

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: 1.2em; font-family: cursive;">15 pages</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="font-size: 1.2em; font-family: cursive;">Ismael A.</div>		OFFICE USE ONLY <div style="font-size: 1.5em; font-family: cursive; transform: rotate(-15deg);"> rec'd on 10/4/21 @ 10:52am </div>								
	NICKNAME LAST SUFFIX <div style="font-size: 1.2em; font-family: cursive;">Smiley Martinez</div>										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; height: 40px; width: 100%;"></div>										
	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 20px; width: 100%;"></div>										
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI <div style="font-size: 1.2em; font-family: cursive;">Daniel D.</div>		Date Hand-delivered or Date Postmarked <div style="font-size: 1.5em; font-family: cursive;">10-4-21</div>								
6 CAMPAIGN TREASURER NAME	NICKNAME LAST SUFFIX <div style="font-size: 1.2em; font-family: cursive;">Danny Garza</div>		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 <div style="font-size: 1.2em; font-family: cursive;">1119 S. 6th Ave. Edinburg, Tx. 78539</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em; font-family: cursive;">(956) 451-5503</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 checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input 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 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	Month Day Year Month Day Year <div style="font-size: 1.2em; font-family: cursive;">7 / 16 / 21 THROUGH 10 / 4 / 21</div>										
11 ELECTION	ELECTION DATE ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div> Month Day Year <div style="font-size: 1.2em; font-family: cursive;">Nov / 2 / 2021</div> </div> <div> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description </div> </div>										
12 OFFICE	OFFICE HELD (if any) OFFICE SOUGHT (if known) <div style="font-size: 1.2em; font-family: cursive;">Edinburg City Council Pl. 1</div>										
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

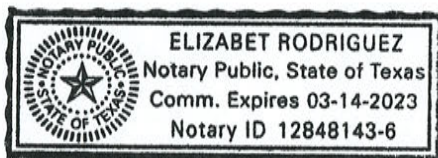
15 C/OH NAME <u>Ismael "Smiley" Martinez</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>29,087.²²</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>11,133.⁰⁶</u>
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	\$ <u>16,626.⁸⁰</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 4 day of October, 2021, to certify which, witness my hand and seal of office.

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

Ismael "Smiley" Martinez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 29,087. ²²
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	\$ 16,626. ⁸⁰
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: 7
2 FILER NAME Ismael "Smiley" Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 7/14/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodolfo Muñoz Gonzalez	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 901 W. Ferguson St. Pharr, Tx. 78577		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David J. Macchia	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 104 Rustling Elm Way Azle, TX. 76020		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/27/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramiro + Olga Gutierrez	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 1203 S. Gumwood Pharr, TX. 78577		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winston Ayala State Farm Insurance	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 5401 N. 10th St. Ste C. Mesquite, TX. 78504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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>7/26/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cantu's Pharmacy</i>	7 Amount of contribution (\$) <i>\$ 500.00</i>
6 Contributor address; City; State; Zip Code <i>504 S. Closer Blvd. Edinburg, TX. 78539</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>7/28/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>M2 Engineering</i>	Amount of contribution (\$) <i>\$ 1,500.00</i>
Contributor address; City; State; Zip Code <i>2013 N. 47th St. McAllen, TX. 78501</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/27/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Law Office of Juan Zamora</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address; City; State; Zip Code <i>1113 Nightingale Ave McAllen, TX. 78504</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/28/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vera's Kings Omelets (I)</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address; City; State; Zip Code <i>2012 E. University Dr. Edinburg, TX. 78542</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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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>7/28/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vera's King D Meats (2)</i> 6 Contributor address; City; State; Zip Code <i>1010 E. Business 83 Donna, TX. 78537</i>	7 Amount of contribution (\$) <i>\$500.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>7/28/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dario V. Guerra</i> Contributor address; City; State; Zip Code <i>1021 E. Canton Dr. Edinburg, TX. 78539</i>	Amount of contribution (\$) <i>\$500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/28/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tijerina Insurance Agency</i> Contributor address; City; State; Zip Code <i>1310 W. University Dr. Edinburg, TX. 78539</i>	Amount of contribution (\$) <i>\$500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/29/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Total Life Benefits</i> Contributor address; City; State; Zip Code <i>1100 S. Ironwood St. Pharr, TX. 78577</i>	Amount of contribution (\$) <i>\$250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Ismael "Smiley" Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/29/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>76 Bar & Grill</i>	7 Amount of contribution (\$) <i>\$250.00</i>
6 Contributor address; City; State; Zip Code <i>400 W. Nolana Ave. Edinburg, TX 78504</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>7/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Texas Tidy Cans</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>21377 N. Morefield Rd. Edinburg, TX 78541</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/4/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Law Office of Pete Diaz IV</i>	Amount of contribution (\$) <i>\$750.00</i>
Contributor address; City; State; Zip Code <i>1305 E. Nolana Ave. McAllen, TX 78504</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/6/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Garcia & Villarreal Law Office</i>	Amount of contribution (\$) <i>\$1,500.00</i>
Contributor address; City; State; Zip Code <i>4311 N. McCall Rd. McAllen, TX 78504</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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

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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>8/9/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Oscar Gonzalez CPA & Associates</i> 6 Contributor address; City; State; Zip Code <i>208 W. Ferguson, Unit 1 Pharr, TX. 78577</i>	7 Amount of contribution (\$) <i>\$ 500. @</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8/9/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Martin Cardia</i> Contributor address; City; State; Zip Code <i>P.O. Box 21 San Juan, TX. 78589</i>	Amount of contribution (\$) <i>\$ 250. @</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/10/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jesus Contreras, ESQ</i> Contributor address; City; State; Zip Code <i>2911 Allen Dr. Edinburg, TX. 78539</i>	Amount of contribution (\$) <i>\$ 750. @</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/13/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Andres Palma & Suzanne Palma</i> Contributor address; City; State; Zip Code <i>1801 Battista St. Edinburg, TX. 78542</i>	Amount of contribution (\$) <i>\$ 1,500. @</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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>8/13/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nicholas E. Hernandez</i>	7 Amount of contribution (\$) <i>\$1,500. @</i>
6 Contributor address; City; State; Zip Code <i>1904 Clifton Westco, TX. 78596</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8/14/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Erasmo + Catalina Alvarado</i>	Amount of contribution (\$) <i>\$1,250. @</i>
Contributor address; City; State; Zip Code <i>424 N. 17th St. Donna, TX. 78537</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/17/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eddie Morburger Jr.</i>	Amount of contribution (\$) <i>\$250. @</i>
Contributor address; City; State; Zip Code <i>PO Box 1018 Edinburg, TX. 78540</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/19/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leo's Tracking</i>	Amount of contribution (\$) <i>\$200. @</i>
Contributor address; City; State; Zip Code <i>2185 N. Alamo Rd. Edinburg, TX. 78542</i>		
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 A1

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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>8/26/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>J. Benito Rodriguez</i>	7 Amount of contribution (\$) <i>\$200. @</i>
6 Contributor address; City; State; Zip Code <i>1411 E. Samano St. Edinburg, TX. 78539</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8/31/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Law Office of Eddy Trevino</i>	Amount of contribution (\$) <i>\$500. @</i>
Contributor address; City; State; Zip Code <i>4013 S. Sugar Rd. Edinburg, TX. 78539</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/26/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Christopher L. Brown</i>	Amount of contribution (\$) <i>\$250. @</i>
Contributor address; City; State; Zip Code <i>P.O. Box 4109 Cedo Park, TX. 78630</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/29/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Armando & Marta S. Barrera</i>	Amount of contribution (\$) <i>\$100. @</i>
Contributor address; City; State; Zip Code <i>1506 Bluebonnet Av. Edinburg, TX. 78539</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

LOANS

SCHEDULE E

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 E: <div style="text-align: center; font-size: 2em;">1</div>	
2 FILER NAME <i>Ismael "Smiley" Martinez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$ <i>14,626.80</i>	
5 Date of loan <i>3/23/21</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ismael A. Martinez</i>	9 Loan Amount (\$)	
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) <i>Insurance Agency Owner</i>		13 Employer (See Instructions) <i>IAM Insurance Agency</i>	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
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		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	
	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

3

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

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 FILER NAME <i>Ismael "Smiley" Martinez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>7/19/21</i>		5 Payee name <i>EHS Bobcat Band Booste Club.</i>			
6 Amount (\$) <i>\$150.00</i>		7 Payee address; City; State; Zip Code <i>2600 E. Wisconsin Rd. Edinburg, TX. 78542</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>Band Booster Club.</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8/19/21</i>		Payee name <i>Brandon Castellanos BC Video + Photography</i>			
Amount (\$) <i>\$600.00</i>		Payee address; City; State; Zip Code <i>2821 Sophia Ave Edinburg, TX. 78542</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Photos + Videos.</i>		Description <i>Photos + Videos</i>		
	<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 Office held	
Date <i>7/29/21</i>		Payee name <i>Walmart</i>			
Amount (\$) <i>\$37.25</i>		Payee address; City; State; Zip Code <i>1724 W. University Dr. Edinburg, TX - 78539</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Supplies</i>		Description <i>Supplies</i>		
	<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 Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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 FILER NAME <i>Ismael "Smiley" Martinez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>7/30/21</i>		5 Payee name <i>Little Caesars</i>			
6 Amount (\$) <i>\$28.12</i>		7 Payee address; City; State; Zip Code <i>S. University Dr. Edinburg, TX. 78542</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food</i>		(b) Description <i>Food.</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					
Date <i>8/2/21</i>		Payee name <i>Valero</i>			
Amount (\$) <i>\$2.48</i>		Payee address; City; State; Zip Code <i>W. University Edinburg, TX. 7854</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Waters</i>		Description <i>Waters.</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					
Date <i>7/29/21</i>		Payee name <i>Walmart</i>			
Amount (\$) <i>37.25</i>		Payee address; City; State; Zip Code <i>1724 W. University Dr. Edinburg, TX. 78539</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Supplies</i>		Description <i>Supplies</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					

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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
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 FILER NAME <i>Ismael "Smiley" Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8-16-21</i>	5 Payee name <i>Los Lagos Golf Club.</i>		
6 Amount (\$) <i>\$2,255.00</i>	7 Payee address; City; State; Zip Code <i>1720 S. Raul Longoria Rd. Edinburg, TX - 78539</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description <i>Golf Tournament</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>8-7-21</i>	Payee name <i>RVHS Band Booster Club.</i>		
Amount (\$) <i>\$150.00</i>	Payee address; City; State; Zip Code <i>E. Canton Rd. Edinburg, TX 78542</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution / Donation</i>		Description <i>Band Booster Club (RVHS)</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			

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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 G:	2 FILER NAME <i>Ismael "Smiley" Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(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	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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		
Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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		

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