



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

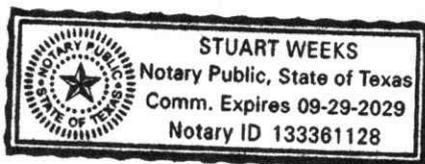
15 C/OH NAME <i>Elizabeth Besa Martin</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0<sup>00</sup></i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>9,050<sup>00</sup></i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0<sup>00</sup></i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>34,996<sup>99</sup></i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>9,150<sup>00</sup></i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0<sup>00</sup></i>

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.

*Elizabeth Besa Martin*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Elizabeth Besa Martin this the 23 day of FEB.

20 20, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

STUART WEEKS  
Printed name of officer administering oath

NOTARY PUBLIC  
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 <i>Elizabeth Besa Martin</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,050 <sup>00</sup>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0 <sup>00</sup>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0 <sup>00</sup>
4.	SCHEDULE E: LOANS	\$ 0 <sup>00</sup>
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0 <sup>00</sup>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0 <sup>00</sup>
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0 <sup>00</sup>
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 287 <sup>93</sup>
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 34,709 <sup>06</sup>
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0 <sup>00</sup>
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0 <sup>00</sup>
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0 <sup>00</sup>

# 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: **2**

2 FILER NAME  
**Elizabeth Besa Martin**

3 Filer ID (Ethics Commission Filers)

4 Date  
**01/30/2026**

5 Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Janice Turnbow**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**117 Roadrunner Cir, Boerne, TX 78006**

**100.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**01/30/2026**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Toni Anne Dashiell**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**PO Box 2091. Boerne, TX 78006**

**5,000.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**02/05/2026**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Frank Chamberlain**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**36 Front St. Comfort, TX 78013**

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**02/02/2026**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Steve Woodall**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**312 Hannah Lane; Boerne; TX 78006**

**200.00**

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.

# 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: 2

2 FILER NAME

Elizabeth Besa Martin

3 Filer ID (Ethics Commission Filers)

4 Date

02/19/2026

5 Full name of contributor

William & Denise Dever

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

650.00

6 Contributor address;

City;

State;

Zip Code

53 Silent Spring; Boerne, TX 78006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/09/2026

Full name of contributor

Lance Kyle

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

PO Box 2100; Boerne, TX 78006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/29/2026

Full name of contributor

Elaine Cashion

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

23 Hein Rd Boerne TX 78006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/29/2026

Full name of contributor

William & Wilma Elliott

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

7525 Sweetwind Cir.  
Fair Oaks Ranch TX 78015

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.

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: <b>2</b>	2 FILER NAME <b>Elizabeth Besa Martin</b>	3 FILER ID (Ethics Commission Filers)
-------------------------------------	--	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ <b>0<sup>00</sup></b>
---	--------------------------

5 CREDIT CARD ISSUER	Name of financial institution <b>Chase Bank</b>
----------------------	--

6 PAYMENT	(a) Amount Charged \$ <b>104.<sup>70</sup></b>	(b) Date Expenditure Charged <b>2/18/2020</b>	(c) Date(s) Credit Card Issuer Paid
-----------	---	--	-------------------------------------

7 PAYEE	(a) Payee name <b>HEB</b>	(b) Payee address; City, State, Zip Code <b>420 W. Bandera Rd Boerne Tx 78006</b> <input type="checkbox"/> Check if individual's residence address.
---------	------------------------------	---

8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>campaign meet greet beverages food for voters</b>
(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
---	-------------------------------	---------------	-------------

PAYMENT	(a) Amount Charged \$ <b>42.<sup>23</sup></b>	(b) Date Expenditure Charged <b>2/19/2020</b>	(c) Date(s) Credit Card Issuer Paid
---------	--	--	-------------------------------------

PAYEE	(a) Payee name <b>The UPS Store</b>	(b) Payee address; City, State, Zip Code <b>215 W Bandera Boerne TX 78006</b> <input type="checkbox"/> Check if individual's residence address.
-------	--	---

PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>printing expense</b>	(b) Description <b>print campaign letter</b>
(c) <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
---	-------------------------------	---------------	-------------

PAYMENT	(a) Amount Charged \$ <b>130<sup>00</sup></b>	(b) Date Expenditure Charged <b>2/02/2020</b>	(c) Date(s) Credit Card Issuer Paid
---------	--	--	-------------------------------------

PAYEE	(a) Payee name <b>Comfort Area Chamber of Commerce</b>	(b) Payee address; City, State, Zip Code <b>PO Box 777 Comfort TX 78013</b> <input type="checkbox"/> Check if individual's residence address.
-------	---	---

PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>Event expense</b>	(b) Description <b>campaign support for community event</b>
(c) <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

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES SCHEDULE F4:</b> 2	<b>2 FILER NAME:</b> Elizabeth Besa Martin	<b>3 FILER ID (Ethics Commission Filers)</b>
-------------------------------------	--	--

<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>	\$ 0 <sup>00</sup>
--	--------------------

<b>5 CREDIT CARD ISSUER</b>	Name of financial institution Chase Bank
-----------------------------	---

<b>6 PAYMENT</b>	(a) Amount Charged \$ 11 <sup>00</sup>	(b) Date Expenditure Charged 02/05/2026	(c) Date(s) Credit Card Issuer Paid
------------------	---	--	-------------------------------------

<b>7 PAYEE</b>	(a) Payee name The UPS Store	(b) Payee address; City, State, Zip Code 215 W Bandera Boerne Tx 78006 <input type="checkbox"/> Check if individual's residence address.
----------------	---------------------------------	--

<b>8 PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description notarize campaign filing
(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 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held
--	-------------------------------	---------------	-------------

<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
----------------	--------------------------	------------------------------	-------------------------------------

<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.
--------------	----------------	---

<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held
--	-------------------------------	---------------	-------------

<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
----------------	--------------------------	------------------------------	-------------------------------------

<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.
--------------	----------------	---

<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
5	Elizabeth Besa Martin	
<b>4</b> Date	<b>5</b> Payee name	
2/12/2020	Direct Texas/Voter Direct Texas	
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City; State; Zip Code
98.51	1260 S. Business IH35	New Braunfels Tx 78130
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	Advertising Expense	campaign adv. card printing production.
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2/27/2020	Kendall County Republican Party	
Amount (\$)	Payee address;	City; State; Zip Code
2,000.00	PO Box 1044	Boerne TX 78006
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Event Expense	campaign support for Republican event.
	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	
2/19/2020	The Lobby Coffee Shop	
Amount (\$)	Payee address;	City; State; Zip Code
450.00	523 Seventh St.	Comfort Tx 78013
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Event Expense	campaign town hall for voters
	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 PERSONAL FUNDS

**SCHEDULE G**

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <i>5</i>	<b>2</b> FILER NAME <i>Elizabeth Besa Martin</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>2/20/2026</i>	<b>5</b> Payee name <i>Alamo Mailing Company</i>	
<b>6</b> Amount (\$) <i>3,981<sup>72</sup></i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <i>13114 Lookout Run</i> City: <i>San Antonio</i> State: <i>Tx</i> Zip Code <i>78233</i> <small>Check if individual's residence address.</small>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <i>campaign mailer production mailing</i>
	<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 <span style="float:right">Office held</span>
Date <i>2/13/2026</i>	Payee name <i>Alamo Mailing Company</i>	
Amount (\$) <i>5313<sup>56</sup></i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>13114 Lookout Run</i> City: <i>San Antonio</i> State: <i>Tx</i> Zip Code <i>78233</i> <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>campaign mailer production mailing</i>
	<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 <span style="float:right">Office held</span>
Date <i>2/19/2026</i>	Payee name <i>Direct Texas / Voter Direct Texas</i>	
Amount (\$) <i>98.51</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>1260 S. Business IH35</i> City: <i>New Braunfels</i> State: <i>Tx</i> Zip Code <i>78130</i> <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>campaign adv. card printing production</i>
	<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 <span style="float:right">Office held</span>

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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.

<b>1</b> Total pages Schedule G: <i>5</i>	<b>2</b> FILER NAME <i>Elizabeth Besa Martin</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>1/29/2020</i>	<b>5</b> Payee name <i>County of Kendall</i>	
<b>6</b> Amount (\$) <i>5.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>PO Box 2384 Boerne Tx 78006</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fees</i>	<b>(b)</b> Description <i>Voter list for campaign</i>
	<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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <i>2/04/2020</i>	Payee name <i>Direct Texas/Voter Direct Texas</i>	
Amount (\$) <i>7,574.27</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1260 S. Business IH35, New Braunfels, Tx 78130</i>	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Campaign Mailer to Voters</i>
	<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 <i>2/05/2020</i>	Payee name <i>Kendall County Junior Livestock Show</i>	
Amount (\$) <i>5,050.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>P.O. Box 149 Boerne Tx 78006</i>	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>campaign donation for KCJLSA youth project support</i>
	<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 PERSONAL FUNDS

**SCHEDULE G**

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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
5	Elizabeth Besa Martin	
<b>4</b> Date	<b>5</b> Payee name	
2/17/2026	County of Kendall	
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City; State; Zip Code
25.00	PO Box 2384	Boerne Tx 78006
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	Fees	Campaign early voting list data Public information
	<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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2/16/2026	Boerne Radio	
Amount (\$)	Payee address;	City; State; Zip Code
1000.00	PO Box 664	Boerne Tx 78006
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	campaign radio advertising
	<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	Payee name	
2/19/2026	Irene Maag-Hernandez	
Amount (\$)	Payee address;	City; State; Zip Code
420.00	2015 Perennial Pr.	San Antonio Tx 78232
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input checked="" type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	campaign mailer advertising design
	<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 PERSONAL FUNDS

## SCHEDULE G

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 G: <i>5</i>	2 FILER NAME <i>Elizabeth Besa Martin</i>	3 Filer ID (Ethics Commission Filers)
---------------------------------------	--	---------------------------------------

4 Date <i>1/31/2020</i>	5 Payee name <i>Chase Card Services</i>
----------------------------	--

6 Amount (\$) <i>260<sup>90</sup></i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <i>PO Box 1423</i>	City; <i>Charlotte NC</i>	State; <i>NC</i>	Zip Code <i>28201</i>
--	--	------------------------------	---------------------	--------------------------

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Credit Card Payment</i>	(b) Description <i>campaign expense payment of prev. reported</i>
	<input type="checkbox"/> (c) 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 <i>2/07/2020</i>	Payee name <i>Chase Card Services</i>
--------------------------	--

Amount (\$) <i>8,431<sup>59</sup></i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>PO Box 1423</i>	City; <i>Charlotte</i>	State; <i>NC</i>	Zip Code <i>28201</i>
--	--------------------------------------	---------------------------	---------------------	--------------------------

Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>credit card payment</i>	Description <i>campaign expense payment of prev. reported</i>
	<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	Payee name
------	------------

Amount (\$)  Reimbursement from political contributions intended	Payee address;  Check if individual's residence address.	City;  State;	Zip Code
--	--	---------------------	----------

PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED