

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

8669

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input checked="" 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 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
	09	02	2015
	THROUGH		01 / 15 / 2016
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	11	08	2016
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			SHERIFF OF TRAVIS COUNTY
GO TO PAGE 2			

OFFICE USE ONLY

Date Received

2016 JAN 13 PM 6:16

FILED FOR RECORD

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

JOE G MARTINEZ

15 Filer ID (Ethics Commission Filers)

16 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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 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)

\$

1275.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2411.52

CONTRIBUTION
BALANCE

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

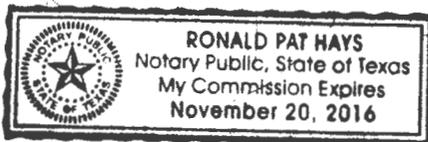
\$

OUTSTANDING
LOAN TOTALS

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

\$

18 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 Martinez
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Joe Martinez, this the 13 day of January, 20 16, to certify which, witness my hand and seal of office.

Ronald Pat Hays
Signature of officer administering oath

Ronald Pat Hays
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME LETICIA MACIAS		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1275.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2411.52
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2411.52
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2411.52
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME LETICIA MACIAS		3 Filer ID (Ethics Commission Filers)
4 Date 10/31/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERRY AND HARRIET MIKUS	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 19205 GANTON CT. PFLUGERVILLE TX 78660		
8 Principal occupation / Job title (See Instructions) FINANCIAL CONSULTANT		9 Employer (See Instructions) SELF-EMPLOYED
Date 12/07/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARLEEN BRYANT	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code P.O. Box 3377 AUSTIN TX 78764		
Principal occupation / Job title (See Instructions) TAX CONSULTANT		Employer (See Instructions) SELF-EMPLOYED
Date 12/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUIS CORTEZ	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 8812 W. FM 93 BELTON TX 76513		
Principal occupation / Job title (See Instructions) BODY SHOP OWNER		Employer (See Instructions) SELF-EMPLOYED
Date 12/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAURO CORTEZ	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 8812 W. FM 93 BELTON TX 76513		
Principal occupation / Job title (See Instructions) BODY SHOP OWNER		Employer (See Instructions) SELF-EMPLOYED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME LETICIA MACIAS		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 2411.52
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE G MARTINEZ	9 Loan Amount (\$) 2411.52
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 11505 JUNIPER RIDGE DR. AUSTIN TX 78759	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) PRIVATE INVESTIGATOR		13 Employer (See Instructions) SELF-EMPLOYED
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
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)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME LETICIA MACIAS		3 Filer ID (Ethics Commission Filers)	
4 Date 9/25/2015		5 Payee name GLOBAL PRINTING SOLUTIONS			
6 Amount (\$) 245.95		7 Payee address; City; State; Zip Code 5114 BALCONES WOODS DR. STE. 309 AUSTIN TX 78759			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) PRINTING (CARDS) EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JOE G MARTINEZ		Office sought SHERIFF OF TRAVIS COUNTY	
Date 9/25/2015		Payee name AUSTIN REPUBLICAN WOMEN			
Amount (\$) 250.00		Payee address; City; State; Zip Code 4408 LONG CHAMP DR. AUSTIN TX 78746			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) POLITICAL CONTRIBUTION		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JOE G. MARTINEZ		Office sought SHERIFF OF TRAVIS COUNTY	
Date 12/04/2015		Payee name GLOBAL PRINTING SOLUTIONS			
Amount (\$) 179.00		Payee address; City; State; Zip Code 5114 BALCONES WOODS DR. STE. 309 AUSTIN TX 78759			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) MAGNETIC ADVERTISING SIGNS		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JOE G. MARTINEZ		Office sought SHERIFF OF TRAVIS COUNTY	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME LETICIA MACIAS	3 Filer ID (Ethics Commission Filers)
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4 Date 12/30/2015	5 Payee name MEN'S WAREHOUSE
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6 Amount (\$) 486.57	7 Payee address; City; State; Zip Code 11200 LAKELINE MALL DR. F-13 CEDAR PARK, TX 78613
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER (CLOTHING)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE G MARTINEZ	Office sought SHERIFF OF TRAVIS COUNTY	Office held
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Date 11/30/2015	Payee name TRAVIS COUNTY REPUBLICAN PARTY
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Amount (\$) 1,250.00	Payee address; City; State; Zip Code 13470 N. HWY 183 STE. J-4 AUSTIN TX 78750
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER (Filing Fee)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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	2 FILER NAME LETICIA MACIAS	3 Filer ID (Ethics Commission Filers)
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4 Date 9/25/2015	5 Payee name GLOBAL PRINTING SOLUTIONS
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6 Amount (\$) 245.95 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5114 BALCONES WOODS DR. STE. 309 AUSTIN TX 78759
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE G MARTINEZ	Office sought SHERIFF OF TRAVIS COUNTY	Office held
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Date 9/25/2015	Payee name AUSTIN REPUBLICAN WOMEN
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Amount (\$) 250.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4408 LONG CHAMP DR. AUSTIN TX 78746
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION BY CANDIDATE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/04/2015	Payee name GLOBAL PRINTING SOLUTIONS
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Amount (\$) 179.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5114 BALCONES WOODS DR. STE. 309 AUSTIN TX 78759
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING SIGNS	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE G MARTINEZ	Office sought SHERIFF OF TRAVIS COUNTY	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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	2 FILER NAME LETICIA MACIAS	3 Filer ID (Ethics Commission Filers)
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4 Date 12/30/2015	5 Payee name MEN'S WAREHOUSE
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6 Amount (\$) 486.57 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11200 LAKELINE MALL DR. F13 CEDAR PARK TX 78613
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER (CLOTHING)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE G MARTINEZ	Office sought SHERIFF OF TRAVIS COUNTY	Office held
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Date 11/30/2015	Payee name TRAVIS COUNTY REPUBLICAN PARTY
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Amount (\$) 1,250.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 13470 N. HWY 183 STE. J-4 AUSTIN TX 78750
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER (FILING FEE)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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