

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.5em; font-family: cursive;">JUSTO</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em; font-family: cursive;">Ramirez</div>	<div style="text-align: center; border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received: Filed For Record at _____ o'clock _____ M <div style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">JAN 15 2010</div> Date Processed: _____ Date Imaged: _____ Receipt # _____ Amount _____ </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE <div style="font-size: 1.5em; font-family: cursive;">708 W. Adams Falls TX 78355</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.5em; font-family: cursive;">(361) 474-0696</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.5em; font-family: cursive;">JUSTO</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em; font-family: cursive;">Ramirez</div>	Date Received: _____ Date Processed: _____ Date Imaged: _____	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE # CITY STATE ZIP CODE <div style="font-size: 1.5em; font-family: cursive;">708 W. Adams Falls TX 78355</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.5em; font-family: cursive;">(361) 474-0696</div>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="font-size: 1.5em; font-family: cursive;">09 / 28 / 2009 THROUGH 01 / 15 / 2010</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em; font-family: cursive;">03 / 02 / 2010</div>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="font-size: 1.5em; font-family: cursive;">Brooks Co. Comm. Pct. 4</div>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name _____ Address / PO Box: Apt. / Suite #: City: State: Zip Code _____		

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**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME Justo Ramirez **16 ACCOUNT #** (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

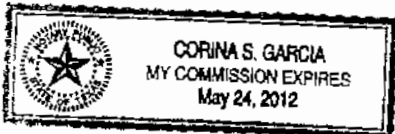
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required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

<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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	\$ <u>2,509.61</u>
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.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Justo Ramirez, this the 15th day of January, 2010, to certify which, witness my hand and seal of office.

Corina S. Garcia
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath
Notary Public

**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>Justo Ramirez</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>11/2/9</i>	5 Payee name <i>Good Shepard's Printing</i> 6 Payee address: City: State: Zip Code <i>Weproofless.com (Political Cards)</i> 7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	8 Amount (\$) <i>94.00</i> <input type="checkbox"/> Reimbursement from political contributions intended
Date <i>11/09/1</i>	Payee name <i>Sunset Graphics</i> Payee address: City: State: Zip Code <i>Lawn Signs</i> Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>635.00</i> <input type="checkbox"/> Reimbursement from political contributions intended
Date <i>12/11/09</i>	Payee name <i>Texas Democratic Party</i> Payee address: City: State: Zip Code <i>Texas VAN</i> Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>75.00</i> <input type="checkbox"/> Reimbursement from political contributions intended
Date <i>12/18/09</i>	Payee name <i>Brooks Co. Democratic Party</i> Payee address: City: State: Zip Code <i>Filing Fee</i> Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>758.00</i> <input type="checkbox"/> Reimbursement from political contributions intended
Date <i>1/04/10</i>	Payee name <i>Crockett Wireless</i> Payee address: City: State: Zip Code <i>cell Phone</i> Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>75.11</i> <input type="checkbox"/> Reimbursement from political contributions intended

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>Justo Ramirez</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/04/10</i>	5 Payee name <i>Gulf Coast Mailing Service</i> 6 Payee address; City; State; Zip Code <i>Post Card Mailings</i> 7 Purpose of expenditure (See instructions regarding type of information required.) <i></i> <small>(If travel outside of Texas, complete Schedule T)</small>	8 Amount (\$) <i>603.⁰⁰</i> <input type="checkbox"/> Reimbursement from political contributions intended
Date <i>1/7/10</i>	Payee name <i>Time Warner Cable</i> Payee address; City; State; Zip Code <i>Computer SERVICE</i> Purpose of expenditure (See instructions regarding type of information required.) <i></i> <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) <i>50.⁰⁰</i> <input type="checkbox"/> Reimbursement from political contributions intended
Date <i>1/8/10</i>	Payee name <i>Falkunrias Facts</i> Payee address; City; State; Zip Code <i>Political Ads</i> Purpose of expenditure (See instructions regarding type of information required.) <i></i> <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) <i>227.50</i> <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Justo Ramirez</i>		3 ACCOUNT # (Ethics Commission files)
4 Date <i>11/2/09</i>	5 Payee name <i>Good Shepard's Printing</i>	7 Amount (\$) <i>940.00</i>
6 Payee address; City; State; Zip Code <i>weprintforless.com (Political Cards)</i>		
8 Purpose of payment (See instructions regarding type of information required.) (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 <i>11/09/09</i>	Payee name <i>Sunset Graphics</i>	Amount (\$) <i>635.00</i>
Payee address; City; State; Zip Code <i>Lawn Signs</i>		
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
Date <i>12/11/09</i>	Payee name <i>Texas Democratic Party</i>	Amount (\$) <i>75.00</i>
Payee address; City; State; Zip Code <i>Texas VAN.</i>		
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
Date <i>12/18/09</i>	Payee name <i>Brooks Co. Democratic Party</i>	Amount (\$) <i>750.00</i>
Payee address; City; State; Zip Code <i>Filing fee</i>		
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

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

Justo Ramirez

3 ACCOUNT # (Ethics Commission filers)

4 Date

01/04/10

5 Payee name

Crickett Wireless

7 Amount (\$)

75.11

6 Payee address; City; State; Zip Code

Cell Phone

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

(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

1/04/10

Payee name

Gulf Coast Mailing Service

Amount (\$)

603.⁰⁰

Payee address; City; State; Zip Code

Post Card Mailings

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

Date

1/7/10

Payee name

Time Warner Cable

Amount (\$)

58.⁰⁰

Payee address; City; State; Zip Code

Computer Service

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

Date

1/8/10

Payee name

Faltemier's Post

Amount (\$)

227.50

Payee address; City; State; Zip Code

Political Ads

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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