

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: 20
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Julissa NICKNAME LAST SUFFIX Martinez	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 107 Kaufman Street Waxahachie, TX 75165	Date Received on 2/28/20 2020 JAN 21 AM 9:57	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 937-4477	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Chad NICKNAME LAST SUFFIX Hughes	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 108 W. Main Street Waxahachie, Texas 75165	Date Processed	Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 938-8343		
9 REPORT TYPE	<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 type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 16 / 2019 12 / 31 / 2019		
11 ELECTION	ELECTION DATE Month Day Year 11 / 3 / 2020	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) Ellis County Attorney	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Julissa Martinez 15 Filer ID (Ethics Commission Filers)

16 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.

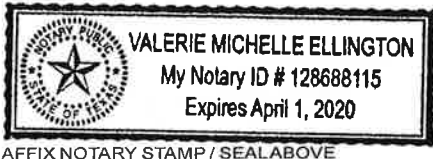
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5415.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,873.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1073.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6000.00

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.



[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Julissa Martinez, this the 15th day of January, 2020, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Valerie Ellington Printed name of officer administering oath
Notary Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Julissa Martinez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5415.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>600.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>3000.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>10,873.68</i>
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>282.95</i>
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1/8

2 FILER NAME
1/8 Julissa Martinez

3 Filer ID (Ethics Commission Filers)

4 Date: 9/23/19
5 Full name of contributor: Paul and Rebecca Perry
 out-of-state PAC (ID#: _____)
6 Contributor address; City; State; Zip Code
1834 Morgan Road M. Ford TX 76670

7 Amount of contribution (\$)
75.00

8 Principal occupation / Job title (See Instructions)
County employee

9 Employer (See Instructions)
Ellis County

Date: 9/23/19
Full name of contributor: McGuire Law Office
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
109 E. Franklin Wax TX 75165

Amount of contribution (\$)
250.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
McGuire Law Office

Date: 9/23/19
Full name of contributor: Michael and Denise DeLara
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
328 Graddock Drive GH TX 75154

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)
deputy constable

Employer (See Instructions)
Dallas County

Date: 9/23/19
Full name of contributor: Eve Henson
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
3400 W. Hwy 287 Bypass Midlo TX 76065

Amount of contribution (\$)
250.00

Principal occupation / Job title (See Instructions)
Attorney

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2/8

2 FILER NAME

Julissa Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

9/5/19

5 Full name of contributor

JD Foster

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

113 E. Franklin St. Wax. Tx 75165

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Law Office of JD Foster

Date

9/10/19

Full name of contributor

Cynthia Billingsley

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2600 Ennis Pkwy Ennis, Tx 75119

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Waffle House

Date

9/10/19

Full name of contributor

David Abbott

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

804 Ferris Avenue Wax Tx 75165

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self Employed

Date

9/23/19

Full name of contributor

McCarty-Larson PLLC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

300 N. 8th Street Wax. Tx 75165

Principal occupation / Job title (See Instructions)

Law Office

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3/8

2 FILER NAME

Julissa Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

9/23/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Marilyn Jones

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

8030 Jordan Lane Midlo TX 76065

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

9/23/19

Full name of contributor out-of-state PAC (ID#: _____)

Steve and Cheryl Chambers

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

205 North Edgefield Wax TX 75165

Principal occupation / Job title (See Instructions)

County employee

Employer (See Instructions)

Ellis County

Date

9/23/19

Full name of contributor out-of-state PAC (ID#: _____)

Vera Kamenbeek

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

202 Vivian Wax TX 75165

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Cordwell Banker

Date

9/23/19

Full name of contributor out-of-state PAC (ID#: _____)

Melissa Jensen

Amount of contribution (\$)

40.00

Contributor address; City; State; Zip Code

210 Christie Lane Wax TX 75165

Principal occupation / Job title (See Instructions)

hair stylist

Employer (See Instructions)

