

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <div style="font-size: 2em; text-align: center;">8</div>		
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="border-bottom: 1px solid black; margin: 5px 0;"> <span style="font-size: 1.2em;">Ismael</span> <span style="font-size: 1.2em;">A.</span> </div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="border-bottom: 1px solid black; margin: 5px 0;"> <span style="font-size: 1.2em;">Smiley</span> <span style="font-size: 1.2em;">Martinez</span> </div>		<div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Received   <span style="font-size: 1.5em; color: blue;">Record on 12/16/21 @ 8:57am</span> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Hand-delivered or Date Postmarked </div> <div style="display: flex; border: 1px solid black; padding: 5px; margin-top: 5px;"> <div style="flex: 1;">Receipt #</div> <div style="flex: 1;">Amount \$</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Processed </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Imaged </div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="background-color: black; height: 40px; width: 100%;"></div>				
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="background-color: black; height: 30px; width: 100%;"></div>				
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="border-bottom: 1px solid black; margin: 5px 0;"> <span style="font-size: 1.2em;">Daniel</span> <span style="font-size: 1.2em;">D.</span> </div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="border-bottom: 1px solid black; margin: 5px 0;"> <span style="font-size: 1.2em;">Danny</span> <span style="font-size: 1.2em;">Garza</span> </div>				
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="border-bottom: 1px solid black; margin: 5px 0;"> <span style="font-size: 1.2em;">1119 S. 6th Ave Edinburg, Tx. 78539</span> </div>				
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="border-bottom: 1px solid black; margin: 5px 0;"> <span style="font-size: 1.2em;">(956) 451-5503</span> </div>				
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month      Day      Year  <span style="font-size: 1.2em;">10 / 26 / 21</span> </div> <div>THROUGH</div> <div> Month      Day      Year  <span style="font-size: 1.2em;">12 / 6 / 21</span> </div> </div>				
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month      Day      Year  <span style="font-size: 1.2em;">12 / 14 / 21</span> </div> <div> ELECTION TYPE  <input type="checkbox"/> Primary    <input checked="" type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>				
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any)</div> <div>13 OFFICE SOUGHT (if known) <span style="font-size: 1.2em;">Edinburg City Council Place 1.</span></div> </div>				
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 5px; vertical-align: top;"> COMMITTEE TYPE   <input type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC </td> <td style="border: 1px solid black; padding: 5px;"> COMMITTEE NAME   COMMITTEE ADDRESS   COMMITTEE CAMPAIGN TREASURER NAME   COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table> </div>			COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

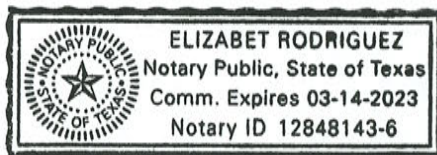
15 C/OH NAME <u>Ismael "Smiley" Martinez</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,893.<sup>00</sup></u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,448.<sup>74</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>16,660.<sup>43</sup></u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>16,626.<sup>80</sup></u>

18 SIGNATURE 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.

Ismael A. Martinez  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Ismael "Smiley" Martinez this the 6 day of December, 2021, to certify which, witness my hand and seal of office.

Elizabeth Rodriguez Signature of officer administering oath  
Elizabeth Rodriguez Printed name of officer administering oath  
Notary Public Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Ismael "Smiley" Martinez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4,893.<sup>40</sup></i>
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	\$ <i>16,626.<sup>80</sup></i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>Ismael "Smiley" Martinez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/11/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linebarger Grogan Blain + Sampson LLP</b>	7 Amount of contribution (\$) <b>\$1,500.00</b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 17428 Austin, TX. 78760</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11/12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Eddie Warburger</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 1018 Edinburg, TX. 78540</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/16/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jesus Contreras, ESA</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>2911 Allen Dr. Edinburg, TX. 78539</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/19/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Luis + Marta Rivera</b>	Amount of contribution (\$) <b>\$300.00</b>
Contributor address; City; State; Zip Code <b>13210 Helotes Circle Helotes, TX. 78023</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Ismael "Smiley" Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/19/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Blue Star Chemical Co.</i>	7 Amount of contribution (\$) <i>\$200.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 3305 Edinburg, TX. 78540</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/22/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Carmen R. Guerra</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>1021 E. Canton Edinburg, TX. 78539</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/22/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jason De Leon Campaign</i>	Amount of contribution (\$) <i>\$443.00</i>
Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/23/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Roel Peña</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>2500 Kings Dr. Edinburg, TX. 78539</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Ismael "Smiley" Martinez

3 Filer ID (Ethics Commission Filers)

4 Date

11/25/21

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

J. Benito Rodriguez

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City;

State;

Zip Code

1411 E. Somanos St. Edinburg, TX 78539

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/29/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Edward X. Dimas

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

1501 Heritage Oaks Rd. Edinburg, TX 78539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/30/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jason De Leon Campaign

Amount of contribution (\$)

\$250.00

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 (\$)

Contributor address;

City;

State;

Zip Code

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.



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: <u>2</u>		<b>2</b> FILER NAME <u>Ismael "Smiley" Martinez</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>11-21-21</u>		<b>5</b> Payee name <u>HEB</u>			
<b>6</b> Amount (\$) <u>\$35.66</u>		<b>7</b> Payee address; City; State; Zip Code <u>2700 W. Freddy Gonzalez Dr. Edinburg, TX. 78539</u>			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Event Expense</u>		<b>(b)</b> Description <u>Food.</u>		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>11/22/21</u>		Payee name <u>Vera's King O'Meats</u>			
Amount (\$) <u>\$313.08</u>		Payee address; City; State; Zip Code <u>2012 E. University Edinburg, TX. 78542</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>		Description <u>Food</u>		
	<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					
Date <u>11/27/21</u>		Payee name <u>107 Cafe</u>			
Amount (\$)		Payee address; City; State; Zip Code <u>4129 W. University Edinburg, TX, 78539</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>		Description <u>Food</u>		
	<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					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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 FILER NAME <i>Ismael "Smiley" Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/22/21</i>	5 Payee name <i>Carlos Jasso Politica Inc.</i>		
6 Amount (\$) <i>\$450.00</i>	7 Payee address; City; State; Zip Code <i>1409 Chapel Hill Edinburg, TX. 78542</i>		
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>		(b) Description <i>Campaign Consulting</i>
	(c) <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 Office sought Office held			
Date <i>11/21/21</i>	Payee name <i>Anita's Cafe.</i>		
Amount (\$) <i>\$420.00</i>	Payee address; City; State; Zip Code <i>2102 N. McColl Rd. Edinburg, TX. 78541</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <i>Food.</i>
	<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 Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED