

FILED IN THE OFFICE OF CITY CLERK

FORM COR-C/OH

ON 29 DAY OF July 2010  
 AT 4:40 PM  
*Yvonne Spence*  
 DEPUTY CITY CLERK

**CORRECTION AFFIDAVIT  
 FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT #		2 Total pages filed: <b>23</b>		<b>OFFICE USE ONLY</b>	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST	MI	Date Received
		NICKNAME	LAST	SUFFIX	
			<b>Mike</b>		
			<b>Martinez</b>		
4 ORIGINAL REPORT TYPE		<input 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		Receipt #
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Amount
		<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Legal
					Totals
5 ORIGINAL PERIOD COVERED		Month	Day	Year	THROUGH
		03	31	2009	04
					29
					2009
					Date Processed
					Date Imaged

6 EXPLANATION OF CORRECTION

This amended report contains the following corrections:  
 --changed the Treasurer's address to a street address.  
 --changed description of expenditure to Paypal.  
 --corrected contributor name Austin Board of Realtors to Austin Board of Realtors PAC, as shown on the check.

7 AFFIDAVIT

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

Check ONLY if applicable:

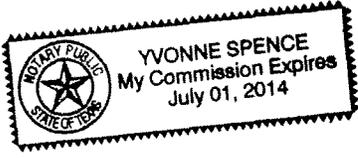
I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*M. Martinez*  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by MIKE MARTINEZ this the 29<sup>th</sup> day of July, 2010, to certify which, witness my hand and seal of office.

*Yvonne Spence*      Yvonne Spence      Notary  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath



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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# 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 21

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: \_\_\_\_\_ FIRST: Mike MI: \_\_\_\_\_  
 NICKNAME: \_\_\_\_\_ LAST: Martinez SUFFIX: \_\_\_\_\_

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt #      Amount

Date Processed

Date Imaged

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE

301 W. 2nd St. 2nd Floor  
Austin, TX 78701

Change of Address

**5 CAMPAIGN TREASURER NAME**

MS / MRS / MR: \_\_\_\_\_ FIRST: Janis MI: \_\_\_\_\_  
 NICKNAME: \_\_\_\_\_ LAST: Pinnelli SUFFIX: \_\_\_\_\_

**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

**7 CAMPAIGN TREASURER PHONE**

AREA CODE      PHONE NUMBER      EXTENSION

(512) 478-7816

**8 REPORT TYPE**

January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (officeholder only)

July 15       8th day before election       Exceeded \$500 limit       Final report (Attach C/OH - FR)

**9 PERIOD COVERED**

Month      Day      Year      THROUGH      Month      Day      Year

03/31/2009      04/29/2009

**10 ELECTION**

ELECTION DATE      ELECTION TYPE

Month      Day      Year       Primary       Runoff       General       Special

05/09/2009

**11 OFFICE**      OFFICE HELD (if any)  
City Council, Place 2

**12 OFFICE SOUGHT (if known)**  
City Council, Place 2

**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

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)  
00000078

### 16 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. ..

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

### 17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	905.00
-----------------------------------------------------------------------------------------------------------------------	----	--------

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	18,885.00
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### EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	8.32
------------------------------------------------------------------	----	------

4. TOTAL POLITICAL EXPENDITURES	\$	57,950.55
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### CONTRIBUTION BALANCE

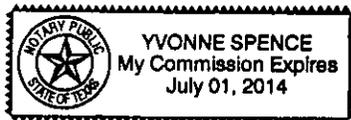
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	48,478.99
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### OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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### 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 29<sup>th</sup> day of July, 2010, to certify which, witness my hand and seal of office.

