

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

MRS.  
NICKNAME

FIRST

DIANA

LAST

MARTINEZ

MI

D

SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1009 Graceland, Hov, TX 77009

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 691-1436

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

MR.  
NICKNAME

FIRST

ROMAN

LAST

MARTINEZ

MI

O

SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1009 Graceland, Hov, TX 77009

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 691-1436

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 \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

11 / 27 / 03

THROUGH

Month Day Year

03 / 11 / 04

11 ELECTION

ELECTION DATE

Month Day Year

12 / 06 / 03

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council, District 4

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME **DIANA DAVIDA MARTINEZ**

16 ACCOUNT # (Ethics Commission File)

17 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of political expenditures 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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 26,040.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 45.70

4. TOTAL POLITICAL EXPENDITURES

\$ 67,428.58

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

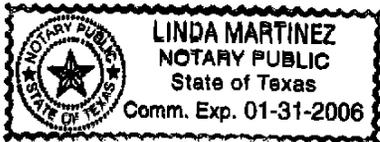
\$ 0.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 33,500.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*Diana Davida Martinez*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said DIANA DAVIDA MARTINEZ, this the 11<sup>th</sup> day of MARCH, 2004, to certify which, witness my hand and seal of office.

*Linda Martinez*  
Signature of officer administering oath

LINDA MARTINEZ  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\***

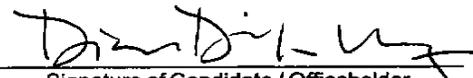
1 C/OH NAME

DIANA DAVILA MARTINEZ

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**\*\* Complete A & B below only if you are not an officeholder. \*\***

### A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate

5 OFFICEHOLDER

**\*\* Complete this section only if you are an officeholder \*\***

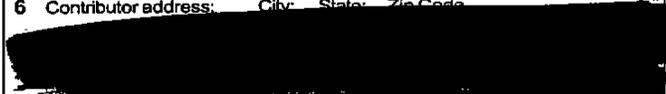
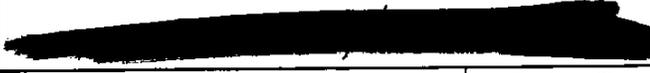
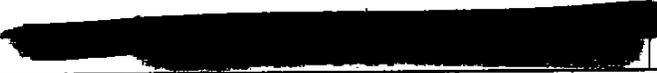


I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: <b>4</b>	
2 FILER NAME <b>DIANA DAVILA MARTINEZ</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12/02/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Louis Carranza</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>12/02/03</b>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) <b>PSI Political Action Committee</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>0181</b> 			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/02/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Eloy E. Deluna</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/02/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Martha D. Lyles</b>	Amount of contribution (\$) <b>150.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/02/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Parra Design Group</b>	Amount of contribution (\$) <b>750.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: <b>4</b>	
2 FILER NAME <b>DIANA DAVILA MARTINEZ</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12/02/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jacob M. Monty</b> 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) <b>560.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>12/02/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>How Con PAC</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/02/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>C. M. Garver</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/02/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bob J. Perry</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <b>5,000.00</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/03/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Darryl L. King</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: **4**

2 FILER NAME **DIANA DAVILA MARTINEZ**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**12/03/03**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Paula E. Adams**

6 Contributor address; City; State; Zip Code  
[REDACTED]

7 Amount of contribution (\$)  
**100.00**

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date  
**12/02/03**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Doylene Perry**

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$)  
**5,000.00**

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date  
**12/03/03**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jorge G. Casimiro**

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$)  
**5,000.00**

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date  
**12/04/03**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Susanne S. Harter**

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$)  
**2,000.00**

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date  
**12/04/03**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Steve S. Harter**

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$)  
**2,000.00**

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: <b>4</b>	
2 FILER NAME <b>DIANA DAVILA MARTINEZ</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12/5/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pedro Cantu</b>	7 Amount of contribution (\$) <b>2000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>[REDACTED]</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>12/05/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Phillipa Young</b>	Amount of contribution (\$) <b>80.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED]</b>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/05/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James R. Young</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED]</b>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/5/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Van Der Wile</b>	Amount of contribution (\$) <b>1000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>[REDACTED]</b>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS** **SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule E:  
2

2 FILER NAME **DIANA DAVILA MARTINEZ** 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   \$

5 Date of loan **12/08/03**   7 Name of lender **Elaine Lock**   9 Loan Amount (\$) **\$ 5000.00**  
 out-of-state PAC (ID#: \_\_\_\_\_)

