

FILED IN THE OFFICE OF CITY CLERK

ON 29 DAY OF July 2010AT 4:40 PMYvonne Spence

DEPUTY CITY CLERK

FORM COR-C/OH

CORRECTION AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER

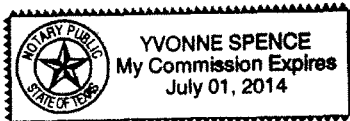
1 ACCOUNT #		2 Total pages filed: 10		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received			
	NICKNAME	LAST	SUFFIX				
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit					
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Receipt #	Amount		
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Legal	Totals		
				Date Processed			
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	07	01	2009	THROUGH	12	31	2009
6 EXPLANATION OF CORRECTION							

This amended report contains the following corrections:
--changed the Treasurer's address to a street address.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

M. Martinez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Mike Martinez this the 29th day of July

2010 to certify which, witness my hand and seal of office.

Yvonne Spence

Signature of officer administering oath

Printed name of officer administering oath

Yvonne Spence

Title of officer administering oath

Notary

Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.				1 ACCOUNT # (Ethics Commission filers) 00000078		2 PAGE # 1 of 10									
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI Mike				OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Receipt #</td> <td style="width: 50%; padding: 2px;">Amount</td> </tr> </table>		Receipt #	Amount						
		Receipt #	Amount												
		NICKNAME LAST SUFFIX Martinez													
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 301 W. 2nd St. 2nd Floor Austin, TX 78701				Date Processed Date Imaged									
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Janis													
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2001 Exposition Blvd. Austin, TX 78703				Date Imaged									
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION													
8 REPORT TYPE		<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input checked="" type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>						<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input checked="" type="checkbox"/> Final report (Attach C/OH - FR)
<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)												
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input checked="" type="checkbox"/> Final report (Attach C/OH - FR)												
9 PERIOD COVERED		<table style="width: 100%;"> <tr> <td style="width: 33%;">Month Day Year</td> <td style="width: 33%; text-align: center;">THROUGH</td> <td style="width: 33%;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">07/01/2009</td> <td></td> <td style="text-align: center;">12/31/2009</td> </tr> </table>						Month Day Year	THROUGH	Month Day Year	07/01/2009		12/31/2009		
Month Day Year	THROUGH	Month Day Year													
07/01/2009		12/31/2009													
10 ELECTION		ELECTION DATE Month Day Year 05/10/2009		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special											
11 OFFICE		OFFICE HELD (if any) City Council, Place 2				12 OFFICE SOUGHT (if known)									
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. Name Address/PO Box; Apt. / Suite #; City; State; Zip Code													
<input type="checkbox"/> additional pages															

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Martinez, Mike

15 ACCOUNT # (Ethics Commission filers)
0000007816 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures 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

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

12,074.52

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

12,462.54

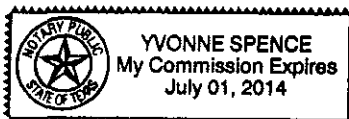
OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

0.00

18 AFFIDAVIT

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.