*Yvonne Spence*  
Signature of officer administering oath

Yvonne Spence  
Print name of officer administering oath

*M. Martinez*  
Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/13 Report: 4/21	
2 FILER NAME Martinez, Mike		3 ACCOUNT # (Ethics Commission filers) 00000078	
4 Date  03/31/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blacklock, Shirley and Dan  6 Contributor address; City; State; Zip Code 13005 Shawnee Manchaca, TX 78652	7 Amount of contribution (\$)  \$700.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Legal Secretary / retired		10 Employer (See Instructions) Brown McCarroll / retired	
Date  04/16/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blaine, Edward  Contributor address; City; State; Zip Code 1507 West Lynn St. Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) General Partner		Employer (See Instructions) Ranier Management	
Date  04/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Braker Pointe Joint Venture  Contributor address; City; State; Zip Code 601 N. Lamar Ste. 301 Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bruce, Judy  Contributor address; City; State; Zip Code 919 Congress Ave. Ste. 1500 Austin, TX 78701	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) requested	
Date  04/13/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burton, Charles E.  Contributor address; City; State; Zip Code 1118 Mission Rdg. Austin, TX 78704	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) requested	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/13 Report: 5/21	
2 FILER NAME Martinez, Mike		3 ACCOUNT # (Ethics Commission filers) 00000078	
4 Date  04/03/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burton, Susan  6 Contributor address; City; State; Zip Code 300 Blue Creek Drive Dripping Springs, TX 78620	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  04/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cady, Bryan  Contributor address; City; State; Zip Code 54 Rainey St. #305 Austin, TX 78701	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Callaway, William  Contributor address; City; State; Zip Code 4400 Island Ave. Austin, TX 78731	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) retired	
Date  04/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cherkaoui, Sam  Contributor address; City; State; Zip Code 815 Walker #340 Houston, TX 77002	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) AMPCO System Parking	
Date  04/24/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clement, Clark  Contributor address; City; State; Zip Code 36130 Mill Lake Rd. Gobles, MI 49055	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/13 Report: 7/21	
2 FILER NAME Martinez, Mike		3 ACCOUNT # (Ethics Commission filers) 00000078	
4 Date  04/06/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erben, Randall  6 Contributor address; City; State; Zip Code 3310 River Road Austin, TX 78703	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Erben & Yarbrough	
Date  04/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fifth Lamar Retail I, Ltd.  Contributor address; City; State; Zip Code 601 N. Lamar Blvd. Ste. 301 Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grant, Kathy  Contributor address; City; State; Zip Code 915 West Johanna Austin, TX 78704	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/13/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gregory, Russell  Contributor address; City; State; Zip Code 3 Hillside Ct. Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) retired	
Date  03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guerrero, Linda  Contributor address; City; State; Zip Code 3204 Fairfax Walk Austin, TX 78705	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/13 Report: 8/21	
2 FILER NAME Martinez, Mike		3 ACCOUNT # (Ethics Commission filers) 00000078	
4 Date  04/13/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guess, Larry  6 Contributor address; City; State; Zip Code 202 East Barton Temple, TX 76501	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Developer		10 Employer (See Instructions) Self	
Date  03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hanna, Samir  Contributor address; City; State; Zip Code 9528 Big View Dr. Austin, TX 78730	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haverlah, Sandra  Contributor address; City; State; Zip Code 8600 Willowick Side B Austin, TX 78759	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Texas Consumer Association	
Date  04/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haynes, Cloteal  Contributor address; City; State; Zip Code 1613 Garnaas Dr. Austin, TX 78758	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henion, Karl II  Contributor address; City; State; Zip Code 3600 River Road Austin, TX 78703	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) UT Professor	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/13 Report: 9/21	
2 FILER NAME Martinez, Mike		3 ACCOUNT # (Ethics Commission filers) 00000078	
4 Date  04/28/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hernandez, Diane  6 Contributor address; City; State; Zip Code 7006 Twin Crest Dr. Austin, TX 78752	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Huberty, Janet  Contributor address; City; State; Zip Code 18814 Rusty Anchor Ct. Humble, TX 77346	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) requested	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Whitmire Campaign Fund  Contributor address; City; State; Zip Code 321 W. Cowan Dr Houston, TX 77007	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/24/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joost, Ronald  Contributor address; City; State; Zip Code 8624 N. Why Worry Lane Phoenix, AZ 85021	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Carollo Engineers	
Date  04/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph, John Jr.  Contributor address; City; State; Zip Code 11612 Musket Rim Austin, TX 78738	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) DHD Ventures	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/13 Report: 10/21	
2 FILER NAME Martinez, Mike		3 ACCOUNT # (Ethics Commission filers) 00000078	
4 Date  04/29/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph, John & Heather Jr.  6 Contributor address; City; State; Zip Code 7215 Chimney Corners Austin, TX 78731	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Developer / homemaker		10 Employer (See Instructions) DHD Ventures, LLC / none	
Date  04/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kalogridis, Mitchell  Contributor address; City; State; Zip Code 2110-B Boca Raton Dr. Sta. 102 Austin, TX 78747	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) MK Developments	
