

FORM
1

AUSTIN CITY CLERK
POSTING: DATE/TIME

2009 MAR 9 AM 10 25

Page 1 of 11

STATEMENT OF FINANCIAL INFORMATION

Chapter 2-7-72, Austin Code of 2003 Form Prescribed by City of Austin City Clerk's Office
P.O. Box 1088
Austin, Texas 78767

INSTRUCTIONS

This statement is for persons who are city officials to provide financial information for the period January 1 through December 31 of the preceding year. This Form is Required to be Completed by the Following City Officials:

Mayor
City Council Members
Candidates

This statement must be received by the City Clerk by 4:45 p.m. on the last Friday in April.* The report must be signed under oath. This form may be copied to provide additional space for reporting. In reporting information required by this form, a City Official shall include the same information as it pertains to his or her spouse, by separate listing. However, a separate report for the City Official's spouse is not required.

*Except that incumbent and non-incumbent candidates file within five working days after the deadline for filing for their respective offices. However, incumbent candidates are not required to refile if an identical financial statement for the previous year has already been filed.

Where a monetary amount or value of income of an asset is required to be reported, the exact amount need not be reported. The statement may instead include the category of amount as follows:

Category I: At least \$1 but less than \$10,000;
Category II: At least \$10,000 but less than \$20,000;
Category III: At least \$20,000 but less than \$50,000;
Category IV: At least \$50,000 but less than \$75,000;
Category V: At least \$75,000 but less than \$100,000;
Category VI: \$100,000 or more, report to nearest \$100,000.

Fill in the year for which this report is made:

January 1 through December 31, 20__

FINANCIAL DISCLOSURE

NAME:

(Last)

(First)

(Middle)

MARTINEZ

MIKE

WILLIAM

ADDRESS:

5229 Tower Trail

OCCUPATION:

Council Member

SPOUSE'S NAME:

(Last)

(First)

(Middle)

Wendler

LARA

ADDRESS:

5229 Tower Trail

OCCUPATION:

Chief of Staff - State Senator

1. List all sources of occupational income which exceeded 10% of your gross income or \$5,000 in salary, bonuses, commissions or professional fees; or \$20,000 in payment for goods, products or non-professional services per source.

a. Name of Employer or Source of Income: _____

Business Address: _____

Nature of Occupation or Business: _____

Category of Amount: _____

b. Name of Employer or Source of Income: _____

Business Address: _____

Nature of Occupation or Business: _____

Category of Amount: _____

- 2. If you are a self-employed solo practitioner or if you had at least 5% interest in a partnership, professional corporation or other entity through which you do business, list the names and addresses of clients or customers from whom you or this partnership, professional corporation, or entity received 10% or more of gross income or \$5,000 in salary, bonuses, commissions or professional fees; or \$20,000 in payment for goods, products or non-professional services during the reporting period.**

Name of Client or Customer: _____

Address: _____

Name of Client or Customer: _____

Address: _____

Name of Client or Customer: _____

Address: _____

Name of Client or Customer: _____

Address: _____

- 3. List all sources of income which exceeded either \$5,000 or were in excess of 10% of your gross income received from interest, dividends, royalties, rents, trust disbursements or other non-occupational sources.**

a. Name of Source: _____

Nature of Income: _____
(Either interest, dividends, royalties, rents or trust disbursements)

Category of Amount: _____

b. Name of Source: _____

Nature of Income: _____
(Either interest, dividends, royalties, rents or trust disbursements)

Category of Amount: _____

c. Name of Source: _____

Nature of Income: _____
(Either interest, dividends, royalties, rents or trust disbursements)

Category of Amount: _____

d. Name of Source: _____

Nature of Income: _____
(Either interest, dividends, royalties, rents or trust disbursements)

Category of Amount: _____

- 4. Identify any source (person, business entity or other organization) of a gift of any money or other thing of value exceeding \$100, or identify any source who gave you a series of gifts the total value of which exceeds \$100. You need not report campaign contributions which are reported as required by other law and you need not report gifts received from the following relatives:**

Spouse	
Children	Children-in-Law
Parents	Parents-in-Law
Grandchildren	Grandchildren-in-Law
Grandparents	Grandparents-in-Law
Brothers	Brothers-in-Law
Sisters	Sisters-in-Law
Uncles	Uncles-in-Law
Aunts	Aunts-in-Law
Nephews	Nephews-in-Law
Nieces	Nieces-in-Law
First Cousins	First Cousins-in-Law

a. Name of Source of Gift: _____

Category of Amount: _____

b. Name of Source of Gift: _____

Category of Amount: _____

- 5. List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity, at any time during the reporting period.**

a. Name of Company or Entity: _____

b. Name of Company or Entity: _____

c. Name of Company or Entity: _____

6. List and describe all bonds, notes and other commercial paper which you held, owned, acquired or sold, at any time during the reporting period if the combined face value of the bonds, notes and commercial paper exceeded \$5,000.

