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: 7

OFFICE USE ONLY

Date Received

RECEIVED
OCT 27 2025 @ 11:32 am
BY:

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: DIANA | MI:

NICKNAME | LAST: MARTINEZ | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE

814 S. 12TH PL | ALAMO | TX | 78516

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(956) 929-4142

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: CYNTHIA | MI: A

NICKNAME | LAST: GUTIERREZ | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE

400 W 12TH ST | SAN JUAN | TX | 78589

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: 09 / 26 / 25 THROUGH 10 / 25 / 25

11 ELECTION

ELECTION DATE: Month 11 / Day 4 / Year 25

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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
DIANA MARTINEZ	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 1780.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 3,500.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 135.02
	4.	**TOTAL POLITICAL EXPENDITURES**	$
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 3,698.29

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:

(1) Affidavit

AMELIA V GALLEGOS
Notary ID #5144621
My Commission Expires
April 16, 2029

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Diana Martinez this the 27th 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 _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
DIANA MARTINEZ	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 3500.00
2.	☑ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 1780.00
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐ SCHEDULE E: LOANS	$
5.	☑ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 135.02
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐ 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: 1

2 FILER NAME: DIANA MARTINEZ

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
10/10/25	ARTURO ORTEGA	533 N ALAMO RD ALAMO TX 78516	1000.00

8 Principal occupation / Job title (See Instructions): BANKER

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/23/25	DIANA MARTINEZ	814 S. 12TH PL ALAMO TX 78516	2000.00

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/24/25	MEMORIAL FUNERAL HOME LLC	P.O.BOX 125 SAN JUAN TX 78589	500.00

Principal occupation / Job title (See Instructions): OWNER

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Contributor address; City; State; Zip Code	Amount of contribution ($)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 2
2 FILER NAME DIANA MARTINEZ	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**8** Amount of Contribution $	**9** In-kind contribution description
10/29/25	CITY MUSIC BALLROOM /HACIENDA	800.00	EVENT EXPENSE
	7 Contributor address; City; State; Zip Code: 522 N IOWA SAN JUAN TX 78589	☐ Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions): OWNER	**11** Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	**13** Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
10/19/25	SARITAS MEXICAN FOOD	580.00	FOOD
	Contributor address; City; State; Zip Code: 2101 N 10TH MCALLEN TX 78501	☐ Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions): OWNER	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 2
2 FILER NAME DIANA MARTINEZ	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**8** Amount of Contribution $	**9** In-kind contribution description
10/19/25	DIANA MARTINEZ	400.00	EVENT EXPENSE
	7 Contributor address; City; State; Zip Code: 814 S. 12TH PL ALAMO TX 78516	☐ Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions): RETIRED	**11** Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	**13** Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
	Contributor address; City; State; Zip Code	☐ Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	DIANA MARTINEZ	

4 Date: 10/14/25

5 Payee name: HOME DEPOT

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
105.02	1500 W EXPY 83	WESLACO	TX	78599

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): OTHER

(b) Description: ROPE

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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Date: 10/17/25

Payee name: ONTIVEROS PRINTING

Amount ($)	Payee address;	City;	State;	Zip Code
30.00	915 E FERGUSON AVE	PHARR	TX	78577

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): PRINTING EXPENSE

Description: SAMPLE BALLOT

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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 OF EXPENDITURE

Category (See Categories listed at the top of this schedule):

Description:

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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