

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5666

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MARTINEZ JOE G. NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received <div style="text-align: center;"> FILED FOR RECORD 2004 MAR - TRAVIS COUNTY CLERK JIMMY TEXAS AM 9:06 </div> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11505 JUNIPER RIDGE AUSTIN TX 78759		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 258-2767		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI FULMER THOMAS R. NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7515 LADLE LN. AUSTIN, TX 78749		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 288-1201		
9 REPORT TYPE	<input 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 checked="" 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 01 / 30 / 04 02 / 28 / 04		
11 ELECTION	ELECTION DATE Month Day Year 03 / 09 / 04	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) TRAVIS COUNTY SHERIFF	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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		

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 filers)

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)

\$ 600.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 4,252.56

CONTRIBUTION BALANCE

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

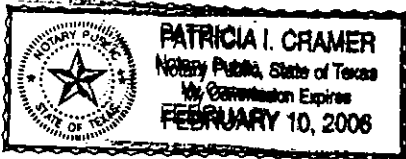
\$ 8,599.14

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 10,000.00

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe Martinez, this the 1st day of March, 2004, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

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: 1	
2 FILER NAME MARTINEZ, JOE G.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/10/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GREGORY OR CYNTHIA BEACH 6 Contributor address: City: State: Zip Code 2016 N. CR122 GEORGETOWN, TX 78626	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 2/1/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LIMUEL OR RENA HUNTER Contributor address: City: State: Zip Code 4702 RUSSET HILL DR. AUSTIN, TX 78723	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/13/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CALL VENDING Contributor address: City: State: Zip Code 905 E 7TH ST AUSTIN, TX 78702	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/12/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KATHLEEN WATKINS Contributor address: City: State: Zip Code 7506 CROSS DRAW DR. AUSTIN, TX 78731	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/1/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MELCHOR OR MILDRED GARZA Contributor address: City: State: Zip Code 10712 WATCHFUL FOX DR. AUSTIN TX 78748	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
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.

LOANS	SCHEDULE E
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E:
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2 FILER NAME MARTINEZ, JOE G.	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨	\$
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5 Date of loan 02/19/04	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) RAYMOND HERNANDEZ, JR	9 Loan Amount (\$) 10,000.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address: City: State: Zip Code 11215 WHISPER FALLS SAN ANTONIO, TX 78230	10 Interest rate 3.5%
		11 Maturity date 2/19/05

12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
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14 Description of Collateral <input type="checkbox"/> none

15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address: City: State: Zip Code	18 Amount Guaranteed (\$)
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19 Principal Occupation	20 Employer
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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)
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Description of Collateral <input type="checkbox"/> none
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GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address: City: State: Zip Code	Amount Guaranteed (\$)
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Principal Occupation	Employer
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If lender 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 2/1/04	5 Payee name A M PRODUCTIONS	7 Amount (\$) \$ 1,331.48	
6 Payee address; City; State; Zip Code 5446 W. HWY 290 AUSTIN TX 78735			
8 Purpose of payment (See instructions regarding type of information required.) SIGNS		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 2/1/04	Payee name ROYAL MASSET & ASSOC	Amount (\$) \$ 500.00	
Payee address; City; State; Zip Code			
Purpose of payment (See instructions regarding type of information required.) CONSULTANT		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 2/3/04	Payee name U.S. POSTMASTER	Amount (\$) \$ 63.00	
Payee address; City; State; Zip Code AUSTIN, TX			
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 2/19/04	Payee name K.K.L. CLUB FM 92.5	Amount (\$) \$ 100.00	
Payee address; City; State; Zip Code AUSTIN, TX			
Purpose of payment (See instructions regarding type of information required.) AIR TIME		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES	SCHEDULE F
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 2
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2 FILER NAME MARTINEZ, JOE G.	3 ACCOUNT # (Ethics Commission filers)
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4 Date 2/25/04	5 Payee name U.S. POSTMASTER	7 Amount (\$) \$1,934.85
6 Payee address; City; State; Zip Code AUSTIN, TX		

8 Purpose of payment (See instructions regarding type of information required.) POSTAGE	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	9 ** 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: **2**

2 FILER NAME
MARTINEZ, JOE G.

3 ACCOUNT # (Ethics Commission filers)

4 Date 2.17.04	5 Payee name LAKE TRAVIS REP. MEN'S CLUB	8 Amount (\$) \$ 30.00
	6 Payee address: City: State; Zip Code AUSTIN, TX	
7 Purpose of expenditure (See instructions regarding type of information required.) LUNCHEON		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2.5.04	Payee name CHEZ ZEN	Amount (\$) \$ 30.00
	Payee address: City: State; Zip Code AUSTIN, TX	
Purpose of expenditure (See instructions regarding type of information required.) LUNCHEON		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2.29.04	Payee name FOUNDERS VISION	Amount (\$) \$ 75.00
	Payee address: City: State; Zip Code AUSTIN, TX	
Purpose of expenditure (See instructions regarding type of information required.) BANQUET		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2.24.04	Payee name HOME DEPOT	Amount (\$) \$ 28.32
	Payee address: City: State; Zip Code 10107 RESEARCH BLVD. AUSTIN TX 78759	
Purpose of expenditure (See instructions regarding type of information required.) SUPPLIES		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2.13.04	Payee name OFFICE DEPOT	Amount (\$) \$ 95.92
	Payee address: City: State; Zip Code 4501 WEST BRAKER LN. AUSTIN TX 78759	
Purpose of expenditure (See instructions regarding type of information required.) SUPPLIES		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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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: 2
2 FILER NAME MARTINEZ, JOE G.		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name HOME DEPOT	8 Amount (\$)
2.22.04	6 Payee address: City: State: Zip Code 10107 RESEARCH BLVD. AUSTIN TX 78759	\$ 38.07
	7 Purpose of expenditure (See instructions regarding type of information required.) SUPPLIES	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name HOME DEPOT	Amount (\$)
2.21.04	Payee address: City: State: Zip Code 10107 RESEARCH BLVD AUSTIN TX 78759	25.92
	Purpose of expenditure (See instructions regarding type of information required.)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		