

# 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: <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">6</span> |
| 3 CANDIDATE / OFFICEHOLDER NAME   | MS / MRS / MR<br><b>Mr</b>   | FIRST<br><b>Martin</b>  | MI<br><b>L</b>   |
|   | NICKNAME<br><b>Marty</b>   | LAST<br><b>Reid</b>   | SUFFIX   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input checked="" type="checkbox"/> Change of Address | ADDRESS / PO BOX:  | APT / SUITE #:  | CITY: STATE: ZIP CODE  |
|   |  |   |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE  | AREA CODE  | PHONE NUMBER  | EXTENSION  |
| 6 CAMPAIGN TREASURER NAME   | MS / MRS / MR<br><b>Ms</b>   | FIRST<br><b>Valerie</b>   | MI<br><b>A</b>   |
|   | NICKNAME   | LAST<br><b>Villarreal</b>   | SUFFIX   |
| 7 CAMPAIGN TREASURER ADDRESS<br><small>(Residence or Business)</small>                              | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:  |   | CITY: STATE: ZIP CODE  |
|   | <b>301 S. Park Blvd 33</b>   |   | <b>Mabank TX 75147</b>   |
| 8 CAMPAIGN TREASURER PHONE  | AREA CODE  | PHONE NUMBER  | EXTENSION  |
|   | <b>( 214 )</b>   | <b>585-1248</b>   |  |
| 9 REPORT TYPE   | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input 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) |   |  |
| 10 PERIOD COVERED   | Month Day Year      Month Day Year<br><b>01 / 01 / 2022</b> THROUGH <b>01 / 20 / 2022</b>  |   |  |
| 11 ELECTION   | ELECTION DATE  | ELECTION TYPE   |  |
|   | Month Day Year<br><b>03 / 01 / 2022</b>  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |
| 12 OFFICE   | OFFICE HELD (if any)   | 13 OFFICE SOUGHT (if known)   |  |
|   |  | <b>Kaufman County Republican Party Chairman</b>   |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><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.  |   |  |
|   | COMMITTEE TYPE   | COMMITTEE NAME  |  |
|   | <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS   |  |
|   | <input type="checkbox"/> SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME   |  |
|   |  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |  |

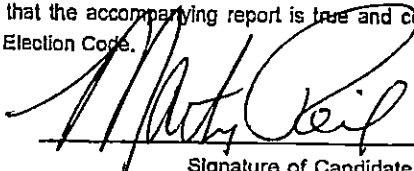
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                    |   |  |
|------------------------------------|---|--|
| 16 C/OH NAME <b>Martin L. Reid</b> |   | 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) | \$ .00                                 |
|                                    | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 800.00                              |
| EXPENDITURE TOTALS                 | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ .00                                 |
|                                    | 4. TOTAL POLITICAL EXPENDITURES   | \$ .00                                 |
| CONTRIBUTION BALANCE               | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 600.00                              |
| OUTSTANDING LOAN TOTALS            | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ .00                                 |

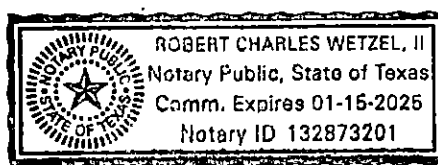
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Robert Wetzel this the 28 day of January, 2022, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature] Printed name of officer administering oath: Robert C Wetzel II Title of officer administering oath: Notary

(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<br>Martin L. Reid | 20 Filer ID (Ethics Commission Filers) |
|---------------------------------|--|

| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT |
|---|--------------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                            | \$ 600.00          |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS              | \$ 200.00          |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$                 |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS   | \$                 |
| 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>2</b>                         |
| 2 FILER NAME<br><b>Martin L. Reid</b>  |   | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><b>1/4/2022</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Gayle Wertz</b> | 7 Amount of contribution (\$)<br><br><b>\$50.00</b>         |
| 6 Contributor address; City; State; Zip Code<br><b>702 W. State Street Terrell, TX 75160</b> |   |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Retired</b>                      |   | 9 Employer (See Instructions)<br><b>Retired</b>             |
| Date<br><b>1/8/2022</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Betty Fallert</b> | Amount of contribution (\$)<br><br><b>\$100.00</b>          |
| Contributor address; City; State; Zip Code<br><b>215 Harlan Road Combine, TX 75159</b>       |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>                        |   | Employer (See Instructions)<br><b>Retired</b>               |
| Date<br><b>1/8/2022</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Charles Reid</b>  | Amount of contribution (\$)<br><br><b>\$100.00</b>          |
| Contributor address; City; State; Zip Code<br><b>1158 CTABRIA ST. FORNEY, TX. 75126</b>      |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>                        |   | Employer (See Instructions)<br><b>Retired</b>               |
| Date<br><b>1/8/2022</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Marty Reid</b>    | Amount of contribution (\$)<br><br><b>\$100.00</b>          |
| Contributor address; City; State; Zip Code<br><b>100 Boles Street Forney, TX 75126</b>       |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Pastor</b>                         |   | Employer (See Instructions)<br><b>Trinity Family Church</b> |



**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

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:<br><b>2</b>              |
| 2 FILER NAME<br><b>Martin L. Reid</b>  |  | 3 Filer ID (Ethics Commission Filers)               |
| 4 Date<br><b>1-14-22</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>April Pyle</b>       | 7 Amount of contribution (\$)<br><br><b>\$50.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>4088 Dee Drive Terrell, TX 75160</b>    |  |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Retired</b>                    |  | 9 Employer (See Instructions)<br><b>Retired</b>     |
| Date<br><b>1/20/2022</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Ray Myers</b>          | Amount of contribution (\$)<br><br><b>\$100.00</b>  |
| Contributor address; City; State; Zip Code<br><b>308 Bluffview Ct Forney, TX 75126</b>     |  |   |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>                      |  | Employer (See Instructions)<br><b>Retired</b>       |
| Date<br><b>1/20/2022</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Valerie Villarreal</b> | Amount of contribution (\$)<br><br><b>\$100.00</b>  |
| Contributor address; City; State; Zip Code<br><b>301 S. Park Blvd #33 Mabank, TX 75147</b> |  |   |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>                      |  | Employer (See Instructions)<br><b>Retired</b>       |
| Date   | Full name of contributor <input type="checkbox"/> 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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <b>1</b>   |
| 2 FILER NAME <b>Martin L. Reid</b>  |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$  |  |   |
| 5 Date<br><b>1/20/2022</b>  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Robert Shulter</b><br>7 Contributor address; City; State; Zip Code<br><b>100 Kings Fort Pkwy 105-303 Kaufman, TX 75142</b> | 8 Amount of Contribution \$ <b>\$200.00</b>   9 In-kind contribution description<br><b>Sign design and push cards.</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)<br><b>Administrative assistant</b> |  | 11 Employer (FOR NON-JUDICIAL)(See Instructions)<br><b>Grassroots of America - We the People</b>  |
| 12 Contributor's principal occupation (FOR JUDICIAL)  |  | 13 Contributor's job title (FOR JUDICIAL)(See Instructions)   |
| 14 Contributor's employer/law firm (FOR JUDICIAL)   |  | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)   |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                                 |  |   |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code   | Amount of Contribution \$   In-kind contribution description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.   |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)                                       |  | Employer (FOR NON-JUDICIAL)(See Instructions)   |
| Contributor's principal occupation (FOR JUDICIAL)   |  | Contributor's job title (FOR JUDICIAL)(See Instructions)  |
| Contributor's employer/law firm (FOR JUDICIAL)  |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                                    |  |   |

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