Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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

OFFICE USE ONLY

Date Received: DEC 6 2003

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: MRS. FIRST: DIANA MI: D.
NICKNAME LAST: MARTINEZ SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 1009 Graceland, Houston, TX 77009

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (713) PHONE NUMBER: 691-1436 EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mr. FIRST: ROMAN MI: O.
NICKNAME LAST: MARTINEZ SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 1009 Graceland, Hou, TX 77009

8 CAMPAIGN TREASURER PHONE
AREA CODE: (713) PHONE NUMBER: 691-1436 EXTENSION

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: 09/22/03 THROUGH Month Day Year: 09/25/03

11 ELECTION
ELECTION DATE Month Day Year: 11/04/03
ELECTION TYPE ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE
OFFICE HELD (if any)

13 OFFICE SOUGHT (if known) HOUSTON CITY COUNCIL, DISTRICT H

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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: DIANA DAVILA MARTINEZ

16 ACCOUNT # (Ethics Commission files)

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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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)	$ 500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	$ 500.00
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	$ 0.00

19 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
ERICKA M. YOUNGBLOOD
Notary Public, State of Texas
My Commission Expires
5-25-2004

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 Davila Martinez
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Diana Davila Martinez, this the 6th day of October, 20 03, to certify which, witness my hand and seal of office.

Ericka M. Youngblood — Signature of officer administering oath
Ericka M Youngblood — Printed name of officer administering oath
Admin. Asst. — Title of officer administering oath

Revised 09/01/2003

Printed on recycled paper

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME DIANA DAVILA MARTINEZ

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) / Reimbursement from political contributions intended
9/22/03	DIANA DAVILA MARTINEZ 1009 Graceland, Houston, TX 77009 filing fee	$500.00 ☑
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED