

# 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: <b>15</b> <i>aw</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Martin</b>	MI <b>L.</b>
	NICKNAME <b>Marty</b>	LAST <b>Reid</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( )	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Ms</b>	FIRST <b>Valerie</b>	MI <b>A</b>
	NICKNAME	LAST <b>Villarreal</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	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 ( <b>214</b> )	PHONE NUMBER <b>585-1248</b>	EXTENSION
9 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 type="checkbox"/> July 15 <input checked="" 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 <b>01 / 21 / 2022</b>		THROUGH Month Day Year <b>02 / 19 / 2022</b>
11 ELECTION	ELECTION DATE Month Day Year <b>03 / 01 / 2022</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <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)	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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input checked="" type="checkbox"/> GENERAL	<b>Kaufman County GOP PAC</b>	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		<b>10511 FM 429, Kaufman, TX 75142</b>	
	COMMITTEE CAMPAIGN TREASURER NAME		
	<b>Ann King</b>		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	<b>10511 FM 429, Kaufman, TX 75142</b>		

**OFFICE USE ONLY**

Date Received BY: **LAURAA HUGHES**  
COUNTY CLERK  
DEPUTY

2022 FEB 22 PM 1:11

FILED FOR RECORD  
KAUFMAN CO. TEXAS

Date Hand-Delivered:      Date Postmarked

Receipt #      Amount \$

Date Processed

Date Imaged

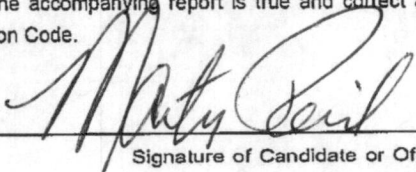
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

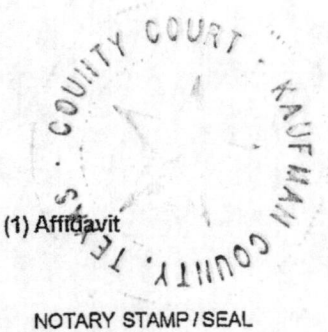
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Martin L. Reid		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)	\$ 4635.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ .00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3708.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 926.10
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 Martin L Reid this the 22<sup>nd</sup> day of February  
20 22, to certify which, witness my hand and seal of office.  
Anastacia McCraw Printed name of officer administering oath  
Anastacia McCraw Deputy Clerk 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 <b>Martin L. Reid</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4635.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ .00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ .00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ .00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3708.90
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ .00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ .00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ .00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ .00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ .00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ .00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ .00

# 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>6</b>
2 FILER NAME Martin L. Reid		3 Filer ID (Ethics Commission Filers)
4 Date 1/22/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Lunsford ..... 6 Contributor address: City: State: Zip Code 1348 Trinity Meadows Terrell, TX 75160	7 Amount of contribution (\$)  \$150.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 1/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Schoen ..... Contributor address: City: State: Zip Code 10250 East Lane Terrell, TX 75160	Amount of contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 1/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell Huffines ..... Contributor address: City: State: Zip Code 3215 Homer Dallas, TX 75206	Amount of contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Boom Bazaar Fireworks
Date 1/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valerie Villarreal ..... Contributor address: City: State: Zip Code 301 S. Park Blvd #33 Mabank, TX 75147	Amount of contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>6</b>
2 FILER NAME Martin L. Reid		3 Filer ID (Ethics Commission Filers)
4 Date  1/25/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheri Moreno ..... 6 Contributor address; City; State; Zip Code 112 Brooks Forney, TX 75126	7 Amount of contribution (\$)  \$25.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Cheris House Cleaning
Date  1/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel Hopper ..... Contributor address; City; State; Zip Code 1581 CR 2224 Decatur, TX 76234	Amount of contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Videographer		Employer (See Instructions) Don Huffines
Date  1/31/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kace Whitaker ..... Contributor address; City; State; Zip Code 1028 Roaring Springs Rd Ft. Worth, TX 76114	Amount of contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Type text here		Employer (See Instructions) Don Huffines
Date  2/1/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Nedrow ..... Contributor address; City; State; Zip Code 181 Gracebridge Celina, TX 75009	Amount of contribution (\$)  \$1000.00
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) Craig Nedrow Ministries
<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>		

