

# 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 / MP FIRST M NICKNAME LAST SUFFIX <b>RAUL RAMIREZ</b>	OFFICE USE ONLY Date Recd. <b>Filed For Record at 3:24 o'clock PM</b> <b>JAN 15 2010</b> Date Imaged By <i>[Signature]</i>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <b>P.O. Box 14 ENCINO, TX 78353</b>	Receipt # Amount Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(361) 325-5470</b>	6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST M NICKNAME LAST SUFFIX <b>RAUL RAMIREZ</b>	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <b>340 CR. 304 ENCINO, TEXAS 78353</b>	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION <b>(361) 325-5470</b>	
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 <b>08 01 / 09 THROUGH 01 / 15 2010</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>03 02 2010</b>	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) <b>County Judge</b>	13 OFFICE SOUGHT (if known) <b>County Judge</b>	
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		

GO TO PAGE 2

# 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)**

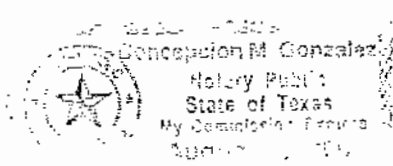
\*\* This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required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

<input type="checkbox"/> additional pages	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME   COMMITTEE ADDRESS   COMMITTEE CAMPAIGN TREASURER NAME   COMMITTEE CAMPAIGN TREASURER ADDRESS   
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<b>18 CONTRIBUTION TOTALS</b>	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)	\$ 4,600
<b>EXPENDITURE TOTALS</b>	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ 2,383.04
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,216.96
<b>OUTSTANDING LOAN TOTALS</b>	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 me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

*Raul M. Ramirez*  
Signature of Candidate or Officeholder

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

C.M. Gonzalez  
Signature of officer administering oath

C.M. Gonzalez  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A	
2 FILER NAME <i>RAUL M. RAMIREZ</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>JAN 12, 2010</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>ROQUE RAMIREZ</i>	7 Amount of contribution (\$) <i>200<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address: City State Zip Code <i>FALFURRIAS, TEXAS 78355</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>BROTHER</i>		10 Employer (See Instructions) <i>RETIRED</i>	
Date <i>1/13/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>TARA RIOJ YBARRA CAMPAIGN</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City State Zip Code <i>1601 E. ALTON GLOVE BLVD STE-108 BROWNSVILLE, TX 78526-3972</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>STATE REP.</i>		Employer (See Instructions) <i>DENTIST - SELF-EMPLOYED</i>	
Date <i>12/22/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>PAUL GORANSON</i>	Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City State Zip Code <i>433 DELUINE DR CORPUS CHRISTI 78411</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>PERSONAL FRIEND</i>		Employer (See Instructions) <i>Mesteng</i>	
Date <i>9/15/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>CRYSTAL RAMIREZ</i>	Amount of contribution (\$) <i>200<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City State Zip Code <i>FALFURRIAS, TEXAS</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>DAUGHTER</i>		Employer (See Instructions) <i>COMMUNITIC - IN-SCHOOLS</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City State Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A	
2 FILER NAME <i>RAUL M - RAMIREZ</i>		3 ACCOUNT # (ethics Commission file #)	
4 Date <i>9/3/2009</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>BROADWATER BOOKKEEPING STAFF SERVICE</i>	7 Amount of contribution (\$) <i>500<sup>00</sup></i>	8 in-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <i>127 E. HUISACHE FALFURRIAS, TX 78353</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>BUSINESS OWNER</i>		10 Employer (See instructions) <i>SELF EMPLOYED</i>	
Date <i>8/26/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>LINEBARGER, COGGAN, BLAIR ESTIMATES LLP</i>	Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>P.O. Box 17428 AUSTIN, TEXAS 78760</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>ATTORNEYS - FOR FIRM</i>		Employer (See Instructions) <i>LINEBARGER, COGGAN, BLAIR &amp; SPANGLER LLP</i>	
Date <i>12/1/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>ELDISA RAMIREZ</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>FALFURRIAS, TEXAS 78355</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>MOM</i>		Employer (See Instructions) <i>NONE</i>	
Date <i>12/1/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>MARCO GARCIA</i>	Amount of contribution (\$) <i>\$1,000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>1726 S. CENTER, FALFURRIAS, TEXAS 78355</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>OLC / GAS</i>		Employer (See Instructions) <i>SELF-EMPLOYED</i>	
Date <i>12/1/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>ROBERT HOWARD</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>2315 WEST FOREST DRIVE AUSTIN, TEXAS 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>GRANT WRITER</i>		Employer (See Instructions) <i>SELF-EMPLOYED CONSULTANT</i>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B

2 FILER NAME

3 ACCOUNT # (Ethics Commission File #)

4 TOTAL OF UNITEMIZED PLEDGES:      ↗      ↘      ↗      ↘      ↗      ↘      ↗      ↘

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC ID# _____	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address, City, State, Zip Code		
(If travel outside of Texas, complete Schedule T)			
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC ID# _____	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address, City, State, Zip Code		
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See instructions)		Employer (See instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC ID# _____	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address, City, State, Zip Code		
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See instructions)		Employer (See instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC ID# _____	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address, City, State, Zip Code		
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See instructions)		Employer (See instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC ID# _____	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address, City, State, Zip Code		
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See instructions)		Employer (See instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan 7 Name of lender  out-of-state PAC (ID# \_\_\_\_\_) 9 Loan Amount (\$)

