

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:

OFFICE USE ONLY

Date Received

RECEIVED
MAY 18 4:18pm

BY: *[Signature]*

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mrs. Juanita V.
NICKNAME LAST SUFFIX
Martinez

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
3220 El Indio Hwy. Eagle Pass, Texas 78852

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(830) 352-5636

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mrs. Juanita V.
NICKNAME LAST SUFFIX
Martinez

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3220 El Indio Hwy. Eagle Pass Texas 78852

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(830) 352-5636

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 Month Day Year
02 / 22 / 2026 THROUGH 05 / 16 / 2026

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
03 / 03 / 2026 General Special

12 OFFICE

OFFICE HELD (if any)
County Chair

13 OFFICE SOUGHT (if known)
County Chair

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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

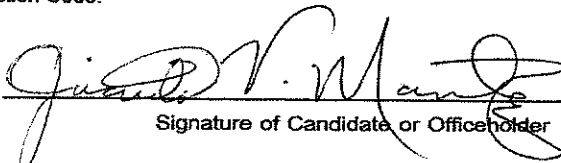
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2,879.79
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,879.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 31.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.


 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 Juanita V. Martinez, and my date of birth is 05/22/1956
 My address is 3220 El Indio Hwy, Eagle Pass, Texas, 78852, U.S.A.
(street) (city) (state) (zip code) (country)
 Executed in Maverick County, State of Texas, on the 16th day of May, 2026
(month) (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)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,300.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,268.03
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	\$ 579.79
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:
2 FILER NAME Juanita V. Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 03/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Bednarz	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 2321 Via Granada PLNW Albuquerque NM 87104-3098		
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions)
Date 3/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter G. Holtz	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3204 Rayburn St, Las Vegas NM 87701-5124		
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claudio Heredia	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 60 Benavides Rd. Eagle Pass, Texas 78852		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon Gay	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 100 N. Nugent Ave. Johnson City Texas 78636		
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 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
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)

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1 Total pages Schedule G: <p style="text-align:center">1</p>	2 FILER NAME <p style="text-align:center">Juanita V. Martinez</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">05/12/2026</p>	5 Payee name <p style="text-align:center">Digital Printing</p>	
6 Amount (\$) <p style="text-align:center">579.79</p> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <p style="text-align:center">737 E. Main St.</p> <input type="checkbox"/> Check if individual's residence address.	
	City; <p style="text-align:center">Eagle Pass</p>	State; Zip Code <p style="text-align:center">Texas 78852</p>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">Advertising Expense</p>	(b) Description <p style="text-align:center">Candidate Push Cards</p>
	<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	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <input type="checkbox"/> Check if individual's residence address.	
	City;	State; Zip Code
PURPOSE OF 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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <input type="checkbox"/> Check if individual's residence address.	
	City;	State; Zip Code
PURPOSE OF 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