

# 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 files) **2 Total pages filed**

**3 CANDIDATE / OFFICEHOLDER NAME**  
 VS / MRS / MP: Mr. FIRST: Roel MI: VILLARREAL  
 NICKNAME: LAST: SUFFIX:

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE:  
 1177 FM 755 Encino, Tx. 78353  
Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE: PHONE NUMBER: EXTENSION:  
 (361) 568-3323

**6 CAMPAIGN TREASURER NAME**  
 VS / MRS / MP: Mrs. FIRST: Cynthia MI: Garcia V.  
 NICKNAME: LAST: SUFFIX:

**7 CAMPAIGN TREASURER ADDRESS**  
(Residence or business)  
 STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE:  
 104 East North St. Bishop Tx 78343

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE: PHONE NUMBER: EXTENSION:  
 (361) 720-0378

**9 REPORT TYPE**  
 January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  6th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

**10 PERIOD COVERED**  
 Month Day Year THROUGH Month Day Year  
 / 01 / 15 2010

**11 ELECTION**  
 ELECTION DATE: Month Day Year: 03 02 2010  
 ELECTION TYPE:  Primary  Runoff  General  Special

**12 OFFICE** OFFICE HELD (Party): **13 OFFICE SOUGHT** (if known):  
 Justice of Peace Prec 3

**14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**  
 \*\* 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: Roel Villarreal  
 Address / PO Box: APT / SUITE #: CITY: STATE: ZIP CODE:  
 1177 FM 755 Encino, Tx 78353  
 additional pages

**OFFICE USE ONLY**

Date Received: **Filed For Record**  
 at 9:20 o'clock AM

JAN 20 2010

By: [Signature]

Receipt # Amount  
 Date Processed  
 Date Mailed

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Roel Villarreal 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

add. report 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	
<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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 400.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1254.69
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.

Roel Villarreal  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roel Villarreal, this the 20th day of Jan., 20 10, to certify which, witness my hand and seal of office.

Ana Lisa Gonzalez  
Signature of officer administering oath

Ana Lisa Gonzalez  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**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>Roel Villaverde</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <del>Brooks Co. Democratic Party</del> <i>Brooks Co. Democratic Party</i>	8 Amount (\$) <i>375.00</i> <i>Entry Fee</i>
	6 Payee address, City, State, Zip Code <i>Falfurrias TX</i>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Entry Fee for J.P.</i> (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <i>Macavene Signs</i>	Amount (\$) <i>670.39</i>
	Payee address, City, State, Zip Code <i>Kingsville, TX</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign Signs</i> (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <i>KPSC</i>	Amount (\$) <i>150.00</i>
	Payee address, City, State, Zip Code <i>Falfurrias, TX</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>Radio Ads.</i> (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <i>U.S. Post Office</i>	Amount (\$) <i>44.00</i>
	Payee address, City, State, Zip Code <i>Falfurrias, TX</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>Stamps</i> (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <i>Brooks Co. Elections Dept.</i>	Amount (\$) <i>15.30</i>
	Payee address, City, State, Zip Code <i>Falfurrias, TX</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>Early Voting List (Copies)</i> (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

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

*Paul Villaverde*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address, City, State, Zip Code

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

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Amount (\$)

Payee address; City; State; Zip Code

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

Amount (\$)

Payee address; City; State; Zip Code

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

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

# 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 <b>Roel Villarreal</b>		3 ACCOUNT # (Ethics Commission File #)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	7 Amount of contribution (\$) <b>n/a</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date <b>1/4/2010</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <b>Yolanda + Benito Villarreal</b>	Amount of contribution (\$) <b>400.00</b>	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)	
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)	
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)	
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.