

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

9

## OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Diana

NICKNAME

LAST

SUFFIX

Martinez

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

814 South 12th Place

Alamo

Texas

78516

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 956 )

929-4142

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Cynthia

NICKNAME

LAST

SUFFIX

Gutierrez

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

400 West 12th Street

San Juan

Texas

78589

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 956 )

515-3502

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

07 /

01 /

2025

THROUGH

Month

Day

Year

09 /

25 /

2025

11 ELECTION

ELECTION DATE

Month

Day

Year

11 /

04 /

2025

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Municipal Judge

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

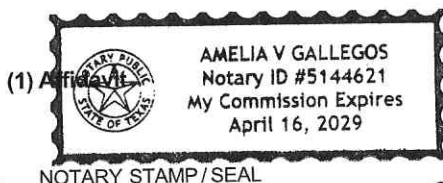
**FORM C/OH  
COVER SHEET PG 2**

|                                    |   |   |
|------------------------------------|---|---|
| <b>15 C/OH NAME</b> Diana Martinez |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>      | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$  |
|                                    | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 5,700.00                                   |
| <b>EXPENDITURE TOTALS</b>          | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  |
|                                    | 4. TOTAL POLITICAL EXPENDITURES   | \$ 5,366.69                                   |
| <b>CONTRIBUTION BALANCE</b>        | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 333.31                                     |
| <b>OUTSTANDING LOAN TOTALS</b>     | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$  |

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

*Diana Martinez*  
Signature of Candidate or Officeholder

**Please complete either option below:**



Sworn to and subscribed before me by Diana Martinez this the 2nd day of October, 2025 to certify which, witness my hand and seal of office.  
*Amelia V Gallegos* Amelia V. Gallegos Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)  
Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

Diana Martinez

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

|     |   |             |
|-----|---|-------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 5,700.00 |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$          |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$          |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$          |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 5,366.69 |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$          |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$          |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$          |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$          |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$          |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$          |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$          |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1:<br>2         |
| 2 FILER NAME<br>Diana Martinez   |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>07/28/2025   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>VALLEY MARKET PLACE LLC,<br>6 Contributor address; City; State; Zip Code<br>1602 W EXP.83 ALAMO TX 78516 | 7 Amount of contribution (\$)<br>200.00 |
| 8 Principal occupation / Job title (See Instructions)<br>OWNER   |   | 9 Employer (See Instructions)           |
| Date<br>07/28/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>LAW OFFICE OF DAMIAN OROZCO<br>Contributor address; City; State; Zip Code<br>1138 E. EXP.83 PHARR TX 78577 | Amount of contribution (\$)<br>100.00   |
| Principal occupation / Job title (See Instructions)<br>LAWYER  |   | Employer (See Instructions)             |
| Date<br>08/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>FERNANDO CASTILLO<br>Contributor address; City; State; Zip Code<br>P.O.BOX 903 SAN JUAN TX 78589           | Amount of contribution (\$)<br>100.00   |
| Principal occupation / Job title (See Instructions)<br>RETIRED   |   | Employer (See Instructions)             |
| Date<br>08/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>DIANA MARTINEZ<br>Contributor address; City; State; Zip Code<br>814 S. 12TH PLACE ALMO TX 78516            | Amount of contribution (\$)<br>4000.00  |
| Principal occupation / Job title (See Instructions)<br>RETIRED   |   | Employer (See Instructions)             |
|  |   |   |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |   |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

|   |  |   |                                      |   |  |
|---|--|---|--------------------------------------|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |  |   |                                      | <b>1</b> Total pages Schedule A1:                   |  |
| <b>2</b> FILER NAME<br>Diana Martinez   |  |   |                                      | <b>3</b> Filer ID (Ethics Commission Filers)        |  |
| <b>4</b> Date<br><br>08/19/2025   |  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>ORNELAS INDUSTRIES INC. |                                      | <b>7</b> Amount of contribution (\$)<br><br>1000.00 |  |
|   |  | <b>6</b> Contributor address; City; State; Zip Code<br>1220 W HWY 83 ALAMO TX 78516                                 |                                      |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CONTRACTOR  |  |   | <b>9</b> Employer (See Instructions) |   |  |
| Date<br><br>09/24/2025  |  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>QUALITY HEAVY TRUCK PARTS        |                                      | Amount of contribution (\$)<br><br>300.00           |  |
|   |  | Contributor address; City; State; Zip Code<br>P.O.BOX 4230 MCALLEN TX 78502   |                                      |   |  |
| Principal occupation / Job title (See Instructions)<br>OWNER  |  |   | Employer (See Instructions)          |   |  |
| Date  |  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)                                     |                                      | Amount of contribution (\$)                         |  |
|   |  | Contributor address; City; State; Zip Code  |                                      |   |  |
| Principal occupation / Job title (See Instructions)   |  |   | Employer (See Instructions)          |   |  |
| Date  |  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)                                     |                                      | Amount of contribution (\$)                         |  |
|   |  | Contributor address; City; State; Zip Code  |                                      |   |  |
| Principal occupation / Job title (See Instructions)   |  |   | Employer (See Instructions)          |   |  |
|   |  |   |                                      |   |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |   |                                      |   |  |