Self-employed

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4/8

2 FILER NAME

Julissa Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

9/23/19

5 Full name of contributor

Miguel and Mercy Urias

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

165 Charlynn Ct Wax TX 75165

8 Principal occupation / Job title (See Instructions)

Foreman

9 Employer (See Instructions)

Owens Corning

Date

9/23/19

Full name of contributor

Larry Burns

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

311 Ferris Avenue Wax TX 75165

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9/23/19

Full name of contributor

Ladd View

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

1015 Ferris Ave Wax TX 75165

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Ladd View Agency

Date

9/23/19

Full name of contributor

Morgan Robnetta

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

510 W. Marvin Ave Wax TX 75165

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5/8

2 FILER NAME

Julissa Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

9/25/19

5 Full name of contributor

Theresa Peel

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

112 E Main Street WAX TX 75165

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Peel Law Office

Date

9/25/19

Full name of contributor

Bryan Coday

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

100 Clemson Court WAX TX 75165

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10/24/19

Full name of contributor

Monica Bishop

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

Bishoplaw 113 E Franklin Street WAX TX 75165

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Bishop Law

Date

10/24/19

Full name of contributor

Caliber Voice and DATA

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

301 S. Rogers St. #207 WAX TX 75165

Principal occupation / Job title (See Instructions)

Communications

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6/8
2 FILER NAME Julissa Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 11/20/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA Hughes	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 1001 Congress, Suite 450 Austin TX 78701		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) LISA Hughes Consulting
Date 11/20/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily Hindman	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 127 Oregon Trail WAX TX 75165		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) McCarthy-Larson PLLC
Date 11/25/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franky Sanchez	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 5068 E. FM 875 WAX TX 75165		
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Self employed
Date 11/25/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lew Baxley	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1125 Wolf Springs Rd Ferris, TX 75125		
Principal occupation / Job title (See Instructions) Trainer		Employer (See Instructions) Texas Defensive Shooting Academy

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7/8

2 FILER NAME

Julissa Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

10/25/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Kimmié GoGo / Kim Hays

7 Amount of contribution (\$)

125.00

6 Contributor address; City; State; Zip Code

6719 Caribou Drive Arlington TX 76002

8 Principal occupation / Job title (See Instructions)

Sales / Marketing

9 Employer (See Instructions)

self

Date

10/8/19

Full name of contributor out-of-state PAC (ID#: _____)

Richard Denniston

Amount of contribution (\$)

20.00

Contributor address; City; State; Zip Code

401 S. Rogers Wax TX 75165

Principal occupation / Job title (See Instructions)

Purchasing Agent

Employer (See Instructions)

City of Waxahachie

Date

10/24/19

Full name of contributor out-of-state PAC (ID#: _____)

Kevin Kosoris

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

200A N. Rogers St Waxahachie TX 75165

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Wray, Willet + Staffer

Date

11/20/19

Full name of contributor out-of-state PAC (ID#: _____)

Daniel Altman

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

474 Lily Court Midlo, TX 76065

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Oncor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8/8

2 FILER NAME

Julissa Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

10/23/19

5 Full name of contributor

Dr. Hawk Miller

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

5790 West US287 Midlothian TX 76065

8 Principal occupation / Job title (See Instructions)

Chiropractor

9 Employer (See Instructions)

Family Chiropractic Clinic

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)

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Julissa Martinez</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>11/2/19</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Marilyn Jones</u>	8 Amount of Contribution \$ <u>100.00</u>	9 In-kind contribution description <u>Food</u>
7 Contributor address; City; State; Zip Code <u>8030 Jordan Lane Medlo TX 76065</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>retired</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <u>9/26/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Monica Bishop</u>	Amount of Contribution \$ <u>500.00</u>	In-kind contribution description <u>dinner</u>
Contributor address; City; State; Zip Code <u>113 E. Franklin Street WAX. TX 75165</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Attorney</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>Bishop Law</u>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Julissa Martinez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/10/19	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Julissa Martinez	9 Loan Amount (\$) 3,000.00
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 419 Foxtail Court Wax 7x 75165	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Martinez & Fleming, PLLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor None	19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 16	2 FILER NAME Julissa Martinez	3 Filer ID (Ethics Commission Filers)
4 Date 7/31/19	5 Payee name Ennis News	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code P.O. Box 100 Ennis, Texas 75120	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Ad
	(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 Julissa Martinez	Office sought / Office held Ellis County Attorney
Date 8/29/19	Payee name Ellis County Living Magazine	
Amount (\$) 150.00	Payee address; City; State; Zip Code 405 W. Madison St. WAX, TX 75165	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Announcement
	<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 Julisa Martinez	Office sought / Office held Ellis County Attorney
Date 8/28/19	Payee name Ellis County Woman's Bldg	
Amount (\$) 585 ⁰⁰ / 1/4	Payee address; City; State; Zip Code 407 W. Jefferson Wax, TX 75165	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description hall rental
	<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 Julissa Martinez	Office sought / Office held Ellis County Attorney

