

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5798

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:

5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

JOE

MI G.

NICKNAME

LAST

MARTINEZ

SUFFIX

OFFICE USE ONLY

Date Received:

RECORD
JUL 15 PM 1:53
TRAVIS COUNTY CLERK
TRAVIS COUNTY TEXAS

Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

11505 JUNIPER RIDGE DR.
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

THOMAS

MI

NICKNAME

LAST

FULMER

SUFFIX

Receipt #

Amount:

Date Processed

Date Imaged

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

- 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 THROUGH Month: Day: Year

03 / 01 / 04 THROUGH 06 / 30 / 04

11 ELECTION

ELECTION DATE: Month: Day: Year: 03 / 09 / 04

ELECTION TYPE: Primary Runoff General Special

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 <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

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)

\$

Ø

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

8,599.14

CONTRIBUTION BALANCE

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

\$

Ø

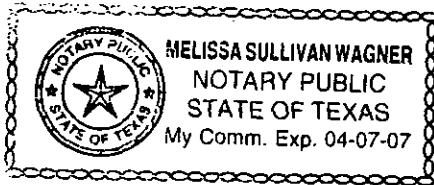
OUTSTANDING LOAN TOTALS

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

\$

5,000.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 G. Martinez
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Joe G. Martinez, this the 15 day of July, 2004, to certify which, witness my hand and seal of office.

Melissa Sullivan Wagner
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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 3.1.04	5 Payee name LAZARUS GRAPHICS 6 Payee address: City: State: Zip Code 1205 ROCKRIDGE ST. AUSTIN TX 78681	7 Amount (\$) \$ 2,865.38
8 Purpose of payment (See instructions regarding type of information required.) PRINTING CAMPAIGN MATERIALS		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3.3.04	Payee name ROYAL MASSET ASSOC. Payee address: City: State: Zip Code AUSTIN, TX	Amount (\$) \$ 500.00
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 3.5.04	Payee name TOM FULMER Payee address: City: State: Zip Code 7515 LADLE LN. AUSTIN TX 78749	Amount (\$) \$ 107.71
Purpose of payment (See instructions regarding type of information required.) SUPPLIES		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5.19.04	Payee name RAYMOND HERNANDEZ, JR. Payee address: City: State: Zip Code 11215 WHISPER FALLS SAN ANTONIO TX 78230	Amount (\$) 5,000.00
Purpose of payment (See instructions regarding type of information required.) LOAN PMT.		** 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
5.19.04

5 Payee name
JOE MARTINEZ

7 Amount (\$)
126.05

6 Payee address: City: State: Zip Code
**11505 JUNIPER RIDGE DR.
AUSTIN TX 78759**

8 Purpose of payment (See instructions regarding type of information required.)
PAYMENT OF EXPENSES PAID FROM CANDIDATE PERSONALLY

9 ** 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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME

MARTINEZ, JOE G.

2 ACCOUNT # (Ethics Commission File #)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

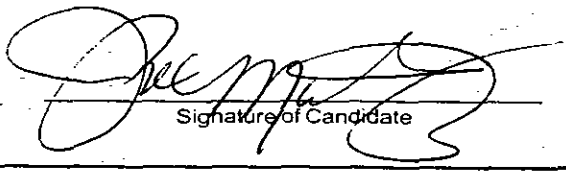
Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

**** Complete this section only if you are an officeholder ****



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder