



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 of 1	
2 FILER NAME Beatrice Martinez		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/20/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John and Mary Davies, 6235 La Vista, Dallas, TX 75214 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$300	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/17/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alex Jimenez Contributor address; City; State; Zip Code 245 Willowridge, Fort Worth, TX 76103	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) Employer (See Instructions)	
Date 08/17/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellen and Will Pryor Contributor address; City; State; Zip Code 10450 Heather Lane, Dallas, TX 75229	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 1 of 1

2 FILER NAME **Beatrice A Martinez** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>08/17/09</b>	5 Payee name <b>Ruttle Consulting</b>  6 Payee address; City; State; Zip Code <b>7020 Wake Forrest Drive, Dallas, TX 75206</b>  7 Purpose of expenditure (See instructions regarding type of information required.) <b>Management, design and field</b> <i>(If travel outside of Texas, complete Schedule T)</i>	8 Amount (\$) <b>\$ 3,650.00</b>  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <b>08/15/09</b>	Payee name <b>Chase Bank</b>  Payee address; City; State; Zip Code <b>2200 Ross Ave., Dallas, TX 75201</b>  <b>Open Checking account</b> Purpose of expenditure (See instructions regarding type of information required.) <i>(If travel outside of Texas, complete Schedule T)</i>	Amount (\$) <b>\$25.00</b>  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.) <i>(If travel outside of Texas, complete Schedule T)</i>	Amount (\$)   <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.) <i>(If travel outside of Texas, complete Schedule T)</i>	Amount (\$)   <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.) <i>(If travel outside of Texas, complete Schedule T)</i>	Amount (\$)   <input type="checkbox"/> Reimbursement from political contributions intended
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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME **Beatrice A Martinez** 16 ACCOUNT # (Ethics Commission Filers)

17 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. \*\*

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

18 CONTRIBUTION TOTALS  EXPENDITURE TOTALS  CONTRIBUTION BALANCE  OUTSTANDING LOAN TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,300.00
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,675.00
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$(2,375.00)
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 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.

*Beatrice A Martinez*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Beatrice A Martinez on the 21<sup>st</sup> day of Aug., 2009, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Fred Roomiani  
Printed name of officer administering oath

Public Notary  
Title of officer administering oath