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 2/4	2 FILER NAME Julissa Martinez	3 Filer ID (Ethics Commission Filers)
4 Date 12/19/19	5 Payee name Ellis County Living	
6 Amount (\$) 2060.00	7 Payee address; City; State; Zip Code 405 W. Madison St. WAX. TX 75165	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Ad
	<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 Julissa Martinez	Office sought Ellis County Attorney
Date 12/16/19	Payee name Now Magazine	
Amount (\$) 2014.00	Payee address; City; State; Zip Code 413 W. Main Street WAX. TX 75165	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Ad
	<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 12/23/19	Payee name Ellis County Republican Party	
Amount (\$) 1250.00	Payee address; City; State; Zip Code 610 Water Street WAX. TX 75165	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Ballot Fee
	<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 Julissa Martinez	Office sought Office held Ellis County Attorney

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 3/4	2 FILER NAME Julissa Martinez	3 Filer ID (Ethics Commission Filers)
4 Date 10/28/19	5 Payee name JR Barrett Foundation	
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 308 W. 12th Street Ferris, TX 75125	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description ticket admission
	(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 Julissa Martinez	Office sought Ellis County Attorney
Date 9/18/19	Payee name Copy and Ship Resources	
Amount (\$) 242.48	Payee address; City; State; Zip Code 507 N Hwy 77 #920 Wax. TX 75165	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description 2 banners
	<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 Julissa Martinez	Office sought Ellis County Attorney
Date 10/23/19	Payee name Start the Graphics	
Amount (\$) 385.48	Payee address; City; State; Zip Code 3105 Comita Drive Lancaster, TX 75146	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Yard Signs
	<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 Julissa Martinez	Office sought Ellis County Attorney

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: 5/6	2 FILER NAME Julissa Martinez	3 Filer ID (Ethics Commission Filers)
4 Date 9/15/19	5 Payee name Start the Graphics	
6 Amount (\$) 642.46	7 Payee address; City; State; Zip Code 3105 Lomita Drive Lancaster TX 75146	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Yard Signs
	(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 Julissa Martinez	Office sought Ellis County Attorney
Date 10/16/19	Payee name Ivan Diaz De Leon	
Amount (\$) 140.00	Payee address; City; State; Zip Code 301 McMillan Street WAX TX 75165	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Website help
	<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 Julissa Martinez	Office sought Ellis County Attorney
Date 10/17/19	Payee name Valerie Connette	
Amount (\$) 360.00	Payee address; City; State; Zip Code 201 Kaufman Street WAX TX 75165	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description 7-Shirts
	<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 Julissa Martinez	Office sought Ellis County Attorney

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: 6/6 2 FILER NAME: Julissa Martinez 3 Filer ID (Ethics Commission Filers)

4 Date: 12/24/19 5 Payee name: Copy and Ship Resources

6 Amount (\$): 2580.00 7 Payee address: 507 N. Hwy 77 #920 WAX TX 75125
City; State; Zip Code

8 PURPOSE OF EXPENDITURE: Advertising Expense (a) Category (See Categories listed at the top of this schedule) (b) Description: Yard Signs
 (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Julissa Martinez Office sought: Ellis County Attorney Office held:

Date: Payee name:

Amount (\$): 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. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: Payee name:

Amount (\$): 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. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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)

The Instruction Guide explains how to complete this form.

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

4 Date 12/6/19	5 Payee name Jennifer Baker Stockett
-------------------	---

6 Amount (\$) 176.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 1647 S. 5 th Midlothian, TX 76065	City;	State;	Zip Code
--	--	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Sign design
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Julissa Martinez	Office sought Ellis County Attorney	Office held
---	---	--	-------------

Date 9/19/19	Payee name WAL Mart
-----------------	------------------------

Amount (\$) 106.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1200 N Hwy 77 Waxahachie, TX 75165	City;	State;	Zip Code
--	--	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expense	Description Beverages
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Julissa Martinez	Office sought Ellis County Attorney	Office held
---	---	--	-------------

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED