

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <div style="text-align: right; font-size: 24px;">7</div>		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mrs.</b> <small>NICKNAME</small>	FIRST <b>Ann</b> <small>LAST</small>	MI <b>G</b> <small>SUFFIX</small>	<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 24px; color: red; font-weight: bold;">OCT - 2 2020</div>  <b>Town of Flower Mound Town Secretary's Office</b>  Date Hand-delivered or Date Postmarked	
	<small>NICKNAME LAST SUFFIX</small> <b>Martin</b>				
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>4700 Oak Springs Dr. Flower Mound TX 75028</b>				
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>( 972 )</b>	PHONE NUMBER <b>977-2412</b>	EXTENSION		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mrs.</b> <small>NICKNAME</small>	FIRST <b>Emily</b> <small>LAST</small>	MI <b>C</b> <small>SUFFIX</small>	Receipt #	
	<small>NICKNAME LAST SUFFIX</small> <b>Hobbs</b>			Amount \$	
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1000 Saint Francis Ln. Flower Mound TX 75028</b>			Date Processed <b>10.5.20</b>	
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE <b>( 972 )</b>	PHONE NUMBER <b>951-2540</b>	EXTENSION	Date Imaged <b>RCVD VIA EMAIL</b>	
<b>9</b> 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
<b>10</b> PERIOD COVERED	Month      Day      Year <b>7 / 1 / 20</b>			Month      Day      Year <b>9 / 24 / 20</b>	
<b>11</b> ELECTION	ELECTION DATE Month      Day      Year <b>11 / 3 / 20</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
<b>12</b> OFFICE	OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known)  <b>Town Council Place 5</b>		
<b>GO TO PAGE 2</b>					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME <b>Ann G. Martin</b>	15 Filer ID (Ethics Commission Filers)
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16 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 type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	
	COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS		

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4096.80
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 605.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8610.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2000.00

18 AFFIDAVIT

Due to Covid19 I am unable to secure notary services for this reporting period.

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.

Ann G. Martin  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

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

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Ann G. Martin	<b>20 Filer ID (Ethics Commission Filers)</b>
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<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4096.80
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 605.44
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1/2
2 FILER NAME <b>Ann G. Martin</b>		3 Filer ID (Ethics Commission Filers)
4 Date  8/31/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patrick F. Martin</b> <hr/> 6 Contributor address; City; State; Zip Code <b>4700 Oak Springs Dr., Flower Mound TX 75028</b>	7 Amount of contribution (\$)  <b>\$1000.00</b>
8 Principal occupation / Job title (See Instructions) <b>TAM</b>		9 Employer (See Instructions) <b>Microsoft</b>
Date  8/31/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Judith Collins</b> <hr/> Contributor address; City; State; Zip Code <b>1537 Simmons R., Flower Mound TX 75022</b>	Amount of contribution (\$)  <b>\$300.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date  9/1/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kris Thompsen</b> <hr/> Contributor address; City; State; Zip Code <b>1501 Holly Oak Ct., Flower Mound TX 75028</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Accountant</b>		Employer (See Instructions) <b>SWC Group</b>
Date  9/3/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gerard Tobin</b> <hr/> Contributor address; City; State; Zip Code <b>5605 Southern Hills Ct., Flower Mound TX 75022</b>	Amount of contribution (\$)  <b>\$2000.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2/2

2 FILER NAME **Ann G. Martin**

3 Filer ID (Ethics Commission Filers)

4 Date  
**9/5/20**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Deborah Fitzpatrick**  
6 Contributor address; City; State; Zip Code  
**2908 Raven Cir, Flower Mound TX 75022**

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

8 Principal occupation / Job title (See Instructions)  
**VP**

9 Employer (See Instructions)  
**The Meadows Foundation**

Date  
**9/14/20**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ryan Geddie**  
Contributor address; City; State; Zip Code  
**9111 Cypress Waters Blvd., Dallas TX 75019**

Amount of contribution (\$)  
**\$96.80**

Principal occupation / Job title (See Instructions)  
**Partner**

Employer (See Instructions)  
**Martin, Disiere, Jefferson & Wisdom LLP**

Date  
**9/24/20**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Steve Smith**  
Contributor address; City; State; Zip Code  
**3705 Sarah Springs Trail, Flower Mound TX 75022**

Amount of contribution (\$)  
**\$500.00**

Principal occupation / Job title (See Instructions)  
**President**

Employer (See Instructions)  
**Cornerstone Staffing**

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)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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 **Ann G. Martin** **3** Filer ID (Ethics Commission Filers)

1/2

**4** Date **7/23/20** **5** Payee name **Go Daddy Website Fee**

**6** Amount (\$) **\$27.71** **7** Payee address; City; State; Zip Code **www.godaddy.com**

**8** **PURPOSE OF EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) **Advertising Expense** (b) Description **Website**

(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 **8/23/20** Payee name **Go Daddy Website Fee**

Amount (\$) **\$27.71** Payee address; City; State; Zip Code **www.godaddy.com**

**PURPOSE OF EXPENDITURE** Category (See Categories listed at the top of this schedule) **Advertising Expense** Description **Website**

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 **9/4/20** Payee name **Sign Central & T-Shirts**

Amount (\$) **\$522.31** Payee address; City; State; Zip Code **P.O. Box 294334, Lewisville TX 75029**

**PURPOSE OF EXPENDITURE** Category (See Categories listed at the top of this schedule) **Printing Expense** Description **Campaign 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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

<b>1</b> Total pages Schedule F1: 2/2	<b>2</b> FILER NAME Ann G. Martin	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 9/24/20	<b>5</b> Payee name Go Daddy Website Fee
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<b>6</b> Amount (\$) \$27.71	<b>7</b> Payee address; www.godaddy.com	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Website
	<b>(c)</b> <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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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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