



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**16 C/OH NAME** *Roretta G. Cabrera* **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
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>18 CONTRIBUTION TOTALS</b>	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
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,142.35
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	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.

*Roretta G. Cabrera*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

*Connie M. Martinez* Connie M. Martinez Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F.
<b>2</b> FILER NAME <i>Rosetta L. Cabrera</i>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date <i>12/12/09</i>	<b>5</b> Payee name <i>Sunset Graphics</i>	<b>7</b> Amount (\$)  <i>516.35</i>
<b>6</b> Payee address; City, State; Zip Code <i>131 East Nueces Gaeferria, TX 78355</i>		
<b>8</b> Purpose of payment (See instructions regarding type of information required.) <i>Magnetic Signs, Political Signs, Decals, (If travel outside of Texas, complete Schedule T) T. Shurtz</i>		<b>9</b> <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
<b>Date</b> <i>12/10/09</i>	<b>Payee name</b> <i>Shirac Garcia</i>	<b>Amount (\$)</b>  <i>71.00</i>
<b>Payee address; City, State; Zip Code</b> <i>3332 South FM. 2191 Gaeferria, TX. 78355</i>		
<b>Purpose of payment (See instructions regarding type of information required.)</b> <i>1500 - Candidate Re-election Cards (If travel outside of Texas, complete Schedule T)</i>		<b>9</b> <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
<b>Date</b> <i>12/14/09</i>	<b>Payee name</b> <i>Gaeferria Gactm</i>	<b>Amount (\$)</b>  <i>90.00</i>
<b>Payee address; City, State; Zip Code</b> <i>219 E. Rice St Gaeferria, TX 78355</i>		
<b>Purpose of payment (See instructions regarding type of information required.)</b> <i>Ad on Paper (If travel outside of Texas, complete Schedule T)</i>		<b>9</b> <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
<b>Date</b> <i>12/17/09</i>	<b>Payee name</b> <i>Gaeferria Gactm</i>	<b>Amount (\$)</b>  <i>90.00</i>
<b>Payee address; City, State; Zip Code</b> <i>219 E. Rice St Gaeferria, TX. 78355</i>		
<b>Purpose of payment (See instructions regarding type of information required.)</b> <i>Contribution for Ad on Paper. (If travel outside of Texas, complete Schedule T)</i>		<b>9</b> <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form.		1 Total pages Schedule F
2 FILER NAME <i>Koretta A. Cabrera</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>12/3/09</i>	5 Payee name <i>Democratic Party Chairman</i>	7 Amount (\$)  <i>375.00</i>
6 Payee address: City: State: Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) <i>During See</i> (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	Payee name  Payee address; City: State: Zip Code	Amount (\$)
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	Payee name  Payee address; City: State: Zip Code	Amount (\$)
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	Payee name  Payee address; City: State: Zip Code	Amount (\$)
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 <i>Loretha L. Cabrera</i>		3 ACCOUNT # (Ethics Commission Here)
4 Date <i>12/12/09</i>	5 Payee name <i>Sunset Graphics</i> 6 Payee address; City; State; Zip Code <i>131 East Huisache Gachuruar, Ju 78355</i>	8 Amount (\$)  <i>516.35</i>  <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Magnetic Signs, Political Signs, Decals, &amp; Stickers</i> (If travel outside of Texas, complete Schedule T)		
Date <i>12/10/09</i>	Payee name <i>Grace Garcia</i> Payee address; City; State; Zip Code <i>2332 South FM 2191 Gachuruar, Tx. 78355</i>	Amount (\$)  <i>71.00</i>  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>1000-Candidate Re-Election Currier</i> (If travel outside of Texas, complete Schedule T)		
Date <i>12/14/09</i>	Payee name <i>Gachuruar Gachs</i> Payee address; City; State; Zip Code <i>219 East Rice Gachuruar, Ju. 78355</i>	Amount (\$)  <i>90.00</i>  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Ad on Paper</i> (If travel outside of Texas, complete Schedule T)		
Date <i>12/17/09</i>	Payee name <i>Gachuruar Gachs</i> Payee address; City; State; Zip Code <i>219 East Rice Gachuruar, Ju. 78355</i>	Amount (\$)  <i>90.00</i>  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Posters for Ad on Paper</i> (If travel outside of Texas, complete Schedule T)		
Date <i>12/3/09</i>	Payee name <i>Democratic Party Chairman</i> Payee address; City; State; Zip Code	Amount (\$)  <i>375.00</i>  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Filener Fee</i> (If travel outside of Texas, complete Schedule T)		

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