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# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6</b>
2 FILER NAME Martin L. Reid		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/2/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sandy Rodriguez</b>	7 Amount of contribution (\$)  <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>127 Cherrytree Trail Forney, TX 75126</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Retired</b>
Date <b>2/2/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Judy Schoen</b>	Amount of contribution (\$)  <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>10250 East Lane Terrell, TX 75160</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>2/2/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ray Myers</b>	Amount of contribution (\$)  <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>308 Bluffview Ct Forney, TX 75126</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>2/4/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Laura Baker</b>	Amount of contribution (\$)  <b>\$25.00</b>
Contributor address; City; State; Zip Code <b>PO Box 1708 Dickenson, TX 77539</b>		
Principal occupation / Job title (See Instructions) <b>Minister</b>		Employer (See Instructions) <b>PBM</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME Martin L. Reid		3 Filer ID (Ethics Commission Filers)
4 Date  2/8/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Vzralik ..... 6 Contributor address; City; State; Zip Code 6937 FM 987 Terrell, TX 75160	7 Amount of contribution (\$)  \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date  2/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman County GOP PAC ..... Contributor address; City; State; Zip Code 10511 FM 429 Kaufman, TX 75142	Amount of contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Republican Club		Employer (See Instructions) None
Date  2/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Reid ..... Contributor address; City; State; Zip Code 1158 Citabria Forney, TX 75126	Amount of contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date  2/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Kaup ..... Contributor address; City; State; Zip Code 1810 Roundtree Forney, TX 75126	Amount of contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) City of Garland
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6</b>
2 FILER NAME <b>Martin L. Reid</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/8/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marty Reid</b>	7 Amount of contribution (\$)  <b>\$100.00</b>
6 Contributor address: City: State: Zip Code		
8 Principal occupation / Job title (See Instructions) <b>Pastor</b>		9 Employer (See Instructions) <b>Trinity Family Church</b>
Date <b>2/9/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeff Reid</b>	Amount of contribution (\$)  <b>\$25.00</b>
Contributor address: City: State: Zip Code <b>404 E. 11th Cisco, TX 76437</b>		
Principal occupation / Job title (See Instructions) <b>Oil business</b>		Employer (See Instructions) <b>Type text here</b>
Date <b>2/10/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jimmy Vzralik</b>	Amount of contribution (\$)  <b>\$500.00</b>
Contributor address: City: State: Zip Code <b>6937 FM 987 Terrell, TX 75160</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>2/16/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michelle Pope</b>	Amount of contribution (\$)  <b>\$500.00</b>
Contributor address: City: State: Zip Code <b>6320 Lumley Road Mesquite, TX 75181</b>		
Principal occupation / Job title (See Instructions) <b>Operations Manager</b>		Employer (See Instructions) <b>Pope Co.</b>
<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>		

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# SCHEDULE A1

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2 FILER NAME Martin L. Reid		3 Filer ID (Ethics Commission Filers)
4 Date  2/17/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jason Ross</b> <hr/> 6 Contributor address:                      City:                      State:                      Zip Code <b>2428 Stevens Road    Rockwall, TX 75032</b>	7 Amount of contribution (\$)  <b>\$250.00</b>
8 Principal occupation / Job title (See Instructions) <b>Executive</b>		9 Employer (See Instructions) <b>GMR</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> 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#: _____) <hr/> 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#: _____) <hr/> 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.

# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Martin L. Reid	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/21/22	<b>5</b> Payee name Anadot	
<b>6</b> Amount (\$) \$0.69	<b>7</b> Payee address: 1340 Poydras, Ste 1770	City: State: Zip Code New Orleans, LA 70112
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Valerie Villarreal donation
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 1/28/22	Payee name Anadot	
Amount (\$) \$1.28	Payee address: 1340 Poydras, Ste 1770	City: State: Zip Code New Orleans, LA 70112
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fee	Description Cheri Moreno donation
	<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 1/25/22	Payee name Anadot	
Amount (\$) \$4.20	Payee address: 1340 Poydras, Ste 1770	City: State: Zip Code New Orleans, LA 70112
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fee	Description Russell Huffines donation
	<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 POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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 Martin L. Reid	3 Filer ID (Ethics Commission Filers)
4 Date 1/25/22	5 Payee name Anadot	
6 Amount (\$) \$1.28	7 Payee address; City; State; Zip Code 1340 Poydras, Ste 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Samuel Hopper donation
	(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 1/27/22	Payee name Anadot	
Amount (\$) \$1.28	Payee address; City; State; Zip Code 1340 Poydras, Ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Kace Whitaker donation
	<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 1/28/22	Payee name Anadot	
Amount (\$) \$39.30	Payee address; City; State; Zip Code 1340 Poydras, Ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Craig Nedrow donation
	<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

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### 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 Martin L. Reid	3 Filer ID (Ethics Commission Filers)
4 Date 1/31/22	5 Payee name Anadot	
6 Amount (\$) \$4.20	7 Payee address; City; State; Zip Code 1340 Poydras, Ste 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description  Sandy Rodriguez Donation
	(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 2/1/22	Payee name Anadot	
Amount (\$) \$1.28	Payee address; City; State; Zip Code 1340 Poydras, Ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Fees	Description  Laura Baker Donation
	<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 2/6/22	Payee name Anadot	
Amount (\$) \$1.28	Payee address; City; State; Zip Code 1340 Poydras, Ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Fee	Description  Jeff Reid donation
	<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

# 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 Martin L. Reid	3 Filer ID (Ethics Commission Filers)
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4 Date 2/14/22	5 Payee name Anadot
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6 Amount (\$) \$19.80	7 Payee address: 1340 Poydras, Ste 1770	City: New Orleans, LA	State: LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Michelle Pope donation
	(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 2/17/22	Payee name Anadot
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Amount (\$) \$10.05	Payee address: 1340 Poydras, Ste 1770	City: New Orleans, LA	State: LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Jason Ross donation
	<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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Date 1/19/22	Payee name American National Bank
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Amount (\$) \$32.00	Payee address: 2700 S. Washington	City: Kaufman, TX	State: TX	Zip Code 75142
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Checks for Campaign
	<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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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	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 Martin L. Reid	3 Filer ID (Ethics Commission Filers)
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4 Date 1/28/22	5 Payee name PrintPlace
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6 Amount (\$) \$445.38	7 Payee address: 1130 Avenue H E	City: Arlington, TX	State: 76011	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Push Cards
	(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
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Date 2/1/22	Payee name PrintPlace
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Amount (\$) \$378.71	Payee address: 1130 Avenue H E	City: Arlington, TX	State: 76011	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Push Cards
	<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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Date 2/3/22	Payee name Keepers Press
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Amount (\$) \$1331.48	Payee address: 520 Loma Vista	City: Heath, TX	State: 75032	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signs - Yard signs
	<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 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 Martin L. Reid	3 Filer ID (Ethics Commission Filers)
4 Date 2/7/22	5 Payee name Quicken	
6 Amount (\$) \$33.76	7 Payee address: City: State: Zip Code 3760 Haven Avenue Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Quicken Software Download
	(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 2/11/22	Payee name Keepers Press	
Amount (\$) \$811.88	Payee address: City: State: Zip Code 520 Loma Vista Heath, TX 75032	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signs - Yard signs
	<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 2/16/22	Payee name Keepers Press	
Amount (\$) \$591.05	Payee address: City: State: Zip Code 520 Loma Vista Heath, TX 75032	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signs - 4x4s
	<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

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