M. Martinez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mike Martinez, this the 29th day of July, 20 10, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/6 Report: 3/10		2 FILER NAME Martinez, Mike		3 ACCOUNT # (TEC filers) 00000078	
4 Date 11/17/2009	5 Payee name Another Option Productions				
6 Amount (\$) \$100.00	7 Payee address City; State; Zip Code requested TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation for Givens Recreation Thanksgiving Dinner		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/14/2009	Payee name Apple Store				
Amount (\$) \$2,865.82	Payee address City; State; Zip Code 2901 S. Capital of Texas Highway Austin, TX 78746				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Computer & supplies		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/02/2009	Payee name AT&T				
Amount (\$) \$640.83	Payee address City; State; Zip Code 907 W 5th St. STE 103 Austin, TX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone/PDA		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/20/2009	Payee name Austin AFL-CIO				
Amount (\$) \$215.00	Payee address City; State; Zip Code 2520 Longview St. Suite 211 Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertisement		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/6 Report: 4/10		2 FILER NAME Martinez, Mike		3 ACCOUNT # (TEC filers) 00000078	
4 Date 11/19/2009		5 Payee name Austin NAACP			
6 Amount (\$) \$150.00		7 Payee address City; State; Zip Code 1704 E. 12th Street Austin, TX 78702			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertisement in banquet program	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 09/22/2009		Payee name Austin Pets Alive			
Amount (\$) \$300.00		Payee address City; State; Zip Code P.O. Box 6247 Austin, TX 78762			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation for Autoclave surgical instrument sterilizer	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 11/02/2009		Payee name Blue Roots Strategies			
Amount (\$) \$1,750.00		Payee address City; State; Zip Code P.O. Box 300053 Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 11/18/2009		Payee name Blue Roots Strategies			
Amount (\$) \$500.00		Payee address City; State; Zip Code P.O. Box 300053 Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/6 Report: 5/10		2 FILER NAME Martinez, Mike		3 ACCOUNT # (TEC filers) 00000078	
4 Date 07/23/2009		5 Payee name Cavazos, Jazmin			
6 Amount (\$) \$500.00		7 Payee address City; State; Zip Code 2207 S 5th St. Apt. 203 Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/23/2009		Payee name Garza, Robert			
Amount (\$) \$1,000.00		Payee address City; State; Zip Code 2106 Keepsake Dr. Austin, TX 78745			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/18/2009		Payee name La Voz Newspaper			
Amount (\$) \$750.00		Payee address City; State; Zip Code P.O. Box 19457 Austin, TX 78757			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertisement & newspaper sponsor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/09/2009		Payee name La Voz Newspaper			
Amount (\$) \$82.50		Payee address City; State; Zip Code P.O. Box 19457 Austin, TX 78757			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertisement & newspaper sponsor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/6 Report: 6/10		2 FILER NAME Martinez, Mike		3 ACCOUNT # (TEC filers) 00000078	
4 Date 07/23/2009	5 Payee name Moore, Andrew				
6 Amount (\$) \$1,000.00	7 Payee address City; State; Zip Code 105 Elizabeth St. Austin, TX 78704				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/21/2009	Payee name National Multiple Sclerosis Society				
Amount (\$) \$50.00	Payee address City; State; Zip Code 8111 N. Stadium Drive Suite 100 Houston, TX 77054				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation for MS: Austin Walk event		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/22/2009	Payee name Newton, Scott				
Amount (\$) \$25.00	Payee address City; State; Zip Code 3012 Oak Crest Ave. Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CD from photoshoot		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/01/2009	Payee name Paradigm Shift				
Amount (\$) \$100.00	Payee address City; State; Zip Code Requested				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation for Youth Event		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/6 Report: 7/10		2 FILER NAME Martinez, Mike		3 ACCOUNT # (TEC filers) 00000078	
4 Date 10/12/2009	5 Payee name Peoplefund				
6 Amount (\$) \$150.00	7 Payee address City; State; Zip Code 207 Chalmers Ave Austin, TX 78702				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation for 2009 Conference on Economic Opportunity		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/15/2009	Payee name South Austin Democrats				
Amount (\$) \$100.00	Payee address City; State; Zip Code PO Box 152592 Austin, TX 78715				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/01/2009	Payee name Texas Tribune				
Amount (\$) \$100.00	Payee address City; State; Zip Code 823 Congress Ave Suite 210 Austin, TX 78701				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/06/2009	Payee name The Flower Bucket				
Amount (\$) \$70.36	Payee address City; State; Zip Code 3100 North Lamar Boulevard Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Flowers and delivery for funeral		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/6 Report: 8/10

2 FILER NAME
Martinez, Mike

3 ACCOUNT # (TEC filers)
00000078

4 Date
10/23/2009

5 Payee name
Travis County Democratic Party

6 Amount (\$)
\$250.00

7 Payee address City; State; Zip Code
1311 East 6th Street
Austin, TX 78702

8 PURPOSE OF EXPENDITURE

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

(b) Description (If travel outside of Texas, complete Schedule T) ☐
Donation for Trio of Stars Women's Brunch event

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought:

Office held:

Date
10/28/2009

Payee name
United East Austin Coalition

Amount (\$)
\$100.00

Payee address City; State; Zip Code
1511 Haskell St.
Austin, TX 78702

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T) ☐
Donation for 24th Annual Dia De La Raza event

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought:

Office held:

Date
07/23/2009

Payee name
Williamson, Laura

Amount (\$)
\$1,275.01

Payee address City; State; Zip Code
12417 Audane Dr.
Austin, TX 78727

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T) ☐
Contract Labor

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought:

Office held:

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 9/10**2** FILER NAME Martinez, Mike**3** ACCOUNT # (Ethics Commission filers)
00000078**4** Date

11/06/2009

5 Payor name

Lee Leffingwell (Campaign Account)

6 Payor address; City; State; Zip Code2520 Longview St.
STE 313
Austin, TX 78705**8** Amount
(\$)

\$35.18

7 Reason for credit

Partial reimbursement for joint flowers sent to a funeral

**CANDIDATE/OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**** Complete only if 'Report Type' on page 1 is marked 'Final Report' ****

Page 10 of 10

1 C/OH NAME Martinez, Mike**2 ACCOUNT #** (Ethics Commission filers)

00000078

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****** Complete A & B below only if you are not an officeholder ******A. CAMPAIGN FUNDS**

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.**B. ASSETS**

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204._____
Signature of Candidate**5 OFFICEHOLDER****** Complete this section only if you are an officeholder ****☒ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions._____
Signature of Officeholder