

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / (MRS) MR <input checked="" type="radio"/> MR FIRST: Christy LAST: Martinez NICKNAME: _____ SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] Lubbock TX 79413	<div style="border: 1px solid green; padding: 5px; display: inline-block;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="margin: 0;">APR 29 2022</p> <p style="margin: 0;">OFFICE OF THE CITY SECRETARY</p> </div> 3:50pm	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]	Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) <input checked="" type="radio"/> MR FIRST: Andrew LAST: Phillips NICKNAME: Jonathan SUFFIX: _____	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] Lubbock TX 79414	Receipt #	Amount \$
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]	Date Processed	
9 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 (Officerholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 4 / 07 / 22 THROUGH 4 / 29 / 22		
11 ELECTION	ELECTION DATE Month Day Year 5 / 7 / 22	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) District 1 City Council	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

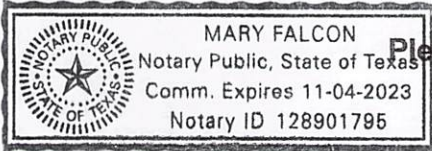
**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <i>Christy Martinez</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ <i>3225.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2383.02</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>5580.90</i>
OUTSTANDING LOAN TOTALS	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.

Christy Martinez
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Christy Martinez* this the *29th* day of *April*,

20 *22*, to certify which, witness my hand and seal of office.

Mary Falcon Signature of officer administering oath
Mary Falcon Printed name of officer administering oath
Notary 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

Christy 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	\$ 3225.00
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	\$ 2361.08
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 21.94
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: 3
2 FILER NAME Christy Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 4-7-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. William Dean	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code [Redacted] Lubbock TX 79424		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 4-6-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Ramirez	Amount of contribution (\$) 200.00 mail-in
Contributor address; City; State; Zip Code [Redacted] Lubbock TX 79403		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 4-10-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marin T. Rangel	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [Redacted] Lubbock TX 79404		
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)
Date 4-11-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter J. Lavery	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code [Redacted] Lubbock TX 79411		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 3
2 FILER NAME Christy Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 4-13-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe L Landin	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code [REDACTED] Lubbock TX 79423		
8 Principal occupation / Job title (See Instructions) Marketing Director		9 Employer (See Instructions) Mighty Shine Express Car Wash
Date 4-14-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Wood	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [REDACTED] Lubbock TX 79424		
Principal occupation / Job title (See Instructions) Owner/operator		Employer (See Instructions) Custom Homes By Robert Wood
Date 4-14-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Bell	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [REDACTED] Lubbock TX 79423		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4-25-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose J. Martinez	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code [REDACTED] Lubbock TX 79415		
Principal occupation / Job title (See Instructions) Retired		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.		

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: 3
2 FILER NAME Christy Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 4-19-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry H ORR	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code [REDACTED] Lubbock Tx 79423		
8 Principal occupation / Job title (See Instructions) Retired Bank		9 Employer (See Instructions)
Date 4-25-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maurice Stanley	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] Lubbock Tx 79413		
Principal occupation / Job title (See Instructions) Owner business		Employer (See Instructions) Jerry's Barber Shop
Date 4-25-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abel Martinez	Amount of contribution (\$) 75.00
Contributor address; City; State; Zip Code [REDACTED] Lubbock Tx 79423		
Principal occupation / Job title (See Instructions) Retired		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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Christy Martinez	3 Filer ID (Ethics Commission Filers)
------------------------------	---	---------------------------------------

4 Date 4-7-22	5 Payee name Advanced Graphix
-------------------------	---

6 Amount (\$) 365.00	7 Payee address; 520 23rd Street	City; Lubbock	State; TX	Zip Code 79404
--------------------------------	---	-------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Christy Martinez	Office sought City Council District 1	Office held
--	--	---	-------------

Date 4-12-22	Payee name KXTQ Fm
------------------------	------------------------------

Amount (\$) 1,504.50	Payee address; 9800 University Ave.	City; Lubbock	State; TX	Zip Code 79423
--------------------------------	---	-------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	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 Christy Martinez	Office sought City Council District 1	Office held
--	--	---	-------------

Date 4-13-22	Payee name Action Printing
------------------------	--------------------------------------

Amount (\$) 491.58	Payee address; 2407 82nd Street	City; Lubbock	State; TX	Zip Code 79423
------------------------------	--	-------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	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 Christy Martinez	Office sought City Council District 1	Office held
--	--	---	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Christy Martinez</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>21.94</i>
5 Date	6 Payee name <i>Joel's Restaurant</i>	
7 Amount (\$) <i>21.94</i>	8 Payee address; City; State; Zip Code <i>3116 Amherst Street Lubbock TX 79415</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	(b) Description <i>Lunch</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 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	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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