6 Is lender a financial institution? 8 Lender address City State Zip Code 10 Interest rate

Y N

11 Maturity date

12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)

14 Description of Collateral  
 none

15 GUARANTOR INFORMATION 16 Name of guarantor 18 Amount Guaranteed (\$)

not applicable

17 Guarantor address City State Zip Code

19 Principal Occupation 20 Employer

Date of loan Name of lender  out-of-state PAC (ID# \_\_\_\_\_) Loan Amount (\$)

Is lender a financial institution? Lender address City State Zip Code Interest rate

Y N

Maturity date

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Description of Collateral  
 none

GUARANTOR INFORMATION Name of guarantor Amount Guaranteed (\$)

not applicable

Guarantor address City State Zip Code

Principal Occupation Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

*RAUL M. RAMIREZ*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*12/23/09*

5 Payee name

*K.P.S.D*

7 Amount (\$)

*500<sup>00</sup>*

6 Payee address: City State Zip Code

*304 E. RICE  
FALFURRIAS, TEXAS 78355*

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

*FOR RADIO ADVERTISING*  
(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

*DEC-JAN*

Payee name

*MCINTYRE LUMBER*

Amount (\$)

*117<sup>00</sup>*

Payee address: City State Zip Code

*113 N. ST MARY'S  
FALFURRIAS, TEXAS 78355*

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

*POSTS, STAKES, WIRE TIES*  
(If travel outside of Texas, complete Schedule T)

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

Date

*1/7/2010*

Payee name

*EL LUCERO RESTAURANT*

Amount (\$)

*56<sup>00</sup>*

Payee address: City State Zip Code

*ENCINO, TEXAS*

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

*MEALS FOR PUTTING SIGNS IN  
ENCINO*  
(If travel outside of Texas, complete Schedule T)

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

Date

*NOV-  
JAN*

Payee name

*SADDLEHORN*

Amount (\$)

*80.<sup>00</sup>*

Payee address: City State Zip Code

*801 W. RICE*

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

*GAS, TO PUT SIGN thru-out  
the county!*  
(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**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F
2 FILER NAME <i>RAUL M. RAMIREZ</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>DEC-JAN</i>	5 Payee name <i>Sunset GRAPHICS</i>	7 Amount (\$) <i>730.<sup>37</sup></i>
1	6 Payee address, City State, Zip Code <i>FALFURRIAS, TEXAS</i>	
8 Purpose of payment (See instructions regarding type of information required) <i>SIGNS, CAPS - T-SHIRTS</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 <i>1/4/2010</i>	Payee name <i>BROOKS DEMOCRATIC PARTY</i>	Amount (\$) <i>750.<sup>00</sup></i>
	Payee address, City State Zip Code <i>FALFURRIAS, TEXAS 78355</i>	
Purpose of payment (See instructions regarding type of information required) <i>Filing Fee</i> (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>9/15/09</i>	Payee name <i>VISTA PRINT.COM</i>	Amount (\$) <i>59.72</i>
	Payee address, City State Zip Code <i>95 HAYDEN AVENUE LEXINGTON, MA 02421</i>	
Purpose of payment (See instructions regarding type of information required) <i>CARDS - Re-elect</i> (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>9/15/09</i>	Payee name <i>MAKESTICKERS.COM</i>	Amount (\$) <i>89.<sup>95</sup></i>
	Payee address, City State Zip Code <i>8061 186th ST TINLEY PARK, IL 60487</i>	
Purpose of payment (See instructions regarding type of information required) <i>BUMPER STICKERS</i> (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

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address: City, State, Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H

2 FILER NAME

3 ACCOUNT # (Ethics Commission filer)

<b>4</b>	Date	<b>5</b> Business name	<b>7</b> Amount (\$)
		<b>6</b> Business address: City, State, Zip Code	

<b>8</b> Purpose of payment (See instructions regarding type of information required.)	<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
(If travel outside of Texas, complete Schedule T)	

Date	Business name	Amount (\$)
	Business address: City, State, Zip Code	

Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
(If travel outside of Texas, complete Schedule T)	

Date	Business name	Amount (\$)
	Business address: City, State, Zip Code	

Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
(If travel outside of Texas, complete Schedule T)	

Date	Business name	Amount (\$)
	Business address: City, State, Zip Code	

Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
(If travel outside of Texas, complete Schedule T)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.	<b>1</b> Total pages Schedule I.
<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission filer)

<b>4</b> Date	<b>5</b> Payee name	<b>8</b> Amount (\$)
	<b>6</b> Payee address, City, State, Zip Code	
	<b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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# CREDITS (optional)

# SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K.

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

<b>4</b> Date	<b>5</b> Payor name	<b>8</b> Amount (\$)
	<b>6</b> Payor address, City, State, Zip Code	
	<b>7</b> Reason for credit	

Date	Payor name	Amount (\$)
	Payor address, City, State, Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address, City, State, Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address, City, State, Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address, City, State, Zip Code	
	Reason for credit	

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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T.
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

2 ACCOUNT # Ethics Commission Files

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

**5 OFFICEHOLDER**

\*\* Complete this section *only* if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder