

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 5611

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

9

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / **MR**

FIRST

MARTINEZ JOE

MI

G.

NICKNAME

LAST

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

**11505 JUNIPER RIDGE AUSTIN TX
78759**

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 258-2767

6 CAMPAIGN
TREASURER
NAME

MS / MRS / **MR**

FIRST

FULMER THOMAS

MI

R.

NICKNAME

LAST

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

7515 LAOLE LN. AUSTIN, TX 78749

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 288-1201

9 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)

10 PERIOD
COVERED

Month Day Year MONTH Day Year

1 / 1 / 2004 THROUGH 1 / 29 / 2004

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
03 / 09 / 2004

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

TRAVIS COUNTY SHERIFF

14 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

15 C/OH NAME

MARTINEZ, JOE G.

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION 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)

\$ 5,725.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 7,382.54

CONTRIBUTION BALANCE

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

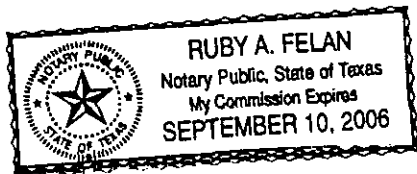
\$ 2,028.47

OUTSTANDING LOAN TOTALS

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.

Joe Martinez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe Martinez this the 9th day of February, 2006, to certify which, witness my hand and seal of office.

Ruby A. Felan
Signature of officer administering oath

Ruby A. Felan
Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME MARTINEZ, JOE G.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/6/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) GUILLERMO GONZALEZ	7 Amount of contribution (\$) \$ 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. BOX 1631 AUSTIN TX 78767			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/4/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ROBERT ICENHAUER-RAMIREZ	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1103 NUECES AUSTIN, TX 78701			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/2/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DOUGLAS OR NANCY JOHNSON	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1717 N. AMARADO CT. WICHITA, KS 67212			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/8/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) STEVEN R. SAWYER	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6500 DANWOOD DR. AUSTIN TX 78759			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/8/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JOHN L. OR SHEILA C. ARNOLD	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8312 FATHOM CIRCLE, APT 105 AUSTIN, TX 78750			
Principal occupation / Job title (See Instructions)		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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME MARTINEZ, JOE G.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/8/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JESSE OR OTILIA FRAGA	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 15832 SAMBUCA CIR. AUSTIN, TX 78728			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/8/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RIPPY, WHITLOW, RANC, & HINES, LLP	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 213 N. MAY S ROUND ROCK, TX 78664			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/8/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GABRIEL R. DIAB	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 8102 MULLEN DR. AUSTIN, TX 78757			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/20/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RIPPY, WHITLOW, RANC & HINES, LLP	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1307 NUECES ST. AUSTIN, TX 78701			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: AUSTIN RE CONSTRUCTION	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1309 MACHADO RD, CEDAR PARK, TX 78613			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

4

2 FILER NAME

MARTINEZ, JOE G.

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/12/04

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

CATHERINE OR ANDY HINES

7 Amount of contribution (\$)

\$350.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

1909 W. 41ST ST.
AUSTIN, TX 78731

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/14/04

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

J. R. HANCOCK

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

P.O. BOX 2143
ROUND ROCK, TX 78680

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/13/04

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

RELIABLE BAIL BOND

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

310 A. W. 7TH
GEORGETOWN, TX 78626

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/23/04

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

PAUL J. DUNHAM

Amount of contribution (\$)

\$2000.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

10050 GREAT HILLS TRL #1112
AUSTIN, TX 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/26/04

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

MICHAEL BELKIN

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

5203 N. CHEYENNE DR.
BEVERLY HILLS, FL. 34465

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1. Total pages Schedule A:

4

2 FILER NAME

MARTINEZ, JOE G.

3 ACCOUNT # (Ethics Commission files)

4 Date

1/26/04

5 Full name of contributor

NORMA OR SARY WEHR

out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

138 VILLAGE FOREST
SMITHVILLE, TX 78957

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/21/04

Full name of contributor

LAW OFFICE OF RUBEN BARRERA

out-of-state PAC (ID#)

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

608 W. OLDRF ST.
AUSTIN, TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

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 (\$)

In-kind contribution description (if applicable)

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 (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME MARTINEZ, JOE G.		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/5/04	5 Payee name ROYAL MASSET & ASSOC. 6 Payee address; City; State; Zip Code	7 Amount (\$) \$ 500.00
8 Purpose of payment (See instructions regarding type of information required.) CONSULTANT	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 1/8/04	Payee name A M PRODUCTIONS Payee address; City; State; Zip Code 5446 W. HWY 290 AUSTIN, TX 78735	Amount (\$) \$ 2257.01
Purpose of payment (See instructions regarding type of information required.) SIGNS	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 1/17/04	Payee name HOME DEPOT Payee address; City; State; Zip Code 10107 RESEARCH BLVD. AUSTIN, TX 78759	Amount (\$) \$ 908.82
Purpose of payment (See instructions regarding type of information required.) SIGN MATERIAL	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 1/19/04	Payee name LAKE TRAVIS CHAMBER OF COMMERCE Payee address; City; State; Zip Code	Amount (\$) \$ 30.00
Purpose of payment (See instructions regarding type of information required.) LUNCHEON FEE	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME MARTINEZ, JOE G.		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/19/04	5 Payee name KWIK KOPY	7 Amount (\$) \$ 107.17
6 Payee address: City: State: Zip Code 5114 BALCONES WOODS DR. AUSTON, TX 78759		
8 Purpose of payment (See instructions regarding type of information required.) HANDOUTS		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/27/04	Payee name AUSTIN AMERICAN STATESMAN	Amount (\$) \$ 2,714.88
Payee address: City: State: Zip Code P.O. BOX 670 AUSTON, TX 78767		
Purpose of payment (See instructions regarding type of information required.) ADVERTIZING		** Complete 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 payment (See instructions regarding type of information required.)		** Complete 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 payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1
2 FILER NAME MARTINEZ, JOE G.		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/24/04	5 Payee name KWIK KOPY 6 Payee address: City: State: Zip Code 5114 BALCONES WOODS DR. AUSTIN, TX 78759	8 Amount (\$) \$ 859.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) HANDOUTS		
Date 1/16/04	Payee name MAPSCO MAP & TRAVEL Payee address: City: State: Zip Code 6406 N. IH 35 # 1301 AUSTIN TX 78752	Amount (\$) \$ 4.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) MAPS		
Date	Payee name Payee address: City: State: Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name Payee address: City: State: Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name Payee address: City: State: Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

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