

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / <input checked="" type="radio"/> MR FIRST MI NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">Luis Arevalo</p>	<b>OFFICE USE ONLY</b> Date Received <b>Filed For Record</b> at <u>11:30</u> o'clock <u>A</u> M <p style="text-align: center; font-size: 1.2em;">JAN 15 2010</p> By: <i>[Signature]</i> Election Administration, Brooks Co., TX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT. / SUITE #, CITY, STATE, ZIP CODE <p style="font-size: 1.2em;">136 CR. 229 Fall River, TX 78355</p>	Receipt # Amount Date Processed Date Imaged	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.2em;">(361) 325-5204</p>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / <input checked="" type="radio"/> MR FIRST MI NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">Luis Arevalo</p>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT. / SUITE #, CITY, STATE, ZIP CODE <p style="font-size: 1.2em;">136 CR. 229 Fall River, TX 78355</p>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.2em;">(361) 325-5204</p>		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year <p style="font-size: 1.2em;">11 / 13 / 09    THROUGH    1 / 15 / 10</p>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <p style="font-size: 1.2em;">3 / 2 / 2010</p>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <p style="font-size: 1.2em;">Co. Commissioner Pct. 2</p>	<b>13 OFFICE SOUGHT (if known)</b> <p style="font-size: 1.2em;">Co. Commissioner Pct. 2</p>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	** 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		
<input type="checkbox"/> additional pages			

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Luis 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
		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	\$ 23.95
	4. TOTAL POLITICAL EXPENDITURES	\$ 534.29
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

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 State of Texas County of Brooks me under Title 15, Election Code.

Sworn to and subscribed before me this 15<sup>th</sup> day of January, 20 10

Mary Ann Pulido Notary Public Luis Arevalo Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Luis Arevalo, this the 15<sup>th</sup> day of January, 20 10, to certify which, witness my hand and seal of office.

Mary Ann Pulido Signature of officer administering oath  
Mary Ann Pulido Printed name of officer administering oath  
Adm. Assistant 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

*Luis Arevalo*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

*11-13-09*

*Brooks County*

6 Payee address; City; State; Zip Code

*\$ 10.70*

*408 W. Travis Fallsview, Tx. 78355*

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

*voter Registration list*

(If travel outside of Texas, complete Schedule T)

9 **\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

*Luis Arevalo - Co. Comm. pct 2 - Co. Comm. pct 2*

Date

Payee name

Amount (\$)

*12-3-09*

*Sunset Graphics*

Payee address; City; State; Zip Code

*\$ 335.58*

*Huisache St. Fallsview, Tx. 78355*

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

*Political cards*

(If travel outside of Texas, complete Schedule T)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

*Luis Arevalo - Co. Comm. pct 2 - Co. Comm. pct 2*

Date

Payee name

Amount (\$)

*12-9-09*

~~*RP50*~~ *Grace Garcia*

Payee address; City; State; Zip Code

*\$ 37.00*

*2332 S. F.M. 2191 Fallsview, Tx 78355*

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

*Political cards*

(If travel outside of Texas, complete Schedule T)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

*Luis Arevalo - Co. Comm. pct 2 - pct 2*

Date

Payee name

Amount (\$)

*N.P.S.O. Radio Station*

Payee address; City; State; Zip Code

*\$ 100.00*

*304 E. Rice St. Fallsview, Texas*

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

*political advertising*

(If travel outside of Texas, complete Schedule T)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

*Luis Arevalo*  
*Co. Comm. pct 2 - pct 2*

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>Luis Arevalo</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1-14-10</i>	5 Payee name <i>Macarena Signs + Graphics</i>	7 Amount (\$) <i>22.00</i>
6 Payee address; City; State; Zip Code <i>526 W. Front St. Adice, Tx 78333-1287</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>political bumper stickers</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name: <i>Luis Arevalo</i> Office sought: <i>CO. Comm. pct. 2</i> Office held:	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	<b>.. Complete if direct expenditure to benefit C/OH ..</b> 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.) <small>(If travel outside of Texas, complete Schedule T)</small>	<b>.. Complete if direct expenditure to benefit C/OH ..</b> 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.) <small>(If travel outside of Texas, complete Schedule T)</small>	<b>.. Complete if direct expenditure to benefit C/OH ..</b> 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>Luis Arevalo</i>		3 ACCOUNT # (Ethics Commission filers):
4 Date <i>11-13-09</i>	5 Payee name <i>Brooks County</i> 6 Payee address: City: State; Zip Code <i>408 W. Travis Falls, Tx. 78355</i>	8 Amount (\$) <i>\$ 10.70</i> <input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Voter Registration list</i> (If travel outside of Texas, complete Schedule T)	
Date <i>12-3-09</i>	Payee name <i>Sunset Graphics</i> Payee address: City: State; Zip Code <i>Huisache St. Falls, Tx. 78355</i>	Amount (\$) <i>\$ 335.58</i> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Political signs, shirts, caps</i> (If travel outside of Texas, complete Schedule T)	
Date <i>12-9-09</i>	Payee name <i>Grace Garcia</i> Payee address: City: State; Zip Code <i>2332 S. FM. 2191 Falls, Tx. 78355</i>	Amount (\$) <i>\$ 37.00</i> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Political Cards</i> (If travel outside of Texas, complete Schedule T)	
Date <i>12-25-09</i>	Payee name <i>KPSO Radio Station</i> Payee address: City: State; Zip Code <i>304 E. Rice St. Falls, Tex. 78355</i>	Amount (\$) <i>\$ 100.00</i> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Political advertising</i> (If travel outside of Texas, complete Schedule T)	
Date <i>1-14-10</i>	Payee name <i>Macarena Signs &amp; Graphics</i> Payee address: City: State; Zip Code <i>526 W. Front St. Alice, Tx. 78333-1287</i>	Amount (\$) <i>\$ 27.06</i> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Political Bumper Stickers</i> (If travel outside of Texas, complete Schedule T)	

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