6 Is lender a financial Institution? **Y**   8 Lender address; City; State; Zip Code **4430 Canal St., Houston, TX 77011**  
 **(N)**   10 Interest rate  
 11 Maturity date

12 Description of Collateral  
 none

13 GUARANTOR INFORMATION   14 Name of guarantor   16 Amount Guaranteed (\$)  
 not applicable   15 Guarantor address; City; State; Zip Code

17 Principal Occupation   18 Employer

Date of loan **12/08/03**   Name of lender **Daniel Davila**   Loan Amount (\$) **\$5000.00**  
 out-of-state PAC (ID#: \_\_\_\_\_)

Is lender a financial Institution? **Y**   Lender address; City; State; Zip Code **4405 Polk, Hvu, TX 77023**  
 **(N)**   Interest rate  
 Maturity date

Description of Collateral  
 none

GUARANTOR INFORMATION   Name of guarantor   Amount Guaranteed (\$)  
 not applicable   Guarantor address; City; State; Zip Code

Principal Occupation   Employer

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

**LOANS**

**SCHEDULE E**

<p>The INSTRUCTION GUIDE explains how to complete this form.</p>	<p>1 Total pages Schedule E: <b>2</b></p>
<p>2 FILER NAME <b>DIANA DAVILA MARTINEZ</b></p>	<p>3 ACCOUNT # (Ethics Commission filers)</p>

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$

<p>5 Date of loan <b>12/08/03</b></p>	<p>7 Name of lender    <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Zulema Dávila</b></p>	<p>9 Loan Amount (\$) <b>\$ 5000.00</b></p>
<p>6 Is lender a financial institution? <b>Y</b>    <b>(N)</b></p>	<p>8 Lender address;    City;    State;    Zip Code <b>4405 Polk, Houston, TX 77023</b></p>	<p>10 Interest rate</p>
		<p>11 Maturity date</p>

12 Description of Collateral  
 none

<p>13 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable</p>	<p>14 Name of guarantor</p> <p>15 Guarantor address;    City;    State;    Zip Code</p>	<p>16 Amount Guaranteed (\$)</p>
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<p>17 Principal Occupation</p>	<p>18 Employer</p>
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<p>Date of loan <b>12/29/03</b></p>	<p>Name of lender    <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DIANA DAVILA MARTINEZ</b></p>	<p>Loan Amount (\$) <b>\$ 18,500.00</b></p>
<p>Is lender a financial institution? <b>Y</b>    <b>(N)</b></p>	<p>Lender address;    City;    State;    Zip Code <b>1009 Graceland, Hov, TX 77009</b></p>	<p>Interest rate</p>
		<p>Maturity date</p>

Description of Collateral  
 none

<p>GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable</p>	<p>Name of guarantor</p> <p>Guarantor address;    City;    State;    Zip Code</p>	<p>Amount Guaranteed (\$)</p>
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<p>Principal Occupation</p>	<p>Employer</p>
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: ~~8~~ 9

2 FILER NAME **DIANA DAVILA MARTINEZ**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**11/29/03**

5 Payee name  
**WC Management**  
6 Payee address; City; State; Zip Code  
**402 West 16th St., Houston, TX 77008**

7 Amount (\$)  
**\$775.56**

8 Purpose of payment (See instructions regarding type of information required.)  
**consulting**

9 **\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date  
**12/02/03**

Payee name  
**International Mailing Systems, Inc.**  
Payee address; City; State; Zip Code  
**815 Live Oak, Hov, TX 77002**  
**[P.O. Box 230229, Hov, TX 77223-0229]**

Amount (\$)  
**\$3332.75**

Purpose of payment (See instructions regarding type of information required.)  
**mailing services**

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date  
**11/30/03**

Payee name  
**Intovine Inc.**  
Payee address; City; State; Zip Code  
**1113 Vine St., Hov, TX 77002**

Amount (\$)  
**\$4087.20**

Purpose of payment (See instructions regarding type of information required.)  
**printing + mailing**

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date  
**12/03/03**

Payee name  
**Intovine Inc.**  
Payee address; City; State; Zip Code  
**1113 Vine St., Hov, TX 77002**

Amount (\$)  
**\$651.00**

Purpose of payment (See instructions regarding type of information required.)  
**printing + mailing**

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **89**

2 FILER NAME  
**DIANA DAVILA MARTINEZ**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/03/03</b>	5 Payee name <b>Richard Printing</b>	7 Amount (\$) <b>\$ 4607.12</b>
6 Payee address; City; State; Zip Code <b>5825 Schumacher, Hov, TX 77057</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>printing services</b>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>12/03/03</b>	Payee name <b>Kathryn McNiel</b>	Amount (\$) <b>\$ 1147.52</b>
Payee address; City; State; Zip Code <b>P O Box 131835, Hov, TX 77219</b>		

Purpose of payment (See instructions regarding type of information required.) <b>consulting</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>12/04/03</b>	Payee name <b>E. Service, Com</b>	Amount (\$) <b>\$ 764.09</b>
Payee address; City; State; Zip Code <b>8643 Belle Park, Hov, TX 77099</b>		

Purpose of payment (See instructions regarding type of information required.) <b>voter files</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>12/04/03</b>	Payee name <b>International Mailing Systems, Inc.</b>	Amount (\$) <b>\$ 1850.00</b>
Payee address; City; State; Zip Code <b>815 Live Oak, Hov, TX 77002 [P O Box 230229, Hov, TX 77223-0229]</b>		

Purpose of payment (See instructions regarding type of information required.) <b>mailing services</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **89**

2 FILER NAME **DIANA DAVILA MARTINEZ**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/04/03</b>	5 Payee name <b>International Mailing Systems, Inc.</b>	7 Amount (\$) <b>\$250.00</b>
6 Payee address; City; State; Zip Code <b>815 Live Oak, HOV, TX 77002</b> <b>[PO Box 230229, HOV, TX 77223-0229]</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>mailing services</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
--	--

Date <b>12/04/03</b>	Payee name <b>Doris Hubbard</b>	Amount (\$) <b>\$2500.00</b>
Payee address; City; State; Zip Code <b>1925 Dewatt, Houston, TX 77088</b>		

Purpose of payment (See instructions regarding type of information required.) <b>consulting</b>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>12/03/03</b>	Payee name <b>John Gibbs</b>	Amount (\$) <b>\$ 500.00</b>
Payee address; City; State; Zip Code <b>600 Caplin, Houston, TX 77022</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Contract labor</b>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>12/04/03</b>	Payee name <b>Richmond Printing</b>	Amount (\$) <b>\$1150.00</b>
Payee address; City; State; Zip Code <b>5825 Schumacher, HOV, TX 77057</b>		

Purpose of payment (See instructions regarding type of information required.) <b>printing</b>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **89**

2 FILER NAME **DIANA DAVIDA MARTINEZ**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/05/03</b>	5 Payee name <b>Alberto Rodrigue</b>	7 Amount (\$) <b>\$300.00</b>
	6 Payee address; City; State; Zip Code <b>12580 Piping Rock #13, Hov, TX 77077</b>	

8 Purpose of payment (See instructions regarding type of information required.) <b>audio production</b>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>12/05/03</b>	Payee name <b>WC Management</b>	Amount (\$) <b>\$1973.98</b>
	Payee address; City; State; Zip Code <b>402 West 16th St., Hov, TX 77008</b>	

Purpose of payment (See instructions regarding type of information required.) <b>consulting</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>12/05/03</b>	Payee name <b>Sprint Digital Print</b>	Amount (\$) <b>\$2297.64</b>
	Payee address; City; State; Zip Code <b>10100 Clay Rd., Hov, TX 77080</b>	

Purpose of payment (See instructions regarding type of information required.) <b>signs</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>12/05/03</b>	Payee name <b>Newman &amp; Assoc.</b>	Amount (\$) <b>\$371.00</b>
	Payee address; City; State; Zip Code <b>2040 S Tomball Pkwy, Hov, TX</b>	

Purpose of payment (See instructions regarding type of information required.) <b>consulting</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **89**

2 FILER NAME **DIANA DAVILA MARTINEZ**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/05/03</b>	5 Payee name <b>Houston Black American Democrats</b>	7 Amount (\$) <b>\$ 500.00</b>
6 Payee address; City; State; Zip Code <b>Houston, Texas</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>contribution</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>12/06/03</b>	Payee name <b>Subway</b>	Amount (\$) <b>\$292.28</b>
Payee address; City; State; Zip Code <b>3737 N. Main, Hov, TX 77009</b>		

Purpose of payment (See instructions regarding type of information required.) <b>lunches</b>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>12/06/03</b>	Payee name <b>Calle Mio</b>	Amount (\$) <b>\$4815.00</b>
Payee address; City; State; Zip Code <b>2810 Leeland, Hov, TX 77003</b>		

Purpose of payment (See instructions regarding type of information required.) <b>consulting</b>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>12/06/03</b>	Payee name <b>Doris Hubbard</b>	Amount (\$) <b>\$ 1500.00</b>
Payee address; City; State; Zip Code <b>1925 Dewalt, Hov, TX 77088</b>		