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |  |   |  |                            |                                 |
|---|---|--|---|--|----------------------------|---------------------------------|
| <b>1</b> Total pages Schedule F1:<br><b>4</b>                       |   | <b>2</b> FILER NAME<br><b>DIANA MARTINEZ</b>           |   | <b>3</b> Filer ID (Ethics Commission Filers) |                            |                                 |
| <b>4</b> Date<br><b>08/01/2025</b>                                  |   | <b>5</b> Payee name<br><b>AGUILARS MEAT MARKET</b>     |   |  |                            |                                 |
| <b>6</b> Amount (\$)<br><b>485.00</b>                               |   | <b>7</b> Payee address;<br><b>425 N. NEBRASKA AVE,</b> |   | <b>City;</b><br><b>SAN JUAN</b>              | <b>State;</b><br><b>TX</b> | <b>Zip Code</b><br><b>78589</b> |
| <b>8</b><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>FOOD/BEVERAGE</b> |  | <b>(b)</b> Description<br><b>CHICKEN</b>                                  |  |                            |                                 |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.      |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                            |                                 |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   | Candidate / Officeholder name                          |   | Office sought                                | Office held                |                                 |
| Date<br><b>08/01/2025</b>   |   | Payee name<br><b>SAMS</b>                              |   |  |                            |                                 |
| Amount (\$)<br><b>104.61</b>  |   | Payee address;<br><b>1400 E. JACKSON AVE</b>           |   | <b>City;</b><br><b>MCALLEN</b>               | <b>State;</b><br><b>TX</b> | <b>Zip Code</b><br><b>78503</b> |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                               | Category (See Categories listed at the top of this schedule)<br><b>EVENT EXPENSE</b>            |  | Description<br><b>PARTY PACKS/DRINKS</b>                                  |  |                            |                                 |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                 |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                            |                                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   | Candidate / Officeholder name                          |   | Office sought                                | Office held                |                                 |
| Date<br><b>08/01/2025</b>   |   | Payee name<br><b>DOLLAR TREE</b>                       |   |  |                            |                                 |
| Amount (\$)<br><b>11.10</b>   |   | Payee address;<br><b>1449 W. DURANTA</b>               |   | <b>City;</b><br><b>ALAMO</b>                 | <b>State;</b><br><b>TX</b> | <b>Zip Code</b><br><b>78516</b> |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                               | Category (See Categories listed at the top of this schedule)<br><b>OTHER</b>                    |  | Description<br><b>TRAYS</b>   |  |                            |                                 |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                 |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                            |                                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   | Candidate / Officeholder name                          |   | Office sought                                | Office held                |                                 |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>          |   |  |   |  |                            |                                 |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |  |  |   |              |
|---|--|--|--|--|---|--------------|
| <b>1</b> Total pages Schedule F1:                                   |  | <b>2</b> FILER NAME<br>DIANA MARTINEZ  |  |  | <b>3</b> Filer ID (Ethics Commission Filers)                              |              |
| <b>4</b> Date<br>08/01/2025   |  | <b>5</b> Payee name<br>BRAND BOOSTERS CO LLC   |  |  |   |              |
| <b>6</b> Amount (\$)<br>3,900.00                                    |  | <b>7</b> Payee address;<br>301 N MCOLL RD STE 6  |  |  | City;<br>MCALLEN  | State;<br>TX |
| <b>8</b><br><br>PURPOSE<br>OF<br>EXPENDITURE                        |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><br>PRINTIN EXPENSE |  |  | <b>(b)</b> Description<br><br>T-SHIRTS/SIGNS                              |              |
|   |  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |  |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name  |  |  | Office sought   | Office held  |

|  |   |  |  |   |                 |
|--|---|--|--|---|-----------------|
| Date   | Payee name  |  |  |   |                 |
| Amount (\$)  | Payee address;  |  |  | City;   | State; Zip Code |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)                    |  |  | Description   |                 |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   |  |  | Office sought   | Office held     |

|  |   |  |  |   |                 |
|--|---|--|--|---|-----------------|
| Date   | Payee name  |  |  |   |                 |
| Amount (\$)  | Payee address;  |  |  | City;   | State; Zip Code |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)                    |  |  | Description   |                 |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   |  |  | Office sought   | Office held     |

