

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Ariela Martinez		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 275.00
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 1.03
	4. TOTAL POLITICAL EXPENDITURES	\$ 113.00
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,832.83
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

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

Ariela Martinez
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Ariela Martinez, and my date of birth is 07/02/1992
 My address is 4513 Ohio Garden Rd, Fort Worth, TX, 76114, USA
(street) (city) (state) (zip code) (country)
 Executed in Tarrant County, State of Texas, on the 30 day of April, 2024
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Ariela Martinez		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	■ SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$ 275.00
2	SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3	SCHEDULE B PLEDGED CONTRIBUTIONS	\$
4	SCHEDULE E LOANS	\$
5	SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$ 113.00
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 Ariela Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 03/19/2024	5 Full name of contributor out-of-state PAC (ID# _____) Antonio Alba	7 Amount of contribution (\$) 25.00
6 Contributor address, City, State, Zip Code 4513 Ohio Garden Rd, Fort Worth, TX, 76114		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 03/19/2024	Full name of contributor out-of-state PAC (ID# _____) Alex Jimenez	Amount of contribution (\$) 250.00
Contributor address, City, State, Zip Code 245 Willow Ridge Rd, Fort Worth, TX, 76103		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor 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 out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address, City, State, Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 PERSONAL FUNDS

SCHEDULE G

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

1 Total pages Schedule G 1	2 FILER NAME Ariela Martinez	3 Filer ID (Ethics Commission Filers)
4 Date 03/19/2024	5 Payee name Canva	
6 Amount (\$) 113 00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, City, State, Zip Code 110 Kippax St, NSW 2010, Australia	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing expense	(b) Description flyer
	(c) Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended <input type="checkbox"/>	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 <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended <input type="checkbox"/>	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 <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED