

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR MR FIRST MI
Marta
NICKNAME LAST SUFFIX
Soliz Santa Maria

OFFICE USE ONLY

Date Received

RECEIVED
APR 03 2025
9:20 AM
BY: Brenda Escalante

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

215 W Eagle ST San Juan TX 78589

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(956) 225-8153

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR MR FIRST MI
Oscar
NICKNAME LAST SUFFIX
Santa Maria Jr

7 CAMPAIGN
TREASURER
ADDRESS

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

(Residence or Business)

215 W Eagle ST San Juan TX 78589

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(956) 278-9367

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 THROUGH Month Day Year
12 / 17 / 2024 THROUGH 04 / 02 / 2025

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 3 / 2025 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Commissioner City of San Juan PL-2

14 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.

COMMITTEE TYPE COMMITTEE NAME
 GENERAL COMMITTEE ADDRESS
 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

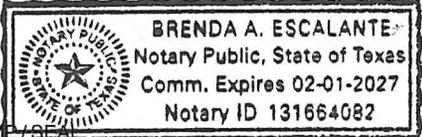
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2200 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1020.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1179.75
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.

Marta Soliz
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP

Sworn to and subscribed before me by Marta Soliz this the 3rd day of April, 2025, to certify which, witness my hand and seal of office.

B A Escalante Brenda Escalante City Secretary
Signature of officer administering oath Printed name of officer administering oath 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)

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 | 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 <i>Marta Soliz Santa Maria</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2-15-2025</i>		5 Payee name <i>Printees</i>			
6 Amount (\$) <i>\$104⁰⁰</i>		7 Payee address;		City;	State; Zip Code
		<i>200 E Express way #3 Pharr TX 77577</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<i>Printing expense</i>		<i>SHIRTS CAMPAIGN</i>		
		(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
Date <i>2-17-2025</i>		Payee name <i>Michael's Burger</i>			
Amount (\$) <i>\$68⁶⁰</i>		Payee address;		City;	State; Zip Code
		<i>909 W 1st</i>		<i>San Juan TX</i>	<i>78589</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<i>Food Expense</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>2-22-2025</i>		Payee name <i>Michael's Burger</i>			
Amount (\$) <i>\$391⁷⁴</i>		Payee address;		City;	State; Zip Code
		<i>909 W 1st</i>		<i>San Juan TX</i>	<i>78589</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<i>Meat & Grout event</i>		<i>Food</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 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	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.

1 Total pages Schedule F1: 2 FILER NAME Marta Soliz Santa Maria 3 Filer ID (Ethics Commission Filers)

4 Date 2-22-2025 5 Payee name TACO PALERQUE

6 Amount (\$) \$31.54 7 Payee address; City; State; Zip Code
W Expressway 83 San Juan TX 78589

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Bev Expense (b) Description Food
(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 4-1-2025 Payee name Wing Barn

Amount (\$) \$46.11 Payee address; City; State; Zip Code
707 IH 2 STE 100 San Juan TX 78589

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Food Expense Description Food
 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 2-24-25 Payee name Wal Mart

Amount (\$) \$174.48 Payee address; City; State; Zip Code
1421 Frontage Rd Alamo TX 78516

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Event/Food Description Food
 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

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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	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 Marta Soliz Santa Maria		3 Filer ID (Ethics Commission Filers) _____	
4 Date 1-24-2025		5 Payee name RIZ Quick stop			
6 Amount (\$) \$39.95		7 Payee address; City; State; Zip Code 2803 N Raul Longoria San Juan TX 78589			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GAS EXPENSE		(b) Description GAS		
	(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					
Date 2-3-2025		Candidate / Officeholder name XOOM # 5822			
Amount (\$) \$30.00		Payee address; City; State; Zip Code 822 W 45 Hwy 83 San Juan TX 78589			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GAS EXPENSE		Description GAS		
	<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					
Date 2-10-2025		Candidate / Officeholder name WATA Burger			
Amount (\$) \$34.25		Payee address; City; State; Zip Code 1410 South Case PHAL TX 78572			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE		Description EI Food		
	<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					
Date		Candidate / Officeholder name			
Amount (\$)		Payee 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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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	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 <i>Marta Soliz Santa Maria</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-4-2025</i>	5 Payee name <i>Whata Burger</i>
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6 Amount (\$) <i>\$ 65.25</i>	7 Payee address; <i>902 W IH2</i>	City; <i>San Juan</i>	State; <i>TX</i>	Zip Code <i>78889</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	(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	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-12-2025</i>	Payee name <i>DAIRY QUEEN</i>
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Amount (\$) <i>\$ 34.78</i>	Payee address; <i>800 W Hwy 83</i>	City; <i>San Juan</i>	State; <i>TX</i>	Zip Code <i>78589</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 FILER NAME

Marta Soliz Santa Maria

3 Filer ID (Ethics Commission Filers)

4 Date

1-20-2025

5 Full name of contributor

out-of-state PAC (ID#: _____)

L J J INVESTMENTS LLC

7 Amount of contribution (\$)

\$ 500 ⁰⁰

6 Contributor address;

City;

State;

Zip Code

805 E FERGUSON PHARR TX 78577

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-29-2025

Full name of contributor

out-of-state PAC (ID#: _____)

SANTHON ENTERPRISE LLC

Amount of contribution (\$)

\$ 500 ⁰⁰

Contributor address;

City;

State;

Zip Code

1509 S CASE BLVD PHARR TX 78577

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-9-2025

Full name of contributor

out-of-state PAC (ID#: _____)

VICTORIA HENSLEY

Amount of contribution (\$)

\$ 400 ⁰⁰

Contributor address;

City;

State;

Zip Code

104 E 8TH ST SAN JUAN TX 78589

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-25-2025

Full name of contributor

out-of-state PAC (ID#: _____)

AMERICO M BACA Family limited

Amount of contribution (\$)

\$ 300 ⁰⁰

Contributor address;

City;

State;

Zip Code

711 S. NEBRASKA San Juan TX 78589

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 FILER NAME

Marta Soliz Santa Maria

3 Filer ID (Ethics Commission Filers)

4 Date

2-27-2025

5 Full name of contributor

out-of-state PAC (ID#: _____)

Vanessa Lee Sonts Garcia

7 Amount of contribution (\$)

\$ 400 00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-19-24

Full name of contributor

out-of-state PAC (ID#: _____)

Oscar Santa Maria Jr

Amount of contribution (\$)

\$ 100 00

Contributor address;

City;

State;

Zip Code

215 W Eagle ST San Juan TX 78589

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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

SCHEDULE A2

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 A2:

2 FILER NAME

Marta Soliz Santa Maria

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

3-2-2025

6 Full name of contributor out-of-state PAC (ID#: _____)

Hacienda San Juan

8 Amount of Contribution \$

\$ 500.00

9 In-kind contribution description

EVENT CENTER

7 Contributor address; City; State; Zip Code

522 N IOWA San Juan TX 78589

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

3-2-2025

Full name of contributor out-of-state PAC (ID#: _____)

DETE Garcia

Amount of Contribution \$

\$ 500.00

In-kind contribution description

TRAILER

Contributor address; City; State; Zip Code

118 N Standard San Juan TX 78589

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.