Date  04/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, John  Contributor address; City; State; Zip Code 4205 Ramsey Avenue Austin, TX 78756	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) requested	
Date  04/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leal, Gloria  Contributor address; City; State; Zip Code 3600 C Las Colinas Austin, TX 78731	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self	
Date  04/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leifker, Martin & Lynn  Contributor address; City; State; Zip Code 7401 Maricopa Cove Austin, TX 78749	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Sr. Manager Information Technology / none		Employer (See Instructions) Texas Mutual Insurance Company / none	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/13 Report: 12/21	
2 FILER NAME Martinez, Mike		3 ACCOUNT # (Ethics Commission filers) 00000078	
4 Date  03/31/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCullough, John  6 Contributor address; City; State; Zip Code P.O Box 303307 Austin, TX 78703	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  04/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mills, Bonnie  Contributor address; City; State; Zip Code 3407 Monte Vista Dr. Austin, TX 78731-5722	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moncada, Feliberto  Contributor address; City; State; Zip Code 5419 Salem Walk Dr. Austin, TX 78745-3048	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Environmental Consultant		Employer (See Instructions) AEC Inc.	
Date  04/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morales, Joel & Kathie  Contributor address; City; State; Zip Code 11203 Pinehurst Dr. Austin, TX 78747	Amount of contribution (\$)  \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) requested / requested	
Date  04/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olson, Eric  Contributor address; City; State; Zip Code 5911 Camino Seco Austin, TX 78731	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homebuilder		Employer (See Instructions) Olson Defendorf Custom Homes	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/13 Report: 13/21	
2 FILER NAME Martinez, Mike		3 ACCOUNT # (Ethics Commission filers) 00000078	
4 Date  04/10/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patman, Carrin  6 Contributor address; City; State; Zip Code West Austin Station P.O. Box 50033 Austin, TX 78763	7 Amount of contribution (\$)  \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions) retired	
Date  04/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillips, Cynthia  Contributor address; City; State; Zip Code 703 Loma Linda Dr. Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/22/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richards, Dan  Contributor address; City; State; Zip Code 1403 Kent Lane Austin, TX 78703	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Richards, Rodriguez & Skeith	
Date  04/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robb, Catherine  Contributor address; City; State; Zip Code 1405 Lorrain Street Austin, TX 78703	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/24/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rod Arend Rental  Contributor address; City; State; Zip Code P.O. Box 4598 Austin, TX 78765	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 12/13 Report: 14/21	
<b>2</b> FILER NAME    Martinez, Mike		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00000078	
<b>4</b> Date  04/23/2009	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Santos, Alfredo  ..... <b>6</b> Contributor address;    City;    State;    Zip Code 2705 Georgia Colenan Bend Austin, TX 78748	<b>7</b> Amount of contribution (\$)      <b>8</b> In-kind contribution description (if applicable)  \$220.00         Event Expense	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions) Editor		<b>10</b> Employer (See Instructions) La Voz Newspapers	
Date  04/14/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schlosser, Bradley  ..... Contributor address;    City;    State;    Zip Code 601 N Lamar Blvd., Ste.301 Austin, TX 78703	Amount of contribution (\$)         In-kind contribution description (if applicable)  \$350.00	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Schlosser Development Corp.	
Date  04/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schlosser, Kimberly  ..... Contributor address;    City;    State;    Zip Code 1309 Elton Lane Austin, TX 78703	Amount of contribution (\$)         In-kind contribution description (if applicable)  \$350.00	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none	
Date  04/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sellers, Tom  ..... Contributor address;    City;    State;    Zip Code 2102 Woodmont Ave. Austin, TX 78703	Amount of contribution (\$)         In-kind contribution description (if applicable)  \$200.00	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Manager, State Government Affairs		Employer (See Instructions) ConocoPhillips	
Date  04/16/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vitanza, David  ..... Contributor address;    City;    State;    Zip Code 413 Hazelline Dr. Lakeway, TX 78734-4644	Amount of contribution (\$)         In-kind contribution description (if applicable)  \$350.00	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Schlosser Development	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 13/13 Report: 15/21	
<b>2</b> FILER NAME    Martinez, Mike		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00000078	
<b>4</b> Date  04/13/2009	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, R. Paul  ..... <b>6</b> Contributor address;    City;    State;    Zip Code 9805 Indina Hills Drive Austin, TX 78717	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  04/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wheeler, Richard  ..... Contributor address;    City;    State;    Zip Code 1903A Crested Butte Dr. Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Malone-Wheeler	
Date  04/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) White, Melvin  ..... Contributor address;    City;    State;    Zip Code 809 Windsor Hill Dr. Pflugerville, TX 78660	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) MRSW	
Date  04/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Clayton & Modesta Jr.  ..... Contributor address;    City;    State;    Zip Code 6 Desta Drive, Ste. 6500 Midland, TX 79705	Amount of contribution (\$)  \$700.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner / investor		Employer (See Instructions) CWEI / self	

**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.

<b>1 PAGE #</b> Schedule: 1/5 Report: 16/21		<b>2 FILER NAME</b> Martinez, Mike		<b>3 ACCOUNT # (TEC filers)</b> 00000078	
<b>4 Date</b> 04/16/2009		<b>5 Payee name</b> Austin Fire Museum			
<b>6 Amount (\$)</b> \$1,000.00		<b>7 Payee address</b> City; State; Zip Code 401 East 5th Street Austin, TX 78701			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule)		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 04/21/2009		<b>Payee name</b> Butts, David			
<b>Amount (\$)</b> \$1,000.00		<b>Payee address</b> City; State; Zip Code 1914 Patton Lane Austin, TX 78723			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 04/02/2009		<b>Payee name</b> Harry, Susan			
<b>Amount (\$)</b> \$1,500.00		<b>Payee address</b> City; State; Zip Code 2520 Longview St., Ste. 211 Austin, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 04/27/2009		<b>Payee name</b> Kelly Graphics			
<b>Amount (\$)</b> \$28,574.06		<b>Payee address</b> City; State; Zip Code 1322 Lost Creek Blvd. Austin, TX 78746			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

- |                     |                               |                                  |                                            |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel in District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/5 Report: 17/21		<b>2 FILER NAME</b> Martinez, Mike		<b>3 ACCOUNT # (TEC filers)</b> 00000078	
<b>4 Date</b> 04/29/2009		<b>5 Payee name</b> Kelly Graphics			
<b>6 Amount (\$)</b> \$489.76		<b>7 Payee address City; State; Zip Code</b> 1322 Lost Creek Blvd. Austin, TX 78746			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b>		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> printing	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
Date 04/06/2009		Payee name La Prensa			
Amount (\$) \$300.00		Payee address City; State; Zip Code 1704 E 5th St, #103 Austin, TX 78702			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> advertising	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
Date 04/23/2009		Payee name La Voz Newspapers			
Amount (\$) \$330.00		Payee address City; State; Zip Code PO Box 19457 Austin, TX 78760			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> advertising	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
Date 04/06/2009		Payee name Martinez, Mike			
Amount (\$) \$21,100.00		Payee address City; State; Zip Code 1810 Haskell St. Austin, TX 78702			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> loan repayment	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		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.

