



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

*Horacio Villarreal III*

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

\* This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

|  |                |                                      |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | COMMITTEE ADDRESS                    |
|  |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

*1,500.00*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

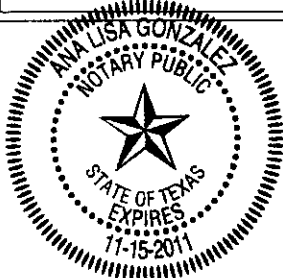
\$

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



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.

*Horacio Villarreal III*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Horacio Villarreal III, this the 1st day of Feb, 20 10, to certify which, witness my hand and seal of office.

*Ana Lisa Gonzalez*  
Signature of officer administering oath

Ana Lisa Gonzalez  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

|        |   |  |
|--------|---|--|
| 4 Date | 5 Payee name<br><i>Macarena Sign</i>                            | 7 Amount (\$)<br><i>1,500<sup>00</sup></i> |
|        | 6 Payee address; City; State; Zip Code<br><i>Kingsville, TX</i> |  |

|  |  |
|--|--|
| 8 Purpose of payment (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T) | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held |
|--|--|

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payee name                           | Amount (\$) |
|      | Payee address; City; State; Zip Code |             |

|  |  |
|--|--|
| Purpose of payment (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T) | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held |
|--|--|

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payee name                           | Amount (\$) |
|      | Payee address; City; State; Zip Code |             |

|  |  |
|--|--|
| Purpose of payment (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T) | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held |
|--|--|

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payee name                           | Amount (\$) |
|      | Payee address; City; State; Zip Code |             |

|  |  |
|--|--|
| Purpose of payment (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T) | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held |
|--|--|

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

|        |  |               |
|--------|--|---------------|
| 4 Date | 5 Payee name<br><i>Macarena Sigus</i>  | 8 Amount (\$) |
|        | 6 Payee address; City; State; Zip Code<br><i>Kingsville, TX</i>  |               |
|        | 7 Purpose of expenditure (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T) |               |

Reimbursement from political contributions intended

|      |  |             |
|------|--|-------------|
| Date | Payee name   | Amount (\$) |
|      | Payee address; City; State; Zip Code   |             |
|      | Purpose of expenditure (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T) |             |

Reimbursement from political contributions intended

|      |  |             |
|------|--|-------------|
| Date | Payee name   | Amount (\$) |
|      | Payee address; City; State; Zip Code   |             |
|      | Purpose of expenditure (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T) |             |

Reimbursement from political contributions intended

|      |  |             |
|------|--|-------------|
| Date | Payee name   | Amount (\$) |
|      | Payee address; City; State; Zip Code   |             |
|      | Purpose of expenditure (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T) |             |

Reimbursement from political contributions intended

|      |  |             |
|------|--|-------------|
| Date | Payee name   | Amount (\$) |
|      | Payee address; City; State; Zip Code   |             |
|      | Purpose of expenditure (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T) |             |

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED