

# 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 / MR <input checked="" type="radio"/> FIRST <i>Rhonda</i> MI _____ NICKNAME _____ LAST <i>AREVALO</i> SUFFIX _____	<b>OFFICE USE ONLY</b> Filed For Record Date Received at _____ o'clock <i>3:07</i> <i>70</i> M. JAN 15 2010 _____ Elections Administrator, Brooks Co., Tx Date Received and Delivered by Date Postmarked	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #: <i>P.O. Box 884 Ft. Hummer, Tx.</i> CITY, STATE: _____ ZIP CODE <i>78355</i>	Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <i>(361)</i> PHONE NUMBER <i>325-2191</i> EXTENSION _____		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR _____ FIRST _____ MI _____ NICKNAME <i>Same</i> LAST <i>Self</i> SUFFIX _____		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #: <i>Same Self</i> CITY: _____ STATE: _____ ZIP CODE _____		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <i>( )</i> PHONE NUMBER <i>Same</i> EXTENSION _____		
<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"/> 9th 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 <i>12/15/09</i> THROUGH Month Day Year <i>1/15/10</i>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <i>3/2/10</i>	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)	<b>13 OFFICE SOUGHT (if known)</b> <i>Justice of the Peace Pct. #2</i>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <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 <i>None</i> Address / PO Box; Apt. / Suite #: _____ City, State, Zip Code _____		
<b>GO TO PAGE 2</b>			

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

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

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

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

- 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. \*\*

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<u>N/A</u>
<input type="checkbox"/> SPECIFIC	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>1,307.53</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

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
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.		1 Total pages Schedule F:
2 FILER NAME <i>Rhonda AREVALO</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1-08-10</i>	5 Payee name <i>Sylvia Gonzalez</i> 6 Payee address: City, State: Zip Code <i>8711 FM 1329 Conception, TX. 78349</i>	7 Amount (\$) <i>870.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Political Advertisement</i> (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: <i>Rhonda Arevalo</i> Office sought: <i>JP Pct. #2</i> Office held:
Date <i>1-6-10</i>	Payee name <i>Sunset Graphics</i> Payee address: City, State: Zip Code <i>131 E. Nuisache St. Falfurrias, TX. 78355</i>	Amount (\$) <i>233.28</i>
Purpose of payment (See instructions regarding type of information required.) <i>Political Advertisement</i> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: <i>Rhonda Arevalo</i> Office sought: <i>JP Pct. #2</i> Office held:
Date <i>1-11-10</i>	Payee name <i>Macarena Signs &amp; Graphics</i> Payee address: City, State: Zip Code <i>526 W. Front St. Alice, TX. 78333</i>	Amount (\$) <i>108.25</i>
Purpose of payment (See instructions regarding type of information required.) <i>Political Advertisement</i> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: <i>Rhonda Arevalo</i> Office sought: <i>JP Pct. #2</i> Office held:
Date <i>1-7-10</i>	Payee name <i>Grace Garcia</i> Payee address: City, State: Zip Code <i>2332 S. FM 2191 Falfurrias, TX. 78355</i>	Amount (\$) <i>96.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Political Advertisement</i> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: <i>Rhonda Arevalo</i> Office sought: <i>JP Pct. #2</i> Office held:
<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: <u>1</u>
2 FILER NAME <u>Rhonda Arevalo</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>1-08-10</u>	5 Payee name <u>Sylvia Gonzalez</u> 6 Payee address: City, State, Zip Code <u>8711 FM 1329 Concepcion, Tx. 78349</u>	8 Amount (\$) <u>870.<sup>00</sup></u> <input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <u>Political Advertisement</u> (If travel outside of Texas, complete Schedule T)	
Date <u>1-6-10</u>	Payee name <u>Sunset Graphics</u> Payee address: City, State, Zip Code <u>131 E. Huigache St. Falkurrias, Tx. 78355</u>	Amount (\$) <u>233.<sup>28</sup></u> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <u>Political Advertisement</u> (If travel outside of Texas, complete Schedule T)	
Date <u>1-11-10</u>	Payee name <u>Macarena Signs &amp; Graphics</u> Payee address: City, State, Zip Code <u>526 W. Front St Alice, TX. 78333</u>	Amount (\$) <u>108.<sup>25</sup></u> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <u>Political Advertisement</u> (If travel outside of Texas, complete Schedule T)	
Date <u>1-7-10</u>	Payee name <u>Grace Garcia</u> Payee address: City, State, Zip Code <u>2332 S. FM 2191 Falkurrias, Tx. 78355</u>	Amount (\$) <u>96.<sup>00</sup></u> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <u>Political Advertisement</u> (If travel outside of Texas, complete Schedule T)	
Date	Payee name Payee address: City, State, Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

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