<b>1</b> PAGE # Schedule: 3/5 Report: 18/21	<b>2</b> FILER NAME Martinez, Mike	<b>3</b> ACCOUNT # (TEC filers) 00000078
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<b>4</b> Date 04/23/2009	<b>5</b> Payee name Nokoa
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<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address City; State; Zip Code P.O. Box 1131 Austin, TX 78767
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> advertising
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/03/2009	Payee name Office Max
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Amount (\$) \$125.57	Payee address City; State; Zip Code 10001 Research Blvd. Austin, TX 78759
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/29/2009	Payee name Paypal
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Amount (\$) \$88.49	Payee address City; State; Zip Code P.O. Box 7022 Mountain View, CA 94039
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Total credit card processing fees for reporting period
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/02/2009	Payee name Ranes, Jim
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Amount (\$) \$309.90	Payee address City; State; Zip Code 1501 Barton Springs Rd. #233 Austin, TX 78704
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> graphic design
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

- |                     |                               |                                  |                                            |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 4/5 Report: 19/21	<b>2</b> FILER NAME Martinez, Mike	<b>3</b> ACCOUNT # (TEC filers) 00000078
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<b>4</b> Date 04/27/2009	<b>5</b> Payee name Ranes, Jim
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<b>6</b> Amount (\$) \$554.85	<b>7</b> Payee address City; State; Zip Code 1501 Barton Springs Rd. #233 Austin, TX 78704
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<b>8</b> 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"/> graphic design
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/28/2009	Payee name USPS
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Amount (\$) \$126.00	Payee address City; State; Zip Code Downtown Station Austin, TX 78701
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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"/> postage
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/31/2009	Payee name Vertical Response
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Amount (\$) \$71.77	Payee address City; State; Zip Code 501 2nd St, Suite 700 San Francisco, CA 94107
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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"/> email list management
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/28/2009	Payee name Vertical Response
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Amount (\$) \$28.43	Payee address City; State; Zip Code 501 2nd St, Suite 700 San Francisco, CA 94107
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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"/> email list management
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 5/5 Report: 20/21	<b>2 FILER NAME</b> Martinez, Mike	<b>3 ACCOUNT # (TEC filers)</b> 00000078
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<b>4 Date</b> 04/29/2009	<b>5 Payee name</b> Vertical Response
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<b>6 Amount (\$)</b> \$43.40	<b>7 Payee address</b> City; State; Zip Code 501 2nd St, Suite 700 San Francisco, CA 94107
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule)	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> email list management
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 04/29/2009	<b>Payee name</b> Williamson, Laura
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<b>Amount (\$)</b> \$2,000.00	<b>Payee address</b> City; State; Zip Code 12417 Audane Dr. Austin, TX 78727
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Manager salary
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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Information entered by filer as a memo

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Schedule    Cover Sheet    Contribution from Fifth Lamar Retail I, Ltd. was returned on 7/22/10.

Mike Martinez

SCHEDULE V – attach to form C/OH  
PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF  
Reference 2-2-14, Austin City Code

Enter the name and address of any person who has solicited and obtained contributions on your behalf, during the reporting period, of \$200 per person from five or more individuals. (You need not include individuals who raise funds totaling \$5,000 or less through a fundraising event in that individual's residence.)

Name of person soliciting  
contributions: Brad Schlosser  
Address: 601 N. Lamar, Ste. 301, Austin, TX 78703

Name of person soliciting  
contributions: Andy Ramirez  
Address: 10301 River Plantation Dr., Austin, TX, 78747