

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | |
|---|---|--|---|
| The C/OH INSTRUCTION GUIDE explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission filers) 00000078 | 2 PAGE # 1 of 7 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Mike | | OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged |
| | NICKNAME LAST SUFFIX Martinez | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2314 East 11th St. Austin, TX 78702 | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Celia | | |
| | NICKNAME LAST SUFFIX Israel | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3604 Carla Drive Austin, TX 78754 | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 933-1796 | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 9 PERIOD COVERED | Month Day Year Month Day Year 01/01/2013 THROUGH 06/30/2013 | | |
| 10 ELECTION | ELECTION DATE Month Day Year 05/12/2012 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) City Council, Place 2 | | 12 OFFICE SOUGHT (if known) |
| GO TO PAGE 2 | | | |

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****13 C/OH NAME** Martinez, Mike**14 ACCOUNT #** (Ethics Commission filers)
00000078**15 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****16 CONTRIBUTION
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

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

\$

0.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

4,524.15

**CONTRIBUTION
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

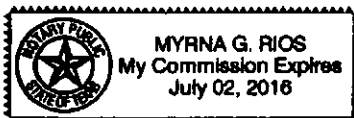
\$

10,033.08

**OUTSTANDING
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

0.00

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

M. Martinez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Martinez this the 15 day
of July, 2013, to certify which, witness my hand and seal of office.

Myrna Rios
Signature of officer administering oath

Myrna Rios
Print name of officer administering oath

Notary
Title of officer administering oath

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|--|--|--|---|--|
| 1 PAGE # Schedule: 1/5 Report: 3/7 | | 2 FILER NAME Martinez, Mike | | 3 ACCOUNT # (TEC filers) 00000078 | |
| 4 Date 02/01/2013 | | 5 Payee name Austin Police Association | | | |
| 6 Amount (\$) \$250.00 | | 7 Payee address City: State: Zip Code 5817 Wilcab Road Suite 1 Austin, TX 78721 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Ad for Austin Police Association's Valentine's Day Program | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 06/12/2013 | | Payee name Battleground Texas | | | |
| Amount (\$) \$200.00 | | Payee address City: State: Zip Code PO Box 11525 Austin, TX 78711 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution for BBQ with Battleground event | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 05/17/2013 | | Payee name Bellas Artes Alliance | | | |
| Amount (\$) \$100.00 | | Payee address City: State: Zip Code 1400 Smith Rd 101B Austin, TX 78721 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Ticket purchase for fundraiser | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 03/01/2013 | | Payee name Belmez Entertainment LLC | | | |
| Amount (\$) \$500.00 | | Payee address City: State: Zip Code 3425 Prospect Avenue Cleveland, OH 44155 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Event Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Tiniest Rockstars SXSW Event Sponsorship | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

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|--|--|--|--|--|--|
| 1 PAGE # Schedule: 2/5 Report: 4/7 | | 2 FILER NAME Martinez, Mike | | 3 ACCOUNT # (TEC filers) 00000078 | |
| 4 Date 04/16/2013 | | 5 Payee name Chief Kerr IAFC Candidacy Fund | | | |
| 6 Amount (\$) \$500.00 | | 7 Payee address City: State: Zip Code 450 Amber Oaks Burnet, TX 78611 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution for International Association of Fire Chiefs Campaign | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 03/30/2013 | | Payee name Dominican Joe Coffee Shop | | | |
| Amount (\$) \$70.00 | | Payee address City: State: Zip Code 515 S Congress Ave Austin, TX 78704 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Event Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Coffee for Urban Roots Volunteer Day | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 05/15/2013 | | Payee name Kim Jordan Donations Account | | | |
| Amount (\$) \$100.00 | | Payee address City: State: Zip Code Requested | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation for Cancer Treatment | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 03/30/2013 | | Payee name La Familia | | | |
| Amount (\$) \$100.15 | | Payee address City: State: Zip Code 3601 W William Cannon Dr Austin, TX 78749 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Event Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Breakfast tacos for Urban Roots Volunteer Day | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

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| | | | | | |
|--|--|--|--|--|--|
| 1 PAGE # Schedule: 3/5 Report: 5/7 | | 2 FILER NAME Martinez, Mike | | 3 ACCOUNT # (TEC filers) 00000078 | |
| 4 Date 03/01/2013 | | 5 Payee name La Voz Newspapers | | | |
| 6 Amount (\$) \$500.00 | | 7 Payee address City; State; Zip Code P.O. Box 19457 Austin, TX 78760 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Ad for Hispanic Almanac | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 06/12/2013 | | Payee name Leadership Austin | | | |
| Amount (\$) \$300.00 | | Payee address City; State; Zip Code 1609 Shoal Creek Blvd Austin, TX 78701 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Ticket purchase for 12th Annual Best Party Ever event | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 01/24/2013 | | Payee name McPhail Florist & Greenhouse | | | |
| Amount (\$) \$43.40 | | Payee address City; State; Zip Code 605 Barton Springs Rd Austin, TX 78704 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Flowers for funeral | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 05/03/2013 | | Payee name Mmmpanadas | | | |
| Amount (\$) \$492.00 | | Payee address City; State; Zip Code 4209 Airport Drive Austin, TX 78723 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Event Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for Cinco de Mayo event at City Hall | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

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|--|--|--|--|---|--|
| 1 PAGE # Schedule: 4/5 Report: 6/7 | | 2 FILER NAME Martinez, Mike | | 3 ACCOUNT # (TEC filers) 00000078 | |
| 4 Date 06/05/2013 | | 5 Payee name NARAL Pro-Choice Texas | | | |
| 6 Amount (\$) \$250.00 | | 7 Payee address City: State: Zip Code P.O. Box 684602 Austin, TX 78768 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution for Men for Choice event | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 05/10/2013 | | Payee name Nelson Linder | | | |
| Amount (\$) \$250.00 | | Payee address City: State: Zip Code 1717 E 12th Street Austin, TX 78702 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation for NAACP-Austin President's Fundraiser | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 03/01/2013 | | Payee name PODER | | | |
| Amount (\$) \$250.00 | | Payee address City: State: Zip Code P.O. Box 6237 Austin, TX 78762 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Ad for PODER program | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 03/21/2013 | | Payee name Royal Blue Grocery | | | |
| Amount (\$) \$22.71 | | Payee address City: State: Zip Code 247 W 3rd St Austin, TX 78701 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Event Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Refreshments for Ron Oliveira Reception | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |

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

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Consulting Expense
Event Expense
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Legal Services
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Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
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OTHER (enter a category not listed above)

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| | | | | | |
|--|--|--|--|--|--|
| 1 PAGE # Schedule: 5/5 Report: 7/7 | | 2 FILER NAME Martinez, Mike | | 3 ACCOUNT # (TEC filers) 00000078 | |
| 4 Date 03/21/2013 | | 5 Payee name Twin Liquors | | | |
| 6 Amount (\$) \$95.89 | | 7 Payee address City; State; Zip Code 1600 Lavaca St Austin, TX 78701 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Refreshments for Ron Oliveira reception | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 06/15/2013 | | Payee name Urban Roots | | | |
| Amount (\$) \$300.00 | | Payee address City; State; Zip Code 2921 E. 17th Street Bldg. D, Suite 4 Austin, TX 78702 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsorship for event | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 02/04/2013 | | Payee name UT Austin | | | |
| Amount (\$) \$200.00 | | Payee address City; State; Zip Code 100 W Dean Keeton St A6300 Austin, TX 78712 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Project 2013 Donation (volunteer event in Dove Springs) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |