

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: GENERAL SPECIFIC

COMMITTEE NAME: **Austin Republican Women**

COMMITTEE ADDRESS: **6303 Southern Hills Place**

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	\$ 525.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8950.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 222.97
	4. TOTAL POLITICAL EXPENDITURES	\$ 7107.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,426.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

18 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 G. Martinez
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the 11 day of 10, 2016, to certify which, witness my hand and seal of office.

Maricela Olivares Maricela Olivares Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

130329440

COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,425.00
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		\$ 10,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 7,107.97
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		\$
9. <input 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joe G. Martinex

3 Filer ID (Ethics Commission Filers)

4 Date

9/11/16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Melchor V Garza

6 Contributor address;

City; State; Zip Code

3801 Berkman Dr., # 156, Austin, TX, 78723

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/8/16

Full name of contributor

out-of-state PAC (ID#: _____)

Marieulla S. Cox

Contributor address;

City; State; Zip Code

14 Sunset Trail, Austin, TX, 78746

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/8/16

Full name of contributor

out-of-state PAC (ID#: _____)

Sherry W. Workman

Contributor address;

City; State; Zip Code

4415 RO Dr., Spicewood, TX, 78669

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Date

9/12/16

Full name of contributor

out-of-state PAC (ID#: _____)

Melanie K. Demayo

Contributor address;

City; State; Zip Code

125 Copperleaf Rd., Lakeway, TX 78734

Amount of contribution (\$)

5,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joe Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

9/9/2016

5 Full name of contributor

out-of-state PAC (ID#: _____)

Driving ROI, Inc.

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

via electronic donation, Austin, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/1/2016

Full name of contributor

out-of-state PAC (ID#: _____)

Allen Coddling

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

via electronic donation, Austin, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21/2016

Full name of contributor

out-of-state PAC (ID#: _____)

Johnny Klennat

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21/2016

Full name of contributor

out-of-state PAC (ID#: _____)

Danny Hinkle

Amount of contribution (\$)

240.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joe G. Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

9/21/2016

5 Full name of contributor

Alex Martinez

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

135.00

6 Contributor address; City; State; Zip Code

4607 Lyons Rd., Austin, TX, 78746

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/21/2016

Full name of contributor

Steven Martinez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

70.00

Contributor address; City; State; Zip Code

4607 Lyons Rd., Austin, TX, 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21/2016

Full name of contributor

Adriana Martinez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

80.00

Contributor address; City; State; Zip Code

4607 Lyons Rd., Austin, TX 78747

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/10/2016

Full name of contributor

Absolute Truth, Inc.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

400 W. Main St., Round Rock, TX, 78664

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Joe G. Martinez

3 Filer ID (Ethics Commission Filers)

4 Date
8/1/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Michael Belkin

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
2240 N Brentwood Circle, Lecanto, FL, 34461

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
7/25/2016

Full name of contributor out-of-state PAC (ID#: _____)
Raymond Padilla

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
via electronic payment, Austin, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/18/2016

Full name of contributor out-of-state PAC (ID#: _____)
Linda Brister

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
via electronic payment, Austin, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/16/2016

Full name of contributor out-of-state PAC (ID#: _____)
Jay Wiley

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
via electronic payment, Austin, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joe G. Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

9/17/2016

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

Margaret G. Spear

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

7 Villa Lago Ln., Ormond Beach, FL, 32174

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/15/2016

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

Melchor Garza

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3801 Berkman Dr, #156, Austin, TX, 78723

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/2016

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

Probe International, LLC

Amount of contribution (\$)

150.00

Contributor address; City; State; Zip Code

2186 Jackson Keller, 219, San Antonio, TX 78213

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21/2016

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

Warren Haskin

Amount of contribution (\$)

100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joe G. Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

9/21/2016

5 Full name of contributor

Rodney Bryant

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/21/2016

Full name of contributor

Sanjuana Tellez

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21/2016

Full name of contributor

Marcilao Gamboa

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21/2016

Full name of contributor

Vic Bazan

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Joe G. Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 8/5/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Hall 6 Contributor address; City; State; Zip Code via electronic payment, Austin, TX	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 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 (\$)
Principal occupation / Job title (See Instructions)		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 (\$)
Principal occupation / Job title (See Instructions)		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 (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Joe G. Martinez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 10,000.00
5 Date of loan 7/6/2016	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe G. Martinez	9 Loan Amount (\$) 5,000.00
6 Is lender a financial institution? Y NX	8 Lender address; City; State; Zip Code 11505 Juniper Ridge, Austin, TX 78759	10 Interest rate 0.00
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
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 checked="" 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 9/21/2016	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe G. Martinez	Loan Amount (\$) 5,000
Is lender a financial institution? Y NX	Lender address; City; State; Zip Code 11505 Juniper Ridge, Austin, TX, 78759	Interest rate 0.00
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" 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

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 Joe G. Martinez		3 Filer ID (Ethics Commission Filers)	
4 Date 7/16/2016		5 Payee name Ryan Malone/Megan Reed			
6 Amount (\$) 3,500.00		7 Payee address; City; State; Zip Code 807 Brazos St., Austin, TX, 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9/24/2016		Payee name Top Dollar Clothing			
Amount (\$) 2,850.00		Payee address; City; State; Zip Code 1101 Ester Ave., Austin, TX 78721			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 8/24/2016		Payee name Global Printing Solutions			
Amount (\$) 535.00		Payee address; City; State; Zip Code 5114 Balcones Woods Dr., Austin, TX, 78759			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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