CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

OFFICE USE ONLY NAME NAME NAME NAME NICKNAME LAST NAME ADDRESS / PO BOX. APT / SUITE #. CITY. STATE: ZIP CODE ADDRESS / PO BOX. APT / SUITE #. CITY. STATE: ZIP CODE APT / SUITE #. CITY. ADDRESS / PO BOX. APT / SUITE #. CITY. ARCA CODE PHONE NUMBER ARCADIDATE/ OFFICEHOLDER PHONE ARCA CODE PHONE NUMBER ARCADIDATE/ OFFICEHOLDER PHONE ARCADIDATE/ OFFICEHOLDER ARCADICAL AR					
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PATHY RAMIFEZ	TREASURER	Mrs	Patricio	мі	
TREASURER ADDRESS (Residence or Business) 3 CAMPAIGN TREASURER PHONE 3 PHONE NUMBER EXTENSION TREASURER PHONE 4 January 15 Sth day before election Backeded Modified Reporting Limit COVERED Additional Pages TREA CODE PHONE NUMBER EXTENSION FINAL TO THOUGH AREA CODE PHONE NUMBER EXTENSION TROUGH CONTROL RECTION TYPE EXTENSION TROUGH AREA CODE PHONE NUMBER EXTENSION TROUGH TISH day after campaign treasurer spointment To goth day before election Runoff TROUGH TROUGH TISH day after campaign treasurer spointment TROUGH TROUGH THROUGH THE CAMPAIGN THE CAMPA		Pattur	Ramire	SUFFIX	Date Imaged
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			COMMITTEE CAMPAIGN TREA	SURER ADDRESS	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	ancisco Romirez		16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED PO PLEDGES, LOANS, OR C CONTRIBUTIONS MADE	LITICAL CONTRIBUTIONS (OTHER THAI BUARANTEES OF LOANS, OR ELECTRONICALLY)	\$ 1250.00			
	2. TOTAL POLITICAL COI (OTHER THAN PLEDGES	NTRIBUTIONS , LOANS, OR GUARANTEES OF LOANS	\$ 1250.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POL	ITICAL EXPENDITURE.	\$ 1206.84			
	4. TOTAL POLITICAL EXP	PENDITURES	\$ 120684			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTR OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$ 43.16			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU LAST DAY OF THE REPO	NT OF ALL OUTSTANDING LOANS AS O RTING PERIOD	FTHE \$			
18 SIGNATURE Is	vear, or affirm, under penalty of perjo	ury, that the accompanying report is true	e and correct and includes all information			
rec	uired to be reported by me under Title	15, Election Code.				
		A. C.	ター・シー・			
		Jan	gee/			
		Signature / of/Ca	ndidate or Officeholder			
	Please co	mplete either option below	y:			
• • • • • • • • • • • • • • • • • • • •						
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed	pefore me by	this the	day of,			
20, to certify v	rhich, witness my hand and seal of offic					
Signature of officer administer	ng oath Printed name o	of officer administering oath	Title of officer administering oath			
	a secondo estado estado en la compansión de la compansión de la compansión de la compansión de la compansión d	OR				
(2) Unsworn Declaratio	n					
Fran	cisco J. Ramir	No1	N- 12 1072			
My name is	£ 1 4 2 .	3	Mugust 3,1917.			
My address is <u>しん/う</u>	forth lake	Fort Stockton	Th. 49735 U.S.			
Executed in PLWS	(street) County, State of	, on the the day of (so	(country) (zip code) (country)			
		Signature of Cardid	ite/Officeholder (Declarant)			
		- Signature or Carrolda	resolusenoider (Deciarant)			

A

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Et	thics Commission Filers)			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 750.00			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	с/он \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNE TO FILER	\$			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how	1 Total pages Schedule A1:			
2 FILER NAME	Francisco:). Ram	irez	3 Filer ID (Ethics Commission Filers)	
4 Date	Full name of contributor House Oil-C Contributor address; P.O. BOX 1533 pation / Job title (See Instructions)	OMPARY Chy;	State; Zip Code The property of the control of the	7 Amount of contribution (\$)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	ctions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

TI	ne Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:	
2 FILER NAME Francisco J. Ramirez			3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 150.00	
5 Date	7 Contributor address; City; State; LOS LOS LANGE (FOR NON-JUDICIAL) (See Instructions)	Zip Code	8 Amount of Contribution \$\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	principal occupation (FOR JUDICIAL)		tor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>		
Date	Full name of contributor	Zip Code	Amount of In-kind contribution description	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	tor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	•			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

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

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (expenses of the standard above)

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME WUNGSCO	Ramirez	3 Filer ID (Ethics Commission Filers)
4 Date 8 8 2023	5 Business name Vista Print		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
451.84			
8 PURPOSE	(a) Category (See Categories listed at the top of this sol	(b) Description	
OF EXPENDITURE	Havertising		
	(c) Check if travel outside of Texas. Complete Sche	Lyangua	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name WANGSCO J RAMITE	L Precinct 1 a	Office held OMMISSIONEY
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
nunnoor.	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
	Category (See Categories listed at the top of this scho	edule) Description	
PURPOSE OF			
EXPENDITURE	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	ED