Purpose of payment (See instructions regarding type of information required.) <b>consulting</b>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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1 Total pages Schedule F: **9**

2 FILER NAME **DIANA DAVILA MARTINEZ**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/19/03</b>	5 Payee name <b>Blue C Studios</b>	7 Amount (\$) <b>\$150.00</b>
6 Payee address; City; State; Zip Code <b>12726 Trail Hollow, Hov, TX 77024</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>graphics</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>12/19/03</b>	Payee name <b>The Sanchez Group</b>	Amount (\$) <b>\$ 1133.99</b>
Payee address; City; State; Zip Code <b>2476 Bolsover #414, Hov, TX 77005</b>		

Purpose of payment (See instructions regarding type of information required.) <b>consulting</b>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>12/19/03</b>	Payee name <b>Roger Rigby</b>	Amount (\$) <b>\$ 375.00</b>
Payee address; City; State; Zip Code <b>1 Cougar Place #328, Hov, TX 77004</b>		

Purpose of payment (See instructions regarding type of information required.) <b>website design</b>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>12/19/03</b>	Payee name <b>Monarch Printing</b>	Amount (\$) <b>\$ 631.63</b>
Payee address; City; State; Zip Code <b>6605 McGrew, Hov, TX 77087</b>		

Purpose of payment (See instructions regarding type of information required.) <b>printing</b>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **89**

2 FILER NAME **DIANA DAVILA MARTINEZ**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**12/19/03**

5 Payee name  
**Infovine**  
6 Payee address; City; State; Zip Code  
**1113 Vine St., HOU, TX 77002**

7 Amount (\$)  
**\$ 749.62**

8 Purpose of payment (See instructions regarding type of information required.)  
**printing + mailing**

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
**12/19/03**

Payee name  
**Kathryn McNiel**  
Payee address; City; State; Zip Code  
**PO Box 131835, HOU, TX 77219**

Amount (\$)  
**\$ 400.00**

Purpose of payment (See instructions regarding type of information required.)  
**consulting**

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
**12/4/03**

Payee name  
**Calle Mio**  
Payee address; City; State; Zip Code  
**2810 Leeland, HOU, TX 77003**

Amount (\$)  
**\$ 3000.00**

Purpose of payment (See instructions regarding type of information required.)  
**consulting**

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
**12/4/03**

Payee name  
**Bethel Nathan**  
Payee address; City; State; Zip Code  
**Houston, Texas**

Amount (\$)  
**\$ 2200.00**

Purpose of payment (See instructions regarding type of information required.)  
**consulting**

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>89</b>
2 FILER NAME <b>DIANA DAVILA MARTINEZ</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>12/04/03</b>	5 Payee name <b>Neumann LP</b>	7 Amount (\$) <b>\$ 7309.83</b>
6 Payee address; City; State; Zip Code <b>1314 West Webster, Hw, TX 77019</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Mailing</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>12/01/03</b>	Payee name <b>Sutter House Printing</b>	Amount (\$) <b>\$ 3942.47</b>
Payee address; City; State; Zip Code <b>14760 Memorial Dr., Hw, TX 77079</b>		
Purpose of payment (See instructions regarding type of information required.) <b>printing</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>3/2/04</b>	Payee name <b>Rita Shattah</b>	Amount (\$) <b>\$75.00</b>
Payee address; City; State; Zip Code <b>900 E. Rogers #3, Hw, TX 77022</b>		
Purpose of payment (See instructions regarding type of information required.) <b>contract work</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>3/5/04</b>	Payee name <b>3N Printing Co.</b>	Amount (\$) <b>\$1500.00</b>
Payee address; City; State; Zip Code <b>6917 Japonica, Houston, TX 77087</b>		
Purpose of payment (See instructions regarding type of information required.) <b>printing</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES** **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **9**

2 FILER NAME **DIANA DAVILA MARTINEZ** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/8/04</b>	5 Payee name <b>Wc Management</b>	7 Amount (\$) <b>\$1500.00</b>
6 Payee address; City; State; Zip Code <b>402 West 16th St., Hw, TX 77008</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>consulting</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <b>3/11/04</b>	Payee name <b>Kathryn McNeil</b>	Amount (\$) <b>\$3750.00</b>
Payee address; City; State; Zip Code <b>Po Box 131835, Houston, TX 77219</b>		

Purpose of payment (See instructions regarding type of information required.) <b>consulting</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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