|  |   |  |  |   |                 |
|--|---|--|--|---|-----------------|
| Date   | Payee name  |  |  |   |                 |
| Amount (\$)  | Payee address;  |  |  | City;   | State; Zip Code |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)                    |  |  | Description   |                 |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   |  |  | Office sought   | Office held     |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |   |                                   |                                       |                                   |
|---|---|---|-----------------------------------|---------------------------------------|-----------------------------------|
| 1 Total pages Schedule F1:                            |   | 2 FILER NAME<br>DIANA MARTINEZ          |                                   | 3 Filer ID (Ethics Commission Filers) |                                   |
| 4 Date<br>09/07/25                                    |   | 5 Payee name<br>PSJA WOLVERINE Q.B CLUB |                                   |                                       |                                   |
| 6 Amount (\$)<br>225.00                               |   | 7 Payee address;<br><br>ALAMO           |                                   | City;<br>TX                           | State;<br>Zip Code<br>78516       |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                 | (a) Category (See Categories listed at the top of this schedule)<br><br>OTHER   |   | (b) Description<br><br>PROGRAM AD |                                       |                                   |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |                                   |                                       |                                   |
| 9 Complete ONLY if direct expenditure to benefit C/OH |   | Candidate / Officeholder name           |                                   | Office sought                         | Office held                       |
| Date<br>09/08/2025                                    |   | Payee name<br>PSJA LIONS CLUB           |                                   |                                       |                                   |
| Amount (\$)<br>100.00                                 |   | Payee address;<br>2203 FRESNO ST        |                                   | City;<br>SAN JUAN                     | State;<br>TX<br>Zip Code<br>78589 |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)<br><br>OTHER   |   | Description<br><br>POSTER         |                                       |                                   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |   |                                   |                                       |                                   |
| Complete ONLY if direct expenditure to benefit C/OH   |   | Candidate / Officeholder name           |                                   | Office sought                         | Office held                       |
| Date<br>09/01/2025                                    |   | Payee name<br>TEXAS DEMOCRATS           |                                   |                                       |                                   |
| Amount (\$)<br>350.00                                 |   | Payee address;<br><br>AUSTIN            |                                   | City;<br>TX                           | State;<br>Zip Code<br>78761       |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)<br><br>POLLING EXPENSE   |   | Description<br><br>VAN            |                                       |                                   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |   |                                   |                                       |                                   |
| Complete ONLY if direct expenditure to benefit C/OH   |   | Candidate / Officeholder name           |                                   | Office sought                         | Office held                       |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   |   |   |                                   |                                       |                                   |



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |   |   |  |                  |
|---|--|---|---|--|------------------|
| <b>1</b> Total pages Schedule F1:                                   |  | <b>2</b> FILER NAME<br>DIANA MARTINEZ                 |   | <b>3</b> Filer ID (Ethics Commission Filers) |                  |
| <b>4</b> Date<br>08/16/2025   |  | <b>5</b> Payee name<br>HOME DEPOT                     |   |  |                  |
| <b>6</b> Amount (\$)<br><br>13.98                                   |  | <b>7</b> Payee address;<br><br>1500 W. EXPRESSWAY 83, |   | City;<br><br>WESLACO                         | State;<br><br>TX |
|   |  |   |   | Zip Code<br><br>78596                        |                  |
| <b>8</b><br><br>PURPOSE<br>OF<br>EXPENDITURE                        | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><br>OTHER       |   | <b>(b)</b> Description<br><br>NAILS                                       |  |                  |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name                         |   | Office sought                                | Office held      |
|   |  |   |   |  |                  |
| Date<br>08/25/2025  |  | Payee name<br>HOME DEPOT                              |   |  |                  |
| Amount (\$)<br><br>41.69  |  | Payee address;<br><br>1500 W. EXPRESSWAY 83,          |   | City;<br><br>WESLACO                         | State;<br><br>TX |
|   |  |   |   | Zip Code<br><br>78596                        |                  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                               | Category (See Categories listed at the top of this schedule)<br><br>OTHER                  |   | Description<br><br>TIES   |  |                  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate / Officeholder name                         |   | Office sought                                | Office held      |
|   |  |   |   |  |                  |
| Date<br>08/29/2025  |  | Payee name<br>ONTIVEROS PRINTING                      |   |  |                  |
| Amount (\$)<br><br>135.31   |  | Payee address;<br><br>915 E. FERGUSON AVE             |   | City;<br><br>PHARR                           | State;<br><br>TX |
|   |  |   |   | Zip Code<br><br>78577                        |                  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                               | Category (See Categories listed at the top of this schedule)<br><br>PRINTING EXPENSE       |   | Description<br><br>FLYERS   |  |                  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate / Officeholder name                         |   | Office sought                                | Office held      |
|   |  |   |   |  |                  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>          |  |   |   |  |                  |