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

OFFICE USE ONLY

Type Received

Deputy Superintendant

APR 3 2025

Business & Finance

Date Received / Postmarked / Delivered

Receipt #

Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mrs.
FIRST: Larissa
MI: T
NICKNAME
LAST: Martinez
SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS (PO BOX)
APT / SUITE #
CITY
STATE
ZIP CODE

[redacted]

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE
PHONE NUMBER
EXTENSION

[redacted]

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs.
FIRST: Monica
MI
NICKNAME
LAST: Guerrero
SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE)
APT / SUITE #
CITY
STATE
ZIP CODE

[redacted]

8 CAMPAIGN TREASURER PHONE

AREA CODE
PHONE NUMBER
EXTENSION

[redacted]

9 REPORT TYPE

☐ January 15
☑ 30th day before election
☐ Runoff
☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15
☐ 8th day before election
☐ Exceeded Modified Reporting Limit
☐ Final Report (Attach C/OH – FR)

10 PERIOD COVERED

Month / Day / Year: 1 / 1 / 25 THROUGH Month / Day / Year: 3 / 24 / 25

11 ELECTION

ELECTION DATE
Month / Day / Year: 5 / 3 / 25

ELECTION TYPE
☑ Primary ☐ Runoff ☐ Other
☐ General ☐ Special
Description

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ 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
☐ GENERAL
☐ 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

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)	$ 50.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1,570.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$ 870.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 600.27
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	$

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 _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Larissa Martinez and my date of birth is [redacted].

My address is [redacted] USA
(street) (city) (state) (zip code) (country)

Executed in Bexar County, State of Texas, on the 3rd day of April (month), 2025 (year).

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME
Larissa Martinez

20 Filer IDD (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1	✓	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1,570.00
2	✓	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 878.00
3		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4		SCHEDULE E: LOANS	$
5	✓	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 600.27
6		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12	✓ LM	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 30.00

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: 4

2 FILER NAME: Larissa Martinez

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/26/25	Odulia Ashby	$50.00

8 Principal occupation / Job title (See Instructions): USAF Retiree

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/3/25	Gricelda Garza	$200.00

Principal occupation / Job title (See Instructions): Realtor

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/3/25	Brooke Robledo	$30.00

Principal occupation / Job title (See Instructions): Real Estate

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/10/25	Olga Lascano	$50.00

Principal occupation / Job title (See Instructions): QA

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

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: 4

2 FILER NAME: Larissa Martinez

3 Filer ID (Ethics Commission Use)

4 Date	5 Full name of contributor / ☐ out-of-state PAC (ID#) / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)
2/25/25	Stephanie Gattas	$200.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
ED	

Date	Full name of contributor / ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)
2/26/25	Victoria Clark	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Self employed	

Date	Full name of contributor / ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)
2/26/25	Charles Bunch	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director	

Date	Full name of contributor / ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)
2/26/25	Lawrence Domo	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME: Larissa Martinez

3 Filer ID (Ethics Commission Use)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
2/22/25	Rosa Lyrda Cicello	$500.00
	6 Contributor address; City; State; Zip Code	

8 Principal occupation / Job title (See Instructions)	9 Employer (See instructions)
Retired/IT	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
2/22/25	Nancy Zatarain	$25.00
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Management	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
2/22/25	Bruce Card	$50.00
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
2/25/25	Michael Guerrero	$40.00
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

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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: 4

2 FILER NAME: Larissa Martinez

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3/18/25	Arthur Reyna	$250.00

8 Principal occupation / Job title (See Instructions): Attorney

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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 A:

2 FILER NAME: Larissa Martinez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of Contribution $	9 In-kind contribution description
3/3/25	NISD AFT COPE [redacted]	$878.00	Door Lit

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
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 ☐ out-of-state PAC (ID#:)	Amount of Contribution $	In-kind contribution description
	Contributor address: City: State: Zip Code	☐ 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.

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/Contribution; Office Overhead/Rental Expense; Polling Expense; Printing Expense; Salaries/Wages/Contract Labor; Transportation Equipment & Related Expense; Travel In District; Travel Out Of District; Other (including campaign or officeholder expense)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1

2 FILER NAME: Larissa Martinez

3 Filer ID (If this Committee Filer)

4 Date: 3/4/25

5 Payee name: 3D Signs

6 Amount ($): $439.07

7 Payee address; City: Somerset State: TX Zip Code: 78069

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Signs / Political Advertisment

(b) Description: Signs

(c) ☐ Check if travel outside of Texas. Complete Schedule T ☐ 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: 3/8/25

Payee name: 3D Signs

Amount ($): $161.20

Payee address; City: Somerset State: TX Zip Code: 78069

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Signs / Political Advertisment

Description: Signs

☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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

☐ Check if travel outside of Texas. Complete Schedule T ☐ 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

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K

2 FILER NAME: Larissa Martinez

3 Filer ID (Ethics Commission Only)

4 Date	5 Name of person from whom amount is received; Address of person from whom amount is received; City; State; Zip Code	8 Amount ($)
3/3/25	Firstmark ~~State~~ Credit Union	$50.00

7 Purpose for which amount is received: New Member Incentive

☐ Check if political contribution returned to filer

Date	Name of person from whom amount is received; Address of person from whom amount is received; City; State; Zip Code	Amount ($)

Purpose for which amount is received ☐ Check if political contribution returned to filer

Date	Name of person from whom amount is received; Address of person from whom amount is received; City; State; Zip Code	Amount ($)

Purpose for which amount is received ☐ Check if political contribution returned to filer

Date	Name of person from whom amount is received; Address of person from whom amount is received; City; State; Zip Code	Amount ($)

Purpose for which amount is received ☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

March 28, 2025

Northside AFT Committee on Political Education (COPE)
6502 Bandera Road-Sutie 202
San Antonio, TX 78238
Phone: (210) 536-3700

Larissa Martinez, Candidate for School Board District 7

This letter is to notify you that Northside AFT COPE contributed a total of $878.00 to your campaign. Please report the following in-kind contributions, which will be listed on our TEC Reports:

Date	Amount	Description
3/03/25	$878.00	Door Lit

If you have any questions, please reach out to us at: melina@northsideaft.net

Sincerely,

Haroon Monis
COPE Committee Chair
Northside AFT COPE