#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Ariela Mrs NAME NICKNAME LAST SUFFIX Martinez 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: STATE: ZIP CODE APR 30 REC'D OFFICEHOLDER 4513 Ohio Garden Rd, Fort Worth, TX, 76114 MAILING **ADDRESS** Change of Address EXTENSION AREA CODE PHONE NUMBER CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR FIRST MI 6 CAMPAIGN **TREASURER** Ariela Mrs Date Processed NAME LAST NICKNAME SUFFIX Date Imaged Martinez STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN **TREASURER** 4513 Ohio Garden Rd, Fort Worth, TX, 76114 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Year Month Day COVERED 25 3 / 24 24 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Other Month Day Year Description General Special 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Castleberry ISD School Board, Place 3 Castleberry ISD School Board, Place 3 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

CAMPAIG	N FINANCE REPORT	CO	VER S	HEEL PG 2
15 C/OH NAME Arıela Martınez		16 Filer	ID (Ethics (	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	٧	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	)	\$	275.00
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURE		\$	1.03
	4. TOTAL POLITICAL EXPENDITURES		\$	113.00
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY	\$ 2	2,832.83
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	)F THE	\$	00.00,1
18 SIGNATURE I S	swear, or affirm, under penalty of perjury, that the accompanying report is tru	ue and co	orrect and in	cludes all information
re	quired to be reported by me under Title 15, Election Code			
	1 . 1 74	۲.,		
	Arisla Ma Signature of Ci		1	der
	3.g., a.a., a.a.			
	Please complete either ention heles	1472		
	Please complete either option belov	N.		
(1) Affidavit				
NOTARY STAMP/SEA	AL .			
Sworn to and subscribed	before me by this the	·	_ day of_	
20, to certify	which, witness my hand and seal of office			
***************************************				
Signature of officer administ	ering oath Printed name of officer administering oath		Title of office	er administering oath
	OR ·			
(2) Unsworn Declarat	ion			
My name is Ariela Mar	tinez, and my date of birth i	s <u>07/02</u>	/1992	
My address is 4513 Oh	ıo Garden Rd, Fort Worth, T	ΓX , _	76114	USA
Torrant		-	(zıp code)	(country)
Executed in Tarrant	County, State of <u>Texas</u> , on the <u>30</u> day of <u>April</u> (mon	th)	, <sub>20_</sub> 24 (year	<del>-</del>
1				

Signature of Candidate/Officeholder (Declarant)

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

	riela Martinez	20 Filer ID (Ethics Cor	nmission	Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			JBTOTAL MOUNT
1	SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS			275 00
2	2 SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3	3 SCHEDULE B PLEDGED CONTRIBUTIONS			
4	4 SCHEDULE E LOANS			
5	5 SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
6	SCHEDULE F2 UNPAID INCURRED OBLIGATIONS		\$	
7	7 SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8	SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD		\$	
9	■ SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	113.00
10	O SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11	SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12	SCHEDULE K INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.							
The Instruction Guide explains how to complete this form				1 Total pages Schedule A1			
2 FILER NAME Ariela Marti	nez			3 Filer ID (Ethics Commission Filers)			
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#)  Antonio Alba			7 Amount of contribution (\$)			
03/19/2024	6 Contributor address,  4513 Ohio Garden Rd	Garden Rd, Fort Worth, TX, 76114		25.00			
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)							
Date	Full name of contributor	out-of-state PAC	C (ID#)	Amount of contribution (\$)			
03/19/2024	Alex Jimenez  Contributor address,	City,	State, Zip Code	250.00			
	245 Willow Ridge Rd, Fort Worth, TX, 76103						
Principal occupation / Job title (See Instructions)  Employer (See Instructions)							
Date	Full name of contributor	out-of-state PAC	C (ID#)	Amount of contribution (\$)			
	Contributor address,	City,	State, Zıp Code				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				tions)			
Date	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$)			
	Contributor address,	City,	State, Zıp Code				
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	stions)			
	ATTACH ADDITIO		OF THIS SCHEDULE AS No ruction guide for additional				

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals 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)

Credit Card Payment	The Instruction Guide explains how to	complete this form			
1 Total pages Schedule G	2 FILER NAME Ariela Martinez			Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		1		
03/19/2024	Canva				
6 Amount (\$)	7 Payee address,	City,	State,	Zıp Code	
113 00  Reimbursement from political contributions intended	110 Kippax St, NSW 2010, Australia				
8 BURBOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	printing expense	flyer			
	(c) Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense			pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	•	Office held	
Date	Payee name				
Amount (\$)	Payee address,	City,	State,	Zıp Code	
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITORE	Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name Office sought		Office held		
Date	Payee name				
Amount (\$)	Payee address,	City,	State,	Zıp Code	
Reimbursement from political contributions intended					
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 NEE	DED		