



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME Frances Arevalo 16 ACCOUNT # (Ethics Commission Filers)

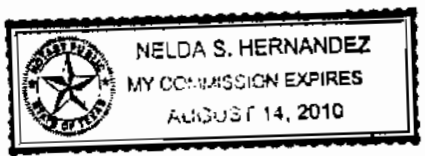
17 NOTICE FROM POLITICAL COMMITTEE(S)

\* 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  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>NIA</u>
		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	\$ -0-
	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	\$ <u>497.86</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -0-
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

19 AFFIDAVIT



NELDA S. HERNANDEZ  
MY COMMISSION EXPIRES  
AUGUST 14, 2010

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.

Frances Arevalo  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the 15<sup>th</sup> day of January, 2010, to certify which, witness my hand and seal of office.

Nelda S. Hernandez  
Signature of officer administering oath

Nelda S. Hernandez  
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 <b>Frances Arevalo</b>		3 ACCOUNT # (Ethics Commission files)
4 Date <b>1-5-2010</b>	5 Payee name <b>Sunset Graphics</b> 6 Payee address; City; State; Zip Code <b>131 E. Huisache St. Falfurrias, Tx 78355</b>	7 Amount (\$) <b>259.80</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Political Advertisement</b> (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <b>Frances Arevalo Jp Pct #2</b>
Date <b>11-18-09</b>	Payee name <b>Grace Garcia</b> Payee address; City; State; Zip Code <b>2332 S. Fm 2191 Falfurrias, Tx 78355</b>	Amount (\$) <b>71.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Political Advertisement</b> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <b>Frances Arevalo Jp Pct #2</b>
Date <b>1-14-10</b>	Payee name <b>Signs and Graphics</b> Payee address; City; State; Zip Code <b>526 W. Front St P.O. Box 1287 Falfurrias, Tx 78355</b>	Amount (\$) <b>27.06</b>
Purpose of payment (See instructions regarding type of information required.) <b>Political Advertisement</b> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <b>Frances Arevalo Jp Pct #2</b>
Date <b>1-12-10</b>	Payee name <b>Sunset Graphics</b> Payee address; City; State; Zip Code <b>131 E. Huisache St. Falfurrias, Tx 78355</b>	Amount (\$) <b>140.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Political Advertisement</b> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <b>Frances Arevalo Jp Pct #2</b>
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

Frances Arevalo

3 ACCOUNT # (Ethics Commission filers)

4 Date  
1-5-10

5 Payee name  
Sunset Graphics  
6 Payee address: City: State: Zip Code  
131 E. Huisache St. Falfurrias, Tx 78355

8 Amount (\$)  
259.80  
 Reimbursement from political contributions intended

7 Purpose of expenditure (See instructions regarding type of information required.)  
Political Signs  
(If travel outside of Texas, complete Schedule T)

Date  
11-18-09

Payee name  
Grace Garcia  
Payee address: City: State: Zip Code  
2332 S. Em 2191 Falfurrias, Tx 78355

Amount (\$)  
71.00  
 Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.)  
1000 Campaign Cards  
(If travel outside of Texas, complete Schedule T)

Date  
1-14-10

Payee name  
Signs and Graphics  
Payee address: City: State: Zip Code  
526 W. Front St.  
P.O. Box 1287 Falfurrias, Tx 78355

Amount (\$)  
27.06  
 Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.)  
Political Bumper Stickers  
(If travel outside of Texas, complete Schedule T)

Date  
1-12-10

Payee name  
Sunset Graphics  
Payee address: City: State: Zip Code  
131 E. Huisache St. Falfurrias, Tx 78355

Amount (\$)  
140.00  
 Reimbursement from political contributions intended

Purpose of expenditure (See instructions regarding type of information required.)  
Political T-shirts  
(If travel outside of Texas, complete Schedule T)

Date

Payee name  
Payee address: City: State: Zip Code

Amount (\$)  
 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