

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

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. --

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

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)

\$ 0

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 665.81

CONTRIBUTION BALANCE

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

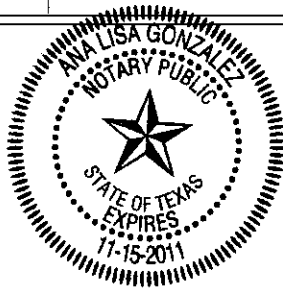
\$

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.

Rael Villarreal

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rael Villarreal, 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

Rod Villaverde

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-19-10

5 Payee name

Fal furvies Facts

7 Amount (\$)

\$ 200.00

6 Payee address; City; State; Zip Code

2-1-10

Fal furvies, Tx

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

Campaign 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

1-24-10

Payee name

COPY Zone

Amount (\$)

\$ 39.31

Payee address; City; State; Zip Code

4131 N. 107th McAllen, TX 78504

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

Copy Sample ballot

(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

Sunset Graphics

Amount (\$)

\$ 426.50

Payee address; City; State; Zip Code

Fal furvies Tx 78355

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

Tshirts, caps, signs

(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

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 <i>Roch Villaverde</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>Galpennia Fact</i> 6 Payee address; City; State; Zip Code <i>Galpennia, Tx 78355</i>	8 Amount (\$) <i>\$ 200.00</i> <input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign Ads</i> (If travel outside of Texas, complete Schedule T)	
Date	Payee name <i>Copy Zone</i> Payee address; City; State; Zip Code <i>4131 N 10th McAllen Tx 78504</i>	Amount (\$) <i>\$ 39.31</i> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Copy Sample Ballots</i> (If travel outside of Texas, complete Schedule T)	
Date	Payee name <i>Sunset Graphics</i> Payee address; City; State; Zip Code <i>Faluvias, Tx 78355</i>	Amount (\$) <i>426.50</i> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>T Shirts Caps, + Signs</i> (If travel outside of Texas, complete Schedule T)	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED