



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Loretta G. Cabrera 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

**COMMITTEE TYPE**

GENERAL

SPECIFIC

**COMMITTEE NAME**

**COMMITTEE ADDRESS**

**COMMITTEE CAMPAIGN TREASURER NAME**

**COMMITTEE CAMPAIGN TREASURER ADDRESS**

\*\* 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. \*\*

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 414.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Loretta G. Cabrera  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Loretta G. Cabrera, this the 2nd day of February 20 10, to certify which, witness my hand and seal of office.

Connie M. Martinez  
Signature of officer administering oath

Connie M. Martinez  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A:	
<b>2</b> FILER NAME <i>Loretta L. Cabrera</i>		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>6</b> Contributor address; City; State; Zip Code	<b>7</b> Amount of contribution (\$)	<b>8</b> In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

*Roretta L. Cabrera*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*1/19/10*

5 Payee name

*KPSO FM. 106.3 Stereo*

7 Amount (\$)

*170.00*

6 Payee address; City; State; Zip Code

*304 East Rice St (Studio)*

8 Purpose of payment (See instructions regarding type of information required.)

*40 sec pol. ad + production fee for Ad.*  
(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

*1/21/10*

Payee name

*Sun St Graphics*

Amount (\$)

*105.50*

Payee address; City; State; Zip Code

*131 E. Nuisache Jafurruard, Tx 78355*

Purpose of payment (See instructions regarding type of information required.)

*50 Koozies*  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

*1/29/10*

Payee name

*Economy Printings*

Amount (\$)

*138.99*

Payee address; City; State; Zip Code

*229 E. Shelton Kingsville, Tx 78363*

Purpose of payment (See instructions regarding type of information required.)

*PR ink Canary 8 1/2 X 14, 2 sided sample ballot - 800ct.*  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

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.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

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**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 Loretta L. Cabrera 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>1/19/10</u>	5 Payee name <u>KPSO FM - 106.3 Stereo</u> 6 Payee address; City; State; Zip Code <u>304 E. Rice St (studio)</u>	8 Amount (\$)  <u>170.00</u>
7 Purpose of expenditure (See instructions regarding type of information required.) <u>60 sec. ad Production Fee for AD</u> <small>(If travel outside of Texas, complete Schedule T)</small>		<input type="checkbox"/> Reimbursement from political contributions intended

Date <u>1/21/10</u>	Payee name <u>Sunset Graphics</u> Payee address; City; State; Zip Code <u>131 E. Husache Groffward, TX 78355</u>	Amount (\$)  <u>105.50</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>50 KOOLERS</u> <small>(If travel outside of Texas, complete Schedule T)</small>		<input type="checkbox"/> Reimbursement from political contributions intended

Date <u>1/29/10</u>	Payee name <u>Economy Printing</u> Payee address; City; State; Zip Code <u>229 E. Shelton Kingville, TX 78363</u>	Amount (\$)  <u>138.99</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>BK Ink Canary 8 1/2 x 14 - 2 sided sample</u> <u>ballot - 800 ct.</u> <small>(If travel outside of Texas, complete Schedule T)</small>		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<input type="checkbox"/> Reimbursement from political contributions intended

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