a. Description of Commercial Paper: _____

Category of Amount: _____

b. Description of Commercial Paper: _____

Category of Amount: _____

c. Description of Commercial Paper: _____

Category of Amount: _____

d. Description of Commercial Paper: _____

Category of Amount: _____

7. List all other income or revenue in excess of \$5,000 per source.

a. Source: _____

Category of Amount: _____

b. Source: _____

Category of Amount: _____

8. List and describe all real property in which you hold any legal or beneficial interest, including real property for which you have entered into a contract for sale. The description should be sufficient to locate the property, and include the street address if any, and the present use of the property.

a. Street Address of Property: 5229 Tower Trail, Austin, 78723

Description of Property: Home

Present Use of Property: Residence

b. Street Address of Property: _____

Description of Property: _____

Present Use of Property: _____

c. Street Address of Property: _____

Description of Property: _____

Present Use of Property: _____

d. Street Address of Property: _____

Description of Property: _____

Present Use of Property: _____

9. List and describe all real property held, owned, acquired or sold, or under a contract for sale, by a corporation, partnership, limited partnership, professional corporation, or other entity in which you own or control at least a 5% interest. The description should be sufficient to locate the property and include a street address, if any, and the present use of the property.

a. Street Address of Property: _____ :

Description of Property: _____

Present Use of Property: _____

b. Street Address of Property: _____

Description of Property: _____

Present Use of Property: _____

c. Street Address of Property: _____

Description of Property: _____

Present Use of Property: _____

d. Street Address of Property: _____

Description of Property: _____

Present Use of Property: _____

10. List all loans and extensions of credit in excess of \$5,000 on which you are the lender or creditor, including the name of the debtor and the rate of interest, if any.

a. Name of Obligor: Mike Martinez Campaign

Rate of Interest: 0%

Category of Amount: \$ 27,000

b. Name of Obligor: _____

Rate of Interest: _____

Category of Amount: _____

c. Name of Obligor: _____

Rate of Interest: _____

Category of Amount: _____

d. Name of Obligor: _____

Rate of Interest: _____

Category of Amount: _____

11. List all loans or transactions in excess of \$5,000 on which you are a guarantor or co-signer, including the names of the borrower and lender.

a. Name of Obligor: Wells Fargo

Rate of Interest: 6%

Category of Amount: \$ 100K plus

b. Name of Obligor: _____

Rate of Interest: _____

Category of Amount: _____

c. Name of Obligor: _____

Rate of Interest: _____

Category of Amount: _____

d. Name of Obligor: _____

Rate of Interest: _____

Category of Amount: _____

12. (1) List all loans, debts, and other financial liabilities you have which are in excess of \$5,000 which are presently outstanding or which existed at any time during the reporting period.

a. Name of Lender/Creditor/Obligor: _____

Rate of Interest, if any: _____

Category of Amount: _____

Date Obligation was Incurred: _____

b. Name of Lender/Creditor/Obligor: _____

Rate of Interest, if any: _____

Category of Amount: _____

Date Obligation was Incurred: _____

c. Name of Lender/Creditor/Obligor: _____

Rate of Interest, if any: _____

Category of Amount: _____

Date Obligation was Incurred: _____

d. Name of Lender/Creditor/Obligor: _____

Rate of Interest, if any: _____

Category of Amount: _____

Date Obligation was Incurred: _____

(2) List all loans, debts, and other financial liabilities in excess of \$5,000 of any corporation, partnership, limited partnership, professional corporation or other entity in which you own or control at least a 5% interest, which are presently outstanding or which existed at any time during the reporting period.

a. Name of Lender/Creditor/Obligee: _____

Rate of Interest, if any: _____

Category of Amount: _____

Date Obligation was Incurred: _____

b. Name of Lender/Creditor/Obligee: _____

Rate of Interest, if any: _____

Category of Amount: _____

Date Obligation was Incurred: _____

c. Name of Lender/Creditor/Obligee: _____

Rate of Interest, if any: _____

Category of Amount: _____

Date Obligation was Incurred: _____

d. Name of Lender/Creditor/Obligee: _____

Rate of Interest, If any: _____

Category of Amount: _____

Date Obligation was Incurred: _____

13. List all boards of directors of which you are a member and the offices or executive positions which you hold in corporations, partnerships, limited partnerships, professional corporations, or other entities, including non-business entities. (Do not include positions on corporations or other entities owned by the City of Austin or created by the City Council.)

a. Name of Organization: Austin FIGHTERS Fund

Position Held: BOARD MEMBER

b. Name of Organization: _____

Position Held: _____

c. Name of Organization: _____

Position Held: _____

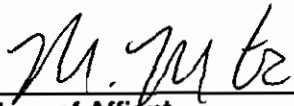
d. Name of Organization: _____

Position Held: _____

State of Texas
County of Travis

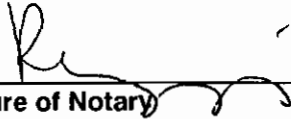
VERIFICATION

I do solemnly swear that the preceding Financial Statement, filed herewith is in all things true and correct, and fully shows all information required to be reported by me pursuant to Section 2-7-72 City Code for the reporting period indicated.



Signature of Affiant

SWORN TO AND SUBSCRIBED BEFORE ME by
this the 9 day of March, 2009,
to certify which witness my hand and seal.



Signature of Notary

(SEAL)



[\[Print\]](#)[\[Close Window\]](#)

STATEMENT OF FINANCIAL INFORMATION

This Statement is made for the reporting period: **January 1 through June 30, 2011.**

FINANCIAL DISCLOURE

Position Name: City Council Members

Submit Date: 21-Sep-2009

Personal Information

Name: Martinez, Michael

Address:

5229 Tower Trail

Austin, TX 78723

Occupation: Mayor Pro Tem

Spouse Information

Not Applicable

1. List all changes in sources of occupational income that exceeded 10% of your gross income or \$5,000 in salary, bonuses, commissions or professional fees or \$20,000 in payment for goods, products or non-professional services per source.

Name of Employer or Source of Income	Business Address	Nature of Business or Occupation	Category of Amount
--------------------------------------	------------------	----------------------------------	--------------------

N/A

2. If you are a self-employed solo practitioner or if you had at least 5% interest in a partnership, professional corporation or other entity through which you do business, list all changes in the names and addresses of clients or customers from whom you or this partnership, professional corporation, or entity received 10% or more of gross income or \$5,000 in salary, bonuses, commissions or professional fees or \$20,000 in payment for goods, products or non-professional services during the reporting period.

Name of Client or Customer	Address
----------------------------	---------

N/A

3. List all changes in sources of income that exceeded either \$5,000 or were in excess of 10% of your gross income received from interest, dividends, royalties, rents, trust disbursements or other non-occupational sources.

Name of Source	Nature of Income	Category of Amount
----------------	------------------	--------------------

N/A

4. List all changes in the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity at any time during the reporting period.

Name of Company or Entity

N/A

5. List and describe all changes in real property in which you hold any legal or beneficial interest having a market value of \$5,000 or more including real property for which you have entered a contract for sale. The description should be sufficient to locate the property. Include the street address, if any, and the present use of the property.

Street Address of Property	Description of Property	Present Use of Property
----------------------------	-------------------------	-------------------------

N/A

6. List all changes in loans and extensions of credit in excess of \$5,000 on which you are the lender or creditor including the name of the debtor and the rate of interest, if any.

Name of Obligor/Debtor	Rate of Interest	Category of Amount
------------------------	------------------	--------------------

N/A

7. List all changes in loans or transactions in excess of \$5,000 on which you are a guarantor or co-signer including the names of the borrower and lender.

Name of Obligor/Lender	Rate of Interest	Category of Amount
------------------------	------------------	--------------------

N/A

- 8a. (a) List all changes in loans, debts and other financial liabilities you have which are in excess of \$5,000 which are presently outstanding or which existed at any time during the reporting period. Include the name of the lender, creditor, and obligee.

Name of Lender/Creditor/Obligee	Rate of Interest, if any	Category of Amount	Date Obligation was Incurred
---------------------------------	--------------------------	--------------------	------------------------------

N/A

- 8b . (b) List all changes in loans, debts and other financial liabilities in excess of \$5,000 of any corporation, partnership, limited partnership, professional corporation or other entity in which you own or control at least a 5% interest which are presently outstanding or which existed at any time during the reporting period. Include the name of the lender, creditor, and obligee.**

Name of Lender/Creditor/Obligee	Rate of Interest, if any	Category of Amount	Date Obligation was Incurred
---------------------------------	--------------------------	--------------------	------------------------------

N/A

- 9 . List all changes in boards of directors of which you are a member and the offices or executive positions which you hold in corporations, partnerships, limited partnerships, professional corporations, or other entities including non-business entities. Do not include positions on corporations or other entities owned by the City of Austin or created by the City Council.**

Name of Organization	Position Held
----------------------	---------------

N/A

Electronic Certification by Affidavit

I swear or affirm, under penalty of perjury, that the facts stated in the above Statement of Financial Information are true to the best of my knowledge or belief and the Statement fully shows all information required to be reported by me pursuant to section [2-7-72](#) of the City Code for the reporting period indicated.

This electronically submitted Statement of Financial Information is considered to be under oath by the person required to file the Statement regardless of the absence of or defect on the affidavit of verification, including the signature.

I, **Martinez, Michael**, hereby swear of affirm that I have completed the Statement of Financial Information on **September 21, 2009**.

CITY OF AUSTIN

STATEMENT OF FINANCIAL INFORMATION

FOR THE REPORTING PERIOD OF JANUARY 1 TO DECEMBER 31, 2009

INSTRUCTIONS

This form is required to be completed by the following City officials and candidates for the period January 1 through December 31 of the preceding year:

Mayor and incumbent candidate
City Council members and incumbent candidates
Non-incumbent City Council candidates

This statement must be filed with the City Clerk by **4:45 p.m. on the last Friday in April**. However, incumbent and non-incumbent candidates must file this statement within five working days after the deadline for filing for their respective offices. Incumbent candidates are not required to refile if an identical financial statement for the previous year has already been filed. The report must be signed under oath. This form may be copied to provide additional space for reporting. The same information as it pertains to the City official's spouse or domestic partner (as defined in City Code Section 2-7-71) must be included by separate listing in this statement but not on a separate report.

NAME: Martinez Mike William
(Last Name) (First Name) (Middle Name)

ADDRESS: 5229 Tower Trail

OCCUPATION: Council Member

SPOUSE OR DOMESTIC PARTNER'S NAME: Wendler Lara
(Last Name) (First Name) (Middle Name)

ADDRESS (If different than above): _____

OCCUPATION: Chief of Staff - State Senator

2010 APR 30 PM 3 05

AUSTIN CITY CLERK
POSTING: DATE/TIME

Where a monetary amount of value of income of an asset is required to be reported, the exact amount need not be reported. Instead, the statement may include a category of amount as follows:

Category I	At least \$1 but less than \$10,000
Category II	At least \$10,000 but less than \$20,000
Category III	At least \$20,000 but less than \$50,000
Category IV	At least \$50,000 but less than \$75,000
Category V	At least \$75,000 but less than \$100,000
Category VI	\$100,000 or more, report to nearest \$100,000

1. List all sources of occupational income that exceeded 10% of your gross income or \$5,000 in salary, bonuses, commissions or professional fees or \$20,000 in payment for goods, products or non-professional services per source.

Name of Employer or Source of Income	Business Address	Nature of Business or Occupation	Category of Amount

2. If you are a self-employed solo practitioner or if you had at least 5% interest in a partnership, professional corporation or other entity through which you do business, list the names and addresses of clients or customers from whom you or this partnership, professional corporation, or entity received 10% or more of gross income or \$5,000 in salary, bonuses, commissions or professional fees or \$20,000 in payment for goods, products or non-professional services during the reporting period.

Name of Client or Customer	Address

3. List all sources of income that exceeded either \$5,000 or were in excess of 10% of your gross income received from interest, dividends, royalties, rents, trust disbursements or other non-occupational sources.

Name of Source	Nature of Income	Category of Amount

4. Identify any source (person, business entity or other organization) of a gift of any money or other thing of value exceeding \$100 or identify any source who gave you a series of gifts the total value of which exceeds \$100. You need not report campaign contributions which are reported as required by other law and you need not report gifts received from the following relatives: Spouse, Children, Children-in-law, Parents, Parents-in-Law, Grandchildren, Grandchildren-in-Law, Grandparents, Grandparents-in-Law, Brothers, Brothers-in-Law, Sisters, Sisters-in-Law, Uncles, Uncles-in-Law, Aunts, Aunts-in-Law, Nephews, Nephews-in-Law, Nieces, Nieces-in-Law, First Cousins, or First Cousins-in-Law.

Name of Source of Gift	Category of Amount
Anti-Defamation League	ADL Hispanic Leadership Mission to Israel-\$3590

5. List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity at any time during the reporting period.

Name of Company or Entity

6. List and describe all bonds, notes and other commercial paper which you held, owned, acquired or sold at any time during the reporting period if the combined face value of the bonds, notes and commercial paper exceeded \$5,000.

Description of Commercial Paper	Category of Amount

7. List all other income or revenue in excess of \$5,000 per source.

Source	Category of Amount

8. List and describe all real property in which you hold any legal or beneficial interest including real property for which you have entered a contract for sale. The description should be sufficient to locate the property. Include the street address, if any, and the present use of the property.

Street Address of Property	Description of Property	Present Use of Property
5229 Tower Tr., 78723	Home	Residence

9. List and describe all real property held, owned, acquired, sold or under a contract for sale by a corporation, partnership, limited partnership, professional corporation or other entity in which you own or control at least a 5% interest. The description should be sufficient to locate the property and include a street address, if any, and the present use of the property.

Street Address of Property	Description of Property	Present Use of Property

10. List all loans and extensions of credit in excess of \$5,000 on which you are the lender or creditor including the name of the debtor and the rate of interest, if any.

Name of Obligor	Rate of Interest	Category of Amount

11. List all loans or transactions in excess of \$5,000 on which you are a guarantor or co-signer including the names of the borrower and lender.

Name of Obligor/Lender	Rate of Interest	Category of Amount

12. (a) List all loans, debts and other financial liabilities you have which are in excess of \$5,000 which are presently outstanding or which existed at any time during the reporting period. Include the name of the lender, creditor, and obligee.

Name Lender/Creditor/Obligee	Rate of Interest, if any	Category of Amount	Date Obligation was Incurred
Wells Fargo	6%	\$100K plus	2007

- (b) List all loans, debts and other financial liabilities in excess of \$5,000 of any corporation, partnership, limited partnership, professional corporation or other entity in which you own or control at least a 5% interest which are presently outstanding or which existed at any time during the reporting period. Include the name of the lender, creditor, and obligee.

Name Lender/Creditor/Obligee	Rate of Interest, if any	Category of Amount	Date Obligation was Incurred

13. List all boards of directors of which you are a member and the offices or executive positions which you hold in corporations, partnerships, limited partnerships, professional corporations, or other entities including non-business entities. Do not include positions on corporations or other entities owned by the City of Austin or created by the City Council.

Name of Organization	Position Held
Capital Metro	Board Member
Austin Firefighters Fund	Board Member

AFFIDAVIT

I swear or affirm, under penalty of perjury, that this Statement of Financial Information is true and correct and includes all information required to be reported by me pursuant to Section 2-7-72 of the Austin City Code for the reporting period indicated.

Mike Martinez

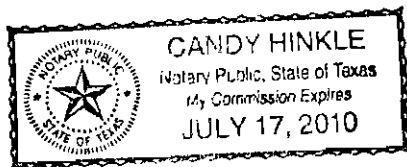
Signature of Affiant

SWORN TO AND SUBSCRIBED BEFORE ME by the said
Mike Martinez, this the 30th day of April, 2010, to certify
Which, witness my hand and seal of office.

Candy Hinkle

Signature of Notary

(SEAL)



AUSTIN CITY CLERK
CITY OF AUSTIN POSTING: DATE/TIME

STATEMENT OF FINANCIAL INFORMATION
JULY UPDATE

FOR THE REPORTING PERIOD OF JANUARY 1 TO JUNE 30, 2010

INSTRUCTIONS

This form is required to be completed by the **Mayor and City Council Members** for the period January 1 through June 30 of the current year.

This statement must be filed with the City Clerk by **4:45 p.m. on the last Friday in July**. The report must be signed under oath. This form may be copied to provide additional space for reporting. The same information as it pertains to the City official's spouse or domestic partner (as defined in City Code Section 2-7-71) must be included by separate listing in this statement but not on a separate report.

When completing this statement, only include **changes** in your disclosed information that have occurred since the last filed Statement of Financial Information as per Section 2-7-72 of the City Code.

NAME: Martinez Mike William
(Last Name) (First Name) (Middle Name)

ADDRESS: 5229 Tower Trail, Austin TX 78723

OCCUPATION: Council Member

SPOUSE OR DOMESTIC PARTNER'S NAME:
Wendler Lara
(Last Name) (First Name) (Middle Name)

ADDRESS (If different than above): _____

OCCUPATION: Chief of Staff - State Senator

Where a monetary amount of value of income of an asset is required to be reported, the exact amount need not be reported. Instead, the statement may include a category of amount as follows:

- | | |
|--------------|--|
| Category I | At least \$1 but less than \$10,000 |
| Category II | At least \$10,000 but less than \$20,000 |
| Category III | At least \$20,000 but less than \$50,000 |
| Category IV | At least \$50,000 but less than \$75,000 |
| Category V | At least \$75,000 but less than \$100,000 |
| Category VI | \$100,000 or more, report to nearest \$100,000 |

AUSTIN CITY CLERK
POSTING: DATE/TIME
2010 JUL 30 PM 4 42

1. List all **changes** in sources of occupational income that exceeded 10% of your gross income or \$5,000 in salary, bonuses, commissions or professional fees or \$20,000 in payment for goods, products or non-professional services per source.

