| 6 Amount (\$)                          | 7 Payee address City, State; Zip Code                                  |  |                                  |
| \$540.00                               |  |  |                                  |
| φ540.00                                | Austin, TX 78701   |  |                                  |
|  |  |  |                                  |
| 8                                      | (a) Category (See Categories listed at the top of this schedule)       | (b) Description (If travel outside   | e of Texas, complete Schedule T) |
| PURPOSE<br>OF                          | Printing Expense   | postage  | _                                |
| EXPENDITURE                            |  | J  |                                  |
|  |  | <u></u>  |                                  |
| 9 Complete ONLY if direct expenditure  | Candidate / Officeholder name  | Office sought:   | Office held                      |
| to benefit C/OH                        |  |  |                                  |
| Date                                   | Payee name   |  |                                  |
| 05/15/2012                             | USPS   |  |                                  |
| Amount (\$)                            | Payee address City; State; Zip Code                                    |  |                                  |
| \$1,892.88                             |  |  |                                  |
| <b>V1,002.00</b>                       | Austin, TX 78701   |  |                                  |
| <u> </u>                               |  |  |                                  |
|  | Category (See Categories listed at the top of this schedule)           | Description (If travel outsid  | e of Texas, complete Schedule T) |
| PURPOSE<br>OF                          | Printing Expense   | postage  |                                  |
| EXPENDITURE                            |  |  |                                  |
|  |  |  |                                  |
| Complete ONLY if<br>direct expenditure | Candidate / Officeholder name  | Office sought:   | Office held:                     |
| to benefit C/OH                        |  |  |                                  |
| Date                                   | Payee name   |  |                                  |
| 05/17/2012                             | Williamson, Laura  |  |                                  |
| Amount (\$)                            | Payee address City, State, Zip Code                                    |  |                                  |
| \$2,000.00                             | 5701 South Mopac Expressway, Apt. #2124                                |  |                                  |
|  | Austin, TX 78749   |  |                                  |
|  |  |  |                                  |
| PURPOSE                                | Category (See Categories listed at the top of this schedule)           |  | e of Texas, complete Schedule T) |
| OF                                     | Salaries/Wages/Contract Labor  | Salary supplement  |                                  |
| EXPENDITURE                            |  |  |                                  |
| Complete ONLY if                       | Candidate / Officeholder name  | Office sought:   | Office held                      |
| direct expenditure                     | Candidate / Officeriolder flame  | Office sought.   | Office field                     |
| to benefit C/OH                        |  |  |                                  |
| Date                                   | Payee name   |  |                                  |
| 05/14/2012                             | Worley Printing  |  |                                  |
| Amount (\$)                            | Payee address City; State; Zip Code                                    |  |                                  |
| \$426.51                               | 3217 North IH 35   |  |                                  |
| 1                                      | Austin, TX 78722   |  |                                  |
|  | 0-1  | Danadalia  |                                  |
| PURPOSE                                | Category (See Categories listed at the top of this schedule)           | Description (If travel outsid  | e of Texas, complete Schedule T) |
| OF                                     | Printing Expense   | Filling  |                                  |
| EXPENDITURE                            |  |  |                                  |
| Complete ONLY if                       | Candidate / Officeholder name  | Office sought.   | Office held.                     |
| direct expenditure<br>to benefit C/OH  |  | -  |                                  |
| 10 Desiration O/OFF                    | <u></u>  |  | <del></del>                      |

## **SCHEDULE V** – attach to form C/OH (C & E) Reference 2-2-22, Austin City Code

#### PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF

Name of Candidate/Officeholder: Mike Martinez

Enter the name and address of any person who has solicited and obtained contributions on your behalf during the reporting period of \$200 per person from five or more individuals. (This requirement does not apply to an individual who raises funds in total amount of \$5,000 or less for a candidate through a fundraising event held at the individual's residence.)

| Denoted on  | Name of person | Address                                      |
|-------------|----------------|--|
| Schedule A: | soliciting     |  |
|             | contributions  |  |
| *1          | Joe Garcia     | 5906 Lookout Mountain Dr., Austin, TX, 78731 |
| *2          | Nikelle Meade  | 5363 Austral Loop, Austin, TX, 78739         |

Reminder: This form is to identify bundlers, i.e. individuals who solicit and obtain contributions on your behalf. Remember there is a separate form to identify the *actual* donors (C/OH).