

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST REMIJIO	MI A	OFFICE USE ONLY  RECEIVED JAN 15 2026 SOPHIA FRANCO ELECTIONS ADMINISTRATOR, PECOS COUNTY, TEXAS BY <i>[Signature]</i> Date Hand-delivered or Date Postmarked		
	NICKNAME REMIE	LAST RAMOS	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1504 WESTWIND FORT STOCKTON TX 79735					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (432 )	PHONE NUMBER 923-2820	EXTENSION	Receipt #   Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST REMIJIO	MI A	Date Processed		
	NICKNAME REMIE	LAST RAMOS	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 1504 WESTWIND FORT STOCKTON			STATE: ZIP CODE TX 79735		
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 432 )	PHONE NUMBER 923-2820	EXTENSION			
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 Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 8	Day 12	Year / 25	Month 1	Day / 15	Year / 26
11 ELECTION	ELECTION DATE Month 3 / Day 3 / Year / 26	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) PECOS COUNTY JUDGE		
14 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.					
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME REMILJO "REMIE" A. RAMOS	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 19,050.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 693.20
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 13,554.31
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 4,802.49
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$

18 SIGNATURE 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

Please complete either option below:

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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

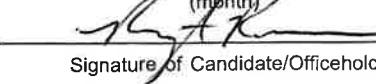
OR

**(2) Unsworn Declaration**

My name is Remilio A. Ramos, and my date of birth is 07/12/1982.

My address is 1504 Westwind, Fort Stockton, TX, 79735, US.  
(street) (city) (state) (zip code) (country)

Executed in Pecos County, State of Texas, on the 15 day of January, 2026.  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME <b>REMIJIO "REMIE" A. RAMOS</b>	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,050.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 580.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,544.31
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
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 C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

<b>The Instruction Guide explains how to complete this form.</b>			<b>1 Total pages Schedule A1: 4</b>
<b>2 FILER NAME</b> <b>REMIJIO "REMIE" A. RAMOS</b>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> 08/13/2025	<b>5 Full name of contributor</b> JOHN MORROW	<b>out-of-state PAC (ID#:</b> _____)	<b>7 Amount of contribution (\$)</b> <b>1,500.00</b>
	<b>6 Contributor address;</b> 5300 QUICKSAND COVE MIDLAND TX, 79707	City; State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 08/14/2025	<b>Full name of contributor</b> ARNA McCORKLE	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>500.00</b>
	<b>Contributor address;</b> PO BOX 1471 FORT STOCKTON TX, 79735	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 08/14/2025	<b>Full name of contributor</b> ROXIE INGRAM	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>2,000.00</b>
	<b>Contributor address;</b> 102 S SAGE FORT STOCKTON TX, 79735	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 08/19/2025	<b>Full name of contributor</b> RACHELLE YOUNG	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b> <b>2,000.00</b>
	<b>Contributor address;</b> 762 S. SYCAMORE, FORT STOCKTON TX, 79735	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>			

# 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 to complete this form.			1 Total pages Schedule A1: <b>4</b>
<b>2 FILER NAME</b> <b>REMIJIO "REMIE" A. RAMOS</b>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b>  08/19/2025	<b>5 Full name of contributor</b>  RAMIRO RAMOS	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b>  <b>3,000.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b>  09/04/2025	<b>Full name of contributor</b>  ALAN CHILDS	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>  <b>3,000.00</b>
<b>Contributor address:</b>  PO BOX 118 FORT STOCKTON TX, 79735		City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  09/15/2025	<b>Full name of contributor</b>  CHASE GLOWKA	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>  <b>500.00</b>
<b>Contributor address:</b>  31906 INCY TREAD CT. BULVERDE TX, 78163		City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  09/25/2025	<b>Full name of contributor</b>  JAMES McCAVITY	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>  <b>1,000.00</b>
<b>Contributor address:</b>  1509 W. 14TH FORT STOCKTON TX, 79735		City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: <b>4</b>
<b>2</b> FILER NAME <b>REMIJIO "REMIE" A. RAMOS</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  09/16/2025	<b>5</b> Full name of contributor  TOM BEVANS	out-of-state PAC (ID#: .....)	<b>7</b> Amount of contribution (\$)  <b>100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)	
<b>Date</b>  09/18/2025	<b>Full name of contributor</b>  ADELINA SALAZAR	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>  <b>250.00</b>
Contributor address;  1506 W. 7TH FORT STOCKTON TX, 79735		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b>  10/06/2025	<b>Full name of contributor</b>  ANDI GHANDI	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>  <b>1,000.00</b>
Contributor address;  PO BOX 1741 FORT STOCKTON TX, 79735		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b>  10/07/2025	<b>Full name of contributor</b>  BENTLY KING	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>  <b>1,000.00</b>
Contributor address;  PO BOX 400, FORT STOCKTON TX, 79735		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# 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 to complete this form.			1 Total pages Schedule A1: <b>4</b>
<b>2 FILER NAME</b> REMIJIO "REMIE" A. RAMOS			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> 10/20/2025	<b>5 Full name of contributor</b> J WEBB JENNINGS III	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>2,500.00</b>
<b>6 Contributor address;</b> 5903 PINE FOREST RD. HOUSTON TX, 77057		City; State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 09/27/2025	<b>Full name of contributor</b> PENNY SMITH	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>200.00</b>
<b>Contributor address;</b> PO BOX 391 FORT STOCKTON TX, 79735		City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 01/05/2026	<b>Full name of contributor</b> JESS MALONE	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>1,000.00</b>
<b>Contributor address;</b> PO BOX 1083 FORT STOCKTON TX, 79735		City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b>	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>
<b>Contributor address;</b>		City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking

Fees

Office Overhead/Rental Expense

Transportation Equipment & Related Expense

Consulting Expense

Food/Beverage Expense

Polling Expense

Travel In District

Contributions/Donations Made By Candidate/Officeholder/Political Committee

Gift/Awards/Memorials Expense

Printing Expense

Travel Out Of District

Credit Card Payment

Legal Services

Salaries/Wages/Contract Labor

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME REMILJO "REMIE" A. RAMOS	3 Filer ID (Ethics Commission Filers)	
4 Date 09/05/2025	5 Payee name SIGNS ON THE CHEAP		
6 Amount (\$) 6,802.43	7 Payee address; 11525-B STONEHOLLOW DR#220 Check if individual's residence address.	City; AUSTIN State; TX Zip Code 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description POLITICAL SIGNS	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/14/2025	Payee name IRAAN - SHEFFIELD LIVESTOCK ASSOCIATION		
Amount (\$) 500.00	Payee address; PO BOX 455 Check if individual's residence address.	City; IRAAN State; TX Zip Code 79744	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY CANDIDATE	Description ANNUAL DINNER SPONSORSHIP	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/10/2025	Payee name PECOS COUNTY REPUBLICAN PARTY		
Amount (\$) 750.00	Payee address; 1762 W. 48TH LANE Check if individual's residence address.	City; FORT STOCKTON State; TX Zip Code 79735	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description FILING FEE	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4</b>	2 FILER NAME <b>REMIJO "REMIE" A. RAMOS</b>	3 Filer ID (Ethics Commission Filers)				
4 Date <b>01/13/2026</b>	5 Payee name <b>DOLLAR TREE</b>	6 Amount (\$) <b>326.11</b>	7 Payee address; <b>1700 W. DICKINSON BLD</b> Check if individual's residence address.	City; <b>FORT STOCKTON</b>	State; <b>TX</b>	Zip Code <b>79735</b>
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(b) Description <b>CANDY &amp; TABLE COVERS</b>				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held		
Date <b>09/02/2025</b>	Payee name <b>AMAZON</b>					
Amount (\$) <b>1,316.01</b>	Payee address; <b>410 TERRY AVE NORTH</b> Check if individual's residence address.	City; <b>SEATTLE</b>	State; <b>WA</b>	Zip Code <b>98108</b>		
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE / ADVERTISING EXPENSE</b>	Description <b>PARADE ITEMS &amp; SIGNAGE STAKES</b>				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held		
Date <b>12/29/2025</b>	Payee name <b>VISTAPRINT</b>					
Amount (\$) <b>1,886.69</b>	Payee address; <b>275 WYMAN ST</b> Check if individual's residence address.	City; <b>WALTHAM</b>	State; <b>MA</b>	Zip Code <b>02451</b>		
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>PRINTED MATERIALS</b>				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>						

**POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME REMILJO "REMIE" A. RAMOS	3 Filer ID (Ethics Commission Filers)	
4 Date 12/04/2026	5 Payee name WALLACE LUMBER		
6 Amount (\$) 502.53	7 Payee address; 600 N. NELSON <small>Check if individual's residence address.</small>	City; State; Zip Code FORT STOCKTON TX 79735	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE / DONATION MADE BY CANDIDATE	(b) Description SIGN MATERIALS & LIGHTS DONATED TO HISTORICAL COMMISSION	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 09/05/2025	Payee name THE PRICKLY PEAR EMBROIDERY		
Amount (\$) 347.66	Payee address; 800 N. WATER <small>Check if individual's residence address.</small>	City; State; Zip Code FORT STOCKTON TX 79735	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description BANNERS, VINYL LETTERS, STICKERS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/09/2025	Payee name FAMILY DOLLAR		
Amount (\$) 242.48	Payee address; 300 E. 6TH <small>Check if individual's residence address.</small>	City; State; Zip Code IRAAN TX 79744	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) DONATION MADE BY CANDIDATE	Description IRAAN FIRE DEPT TOY DRIVE & PARADE	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME <b>REMIJO "REMIE" A. RAMOS</b>	3 Filer ID (Ethics Commission Filers)	
4 Date 01/13/2025	5 Payee name <b>REM RACRAM ENTERPRISES</b>		
6 Amount (\$) <b>880.40</b>	7 Payee address;  1516 W. 14TH	City; State; Zip Code  FORT STOCKTON TX 79735	
Check if individual's residence address.			
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE</b>	(b) Description  <b>FOOD AND DECORATIONS FOR MEET AND GREET</b>	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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