Name of Employer or Source of Income	Business Address	Nature of Business or Occupation	Category of Amount

2. If you are a self-employed solo practitioner or if you had at least 5% interest in a partnership, professional corporation or other entity through which you do business, list all **changes** in the names and addresses of clients or customers from whom you or this partnership, professional corporation, or entity received 10% or more of gross income or \$5,000 in salary, bonuses, commissions or professional fees or \$20,000 in payment for goods, products or non-professional services during the reporting period.

Name of Client or Customer	Address

3. List all **changes** in sources of income that exceeded either \$5,000 or were in excess of 10% of your gross income received from interest, dividends, royalties, rents, trust disbursements or other non-occupational sources.

Name of Source	Nature of Income	Category of Amount

4. List all **changes** in the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity at any time during the reporting period.

Name of Company or Entity

5. List and describe all **changes** in real property in which you hold any legal or beneficial interest having a market value of \$5,000 or more including real property for which you have entered a contract for sale. The description should be sufficient to locate the property. Include the street address, if any, and the present use of the property.

Street Address of Property	Description of Property	Present Use of Property

6. List all **changes** in loans and extensions of credit in excess of \$5,000 on which you are the lender or creditor including the name of the debtor and the rate of interest, if any.

Name of Obligor/Debtor	Rate of Interest	Category of Amount

7. List all **changes** in loans or transactions in excess of \$5,000 on which you are a guarantor or co-signer including the names of the borrower and lender.

Name of Obligor/Lender	Rate of Interest	Category of Amount

8. (a) List all **changes** in loans, debts and other financial liabilities you have which are in excess of \$5,000 which are presently outstanding or which existed at any time during the reporting period. Include the name of the lender, creditor, and obligee.

Name Lender/Creditor/Obligee	Rate of Interest, if any	Category of Amount	Date Obligation was Incurred

(b) List all **changes** in loans, debts and other financial liabilities in excess of \$5,000 of any corporation, partnership, limited partnership, professional corporation or other entity in which you own or control at least a 5% interest which are presently outstanding or which existed at any time during the reporting period. Include the name of the lender, creditor, and obligee.

Name Lender/Creditor/Obligee	Rate of Interest, if any	Category of Amount	Date Obligation was Incurred

9. List all **changes** in boards of directors of which you are a member and the offices or executive positions which you hold in corporations, partnerships, limited partnerships, professional corporations, or other entities including non-business entities. Do not include positions on corporations or other entities owned by the City of Austin or created by the City Council.

Name of Organization	Position Held
Capital Metro	Board Chair

AFFIDAVIT

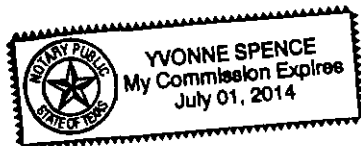
I swear or affirm, under penalty of perjury, that this July Update Statement of Financial Information is true and correct and includes all information required to be reported by me pursuant to Section 2-7-72 of the Austin City Code for the reporting period indicated.

M. Metz
Signature of Affiant

SWORN TO AND SUBSCRIBED before me by affiant on this 30th day of July, 2010.

Yvonne Spence
Signature of Notary

(SEAL)



2011 APR 29 AM 10 59

STATEMENT OF FINANCIAL INFORMATION

Chapter 2-7-72, Austin Code of 2003 Form Prescribed by City of Austin City Clerk's Office
P.O. Box 1088
Austin, Texas 78767

INSTRUCTIONS

This statement is for persons who are city officials to provide financial information for the period January 1 through December 31 of the preceding year. This Form is Required to be Completed by the Following City Officials:

Mayor
City Council Members
Candidates

This statement must be received by the City Clerk by 4:45 p.m. on the last Friday in April.* The report must be signed under oath. This form may be copied to provide additional space for reporting. In reporting information required by this form, a City Official shall include the same information as it pertains to his or her spouse, by separate listing. However, a separate report for the City Official's spouse is not required.

*Except that incumbent and non-incumbent candidates file within five working days after the deadline for filing for their respective offices. However, incumbent candidates are not required to refile if an identical financial statement for the previous year has already been filed.

Where a monetary amount or value of income of an asset is required to be reported, the exact amount need not be reported. The statement may instead include the category of amount as follows:

- Category I: At least \$1 but less than \$10,000;
- Category II: At least \$10,000 but less than \$20,000;
- Category III: At least \$20,000 but less than \$50,000;
- Category IV: At least \$50,000 but less than \$75,000;
- Category V: At least \$75,000 but less than \$100,000;
- Category VI: \$100,000 or more, report to nearest \$100,000.

Fill in the year for which this report is made:

January 1 through December 31, 20__

2011 APR 29 AM 10 59

FINANCIAL DISCLOSURE

NAME:

(Last)

(First)

(Middle)

Martinez

Mike

William

ADDRESS: 5229 Tower Trail

OCCUPATION: Council Member

SPOUSE'S NAME:

(Last)

(First)

(Middle)

Wendler

Lara

ADDRESS:

5229 Tower Trail

OCCUPATION:

Chief of Staff - State Senator

1. List all sources of occupational income which exceeded 10% of your gross income or \$5,000 in salary, bonuses, commissions or professional fees; or \$20,000 in payment for goods, products or non-professional services per source.

a. Name of Employer or Source of Income:

Business Address:

Nature of Occupation or Business:

Category of Amount:

b. Name of Employer or Source of Income:

Business Address:

Nature of Occupation or Business:

Category of Amount:

2. If you are a self-employed solo practitioner or if you had at least 5% interest in a partnership, professional corporation or other entity through which you do business, list the names and addresses of clients or customers from whom you or this partnership, professional corporation, or entity received 10% or more of gross income or \$5,000 in salary, bonuses, commissions or professional fees; or \$20,000 in payment for goods, products or non-professional services during the reporting period.

Name of Client or Customer: _____

Address: _____

Name of Client or Customer: _____

Address: _____

Name of Client or Customer: _____

Address: _____

Name of Client or Customer: _____

Address: _____

3. List all sources of income which exceeded either \$5,000 or were in excess of 10% of your gross income received from interest, dividends, royalties, rents, trust disbursements or other non-occupational sources.

a. Name of Source: _____

Nature of Income: _____
(Either interest, dividends, royalties, rents or trust disbursements)

Category of Amount: _____

b. Name of Source: _____

Nature of Income: _____
(Either interest, dividends, royalties, rents or trust disbursements)

Category of Amount: _____

c. Name of Source: _____

Nature of Income: _____
(Either interest, dividends, royalties, rents or trust disbursements)

Category of Amount: _____

d. Name of Source: _____

Nature of Income: _____
(Either interest, dividends, royalties, rents or trust disbursements)

Category of Amount: _____

4. Identify any source (person, business entity or other organization) of a gift of any money or other thing of value exceeding \$100, or identify any source who gave you a series of gifts the total value of which exceeds \$100. You need not report campaign contributions which are reported as required by other law and you need not report gifts received from the following relatives:

Spouse	
Children	Children-in-Law
Parents	Parents-in-Law
Grandchildren	Grandchildren-in-Law
Grandparents	Grandparents-in-Law
Brothers	Brothers-in-Law
Sisters	Sisters-in-Law
Uncles	Uncles-in-Law
Aunts	Aunts-in-Law
Nephews	Nephews-in-Law
Nieces	Nieces-in-Law
First Cousins	First Cousins-in-Law

a. Name of Source of Gift: _____

Category of Amount: _____

b. Name of Source of Gift: _____

Category of Amount: _____

5. List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity, at any time during the reporting period.

a. Name of Company or Entity: _____

b. Name of Company or Entity: _____

c. Name of Company or Entity: _____

6. List and describe all bonds, notes and other commercial paper which you held, owned, acquired or sold, at any time during the reporting period if the combined face value of the bonds, notes and commercial paper exceeded \$5,000.

a. Description of Commercial Paper: America Century Ultra Fund
Category of Amount: III

b. Description of Commercial Paper: MFS Massachusetts Investment
Category of Amount: I

c. Description of Commercial Paper: Alliance Bernstein Wealth Strategies
Category of Amount: I

d. Description of Commercial Paper: _____
Category of Amount: _____

7. List all other income or revenue in excess of \$5,000 per source.

a. Source: _____
Category of Amount: _____

b. Source: _____
Category of Amount: _____

8. List and describe all real property in which you hold any legal or beneficial interest, including real property for which you have entered into a contract for sale. The description should be sufficient to locate the property, and include the street address if any, and the present use of the property.

a. Street Address of Property: S229 Tower Trail, Austin TX 78723
Description of Property: Home
Present Use of Property: Residence

b. Street Address of Property: 2314 East 11th Street

Description of Property: Lot

Present Use of Property: VACANT

c. Street Address of Property: _____

Description of Property: _____

Present Use of Property: _____

d. Street Address of Property: _____

Description of Property: _____

Present Use of Property: _____

9. List and describe all real property held, owned, acquired or sold, or under a contract for sale, by a corporation, partnership, limited partnership, professional corporation, or other entity in which you own or control at least a 5% interest. The description should be sufficient to locate the property and include a street address, if any, and the present use of the property.

a. Street Address of Property: _____:

Description of Property: _____

Present Use of Property: _____

b. Street Address of Property: _____

Description of Property: _____

Present Use of Property: _____

c. Street Address of Property: _____

Description of Property: _____

Present Use of Property: _____

d. Street Address of Property: _____

Description of Property: _____

Present Use of Property: _____

10. List all loans and extensions of credit in excess of \$5,000 on which you are the lender or creditor, including the name of the debtor and the rate of interest, if any.

a. Name of Obligor: Chase Manhattan

Rate of Interest: 4.875%

Category of Amount: VI

M. Martinez

b. Name of Obligor: Prosperity Bank

Rate of Interest: 5%

Category of Amount: VI

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c. Name of Obligor: _____

Rate of Interest: _____

Category of Amount: _____

d. Name of Obligor: _____

Rate of Interest: _____

Category of Amount: _____

11. List all loans or transactions in excess of \$5,000 on which you are a guarantor or co-signer, including the names of the borrower and lender.

a. Name of Obligor: _____

Rate of Interest: _____

Category of Amount: _____

b. Name of Obligor: _____

Rate of Interest: _____

Category of Amount: _____

c. Name of Obligor: _____

Rate of Interest: _____

Category of Amount: _____

d. Name of Obligor: _____

Rate of Interest: _____

Category of Amount: _____

12. (1) List all loans, debts, and other financial liabilities you have which are in excess of \$5,000 which are presently outstanding or which existed at any time during the reporting period.

a. Name of Lender/Creditor/Obligor: CHASE Manhattan

Rate of Interest, if any: 4.875%

Category of Amount: VI

Date Obligation was Incurred: 2010

b. Name of Lender/Creditor/Obligor: Prosperity Bank

Rate of Interest, if any: 5%

Category of Amount: VI

Date Obligation was Incurred 2010

c. Name of Lender/Creditor/Obligor: _____

Rate of Interest, if any: _____

Category of Amount: _____

Date Obligation as Incurred: _____

d. Name of Lender/Creditor/Obligor: _____

Rate of Interest, if any: _____

Category of Amount: _____

Date Obligation was Incurred: _____

(2) List all loans, debts, and other financial liabilities in excess of \$5,000 of any corporation, partnership, limited partnership, professional corporation or other entity in which you own or control at least a 5% interest, which are presently outstanding or which existed at any time during the reporting period.

a. Name of Lender/Creditor/Obligee: _____

Rate of Interest, if any: _____

Category of Amount: _____

Date Obligation was Incurred: _____

b. Name of Lender/Creditor/Obligee: _____

Rate of Interest, if any: _____

Category of Amount: _____

Date Obligation was Incurred: _____

c. Name of Lender/Creditor/Obligee: _____

Rate of Interest, if any: _____

Category of Amount: _____

Date Obligation was Incurred: _____

d. Name of Lender/Creditor/Obligee: _____

Rate of Interest, If any: _____

Category of Amount: _____

Date Obligation was Incurred: _____

13. List all boards of directors of which you are a member and the offices or executive positions which you hold in corporations, partnerships, limited partnerships, professional corporations, or other entities, including non-business entities. (Do not include positions on corporations or other entities owned by the City of Austin or created by the City Council.)

a. Name of Organization: Capital Metro :

Position Held: Board Chair

b. Name of Organization: Austin Firefighters Fund

Position Held: Board Member

c. Name of Organization: _____

Position Held: _____

d. Name of Organization: _____

Position Held: _____

State of Texas
County of Travis

VERIFICATION

I do solemnly swear that the preceding Financial Statement, filed herewith is in all things true and correct, and fully shows all information required to be reported by me pursuant to Section 2-7-72 City Code for the reporting period indicated.

M. M. G. 2

Signature of Affiant

SWORN TO AND SUBSCRIBED BEFORE ME by
this the 29th day of April, 2011,
to certify which witness my hand and seal.

Yvonne Spence

Signature of Notary

(SEAL)

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