

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <span style="font-size: 1.5em;">2</span>				
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST <b>Genevieve</b> NICKNAME LAST <b>Martinez</b>	MI SUFFIX	<b>OFFICE USE ONLY</b>				
	<div style="border: 2px solid blue; padding: 5px; text-align: center; color: blue;"> <b>RECEIVED</b>  <span style="color: red;">JUL 15 2023</span>                  BY: <i>ML</i> </div>						
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; <b>1033 Wild Flower</b>	APT / SUITE #;	CITY: STATE: ZIP CODE <b>Floresville TX 78114</b>				
<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <b>(210 )</b>	PHONE NUMBER <b>416-3097</b>	EXTENSION				
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <b>Mr. Harold</b> NICKNAME LAST <b>Schott</b>	MI SUFFIX	Date Hand-delivered or Date Postmarked				
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 50%;">Receipt #</td> <td style="border: 1px solid black; width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged
Receipt #	Amount \$						
Date Processed							
Date Imaged							
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <b>121 N Jewel Dr.</b>		CITY: STATE: ZIP CODE <b>La Vernia TX 78121</b>				
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE <b>(830 )</b>	PHONE NUMBER <b>477-8034</b>	EXTENSION				
<b>9</b> REPORT TYPE	<input 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
<b>10</b> PERIOD COVERED	Month <b>1</b>	Day <b>1</b>	Year <b>23</b>				
	THROUGH		Month <b>6</b>				
			Day <b>30</b>				
			Year <b>23</b>				
<b>11</b> ELECTION	ELECTION DATE Month Day Year <b>11 / 8 / 22</b>		ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General Special				
<b>12</b> OFFICE	OFFICE HELD (if any) <b>Wilson County Clerk</b>	<b>13</b> OFFICE SOUGHT (if known)					
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <small>Additional Pages</small>	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	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

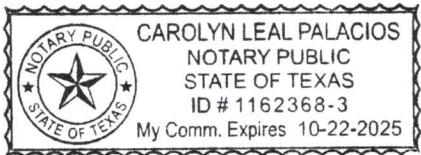
<b>15 C/OH NAME</b> Genevieve Martinez		<b>16 Filer ID</b> (Ethics Commission Filers)	
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	185.21
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	185.21
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	36.75
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	

**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.

*Genevieve Martinez*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Genevieve Martinez this the 3rd day of July, 2023, to certify which, witness my hand and seal of office.

[Signature] Carolyn Leal Palacios Notary  
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)