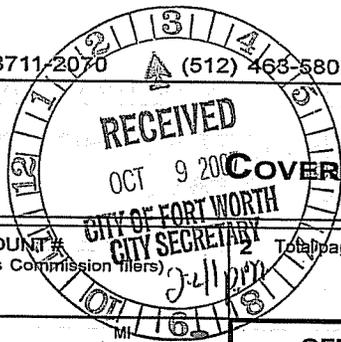


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT# (Ethics Commission filers) Total pages filed: **17**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR NICKNAME FIRST LAST MI SUFFIX
 MR. JUAN A.
 RANGE 1

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 2744 HEMPHILL FT. WORTH, TX 76110

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (817) 344-8681

6 CAMPAIGN TREASURER NAME

MS / MRS / MR NICKNAME FIRST LAST MI SUFFIX
 Ms. JUDY LYNN
 PHILLIPSON

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 1401 5TH AVE FT. WORTH TX 76104

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (817) 923-5234

9 REPORT TYPE

January 15 30th day before election Final report (Attach C/OH - FR) Exceeded \$500 limit
 July 15 8th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
 8 / 31 / 07 THROUGH 10 / 8 / 07

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year
 11 / 16 / 07 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

F.W. SCHOOL BOARD - DISTRICT 8

13 OFFICE SOUGHT (if known)

CITY COUNCIL - DISTRICT 9

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

N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code

N/A

additional pages

GO TO PAGE 2

OFFICE USE ONLY

Date Received

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

Date Processed

Date Imaged

Receipt #	Amount

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME Juan Rangel **16 ACCOUNT # (Ethics Commission Filers)**

17 NOTICE FROM POLITICAL COMMITTEE(S)

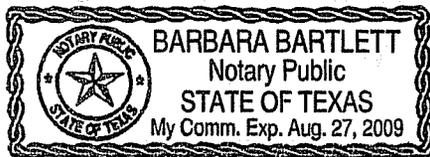
** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>N/A</u>
		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	\$ 1,500.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$11,750.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,956.13
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.



AFFIX NOTARY STAMP / SEAL ABOVE

Juan A. Rangel
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JUAN A. Rangel, this the 9 day of October, 2007, to certify which, witness my hand and seal of office.

Barbara Bartlett
Signature of officer administering oath

BARBARA BARTLETT
Printed name of officer administering oath

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>Juan Rangel</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8/31/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Josephine Martinez</i> 6 Contributor address; City; State; Zip Code <i>317 E. Drew Ft. Worth, TX 76110</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/31/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rosemary Galdiano</i> Contributor address; City; State; Zip Code <i>10241 E. Rancho Diego Ln, Crowley, TX 76036</i>	Amount of contribution (\$) <i>40.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/31/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. M. Rangel</i> Contributor address; City; State; Zip Code <i>3225 Indio St. Ft. Worth, TX 76133</i>	Amount of contribution (\$) <i>35.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/1/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jason Smith</i> Contributor address; City; State; Zip Code <i>2257 College Ave, Ft. Worth, TX 76110</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/10/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anael Luebanos</i> Contributor address; City; State; Zip Code <i>3713 Gordon Ave, Fortworth, TX 76110</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B:

2 FILER NAME

Juan Rangel

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

9/11/07

6 Full name of pledgor out-of-state PAC (ID#: _____)

S. C. Balandran

7 Pledgor address; City; State; Zip Code

2401 Summit View Dr., Bedford, TX 76021

8 Amount of pledge (\$)

200.00

9 In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

9/11/07

Full name of pledgor out-of-state PAC (ID#: _____)

John Menchaca

Pledgor address; City; State; Zip Code

2400 Winton Terrace W., Ft. Worth, TX 76109

Amount of pledge (\$)

100.00

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/11/07

Full name of pledgor out-of-state PAC (ID#: _____)

Mike Martinez

Pledgor address; City; State; Zip Code

P.O. Box 100523, Ft. Worth, TX 76185

Amount of pledge (\$)

250.00

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/11/07

Full name of pledgor out-of-state PAC (ID#: _____)

Cathy and Avisael Hernandez

Pledgor address; City; State; Zip Code

3332 Park Lake Drive, Ft. Worth, TX 76133

Amount of pledge (\$)

50.00

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/07

Full name of pledgor out-of-state PAC (ID#: _____)

Pauline Valenciano

Pledgor address; City; State; Zip Code

216 E. Shaw, Ft. Worth, TX 76110

Amount of pledge (\$)

25.00

In-kind description (if applicable)

(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>Juan Rangel</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>9/11/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan and Welda Perez</i> 6 Contributor address; City; State; Zip Code <i>4605 Woodstone Ct. Arl. Tx 76016</i>	7 Amount of contribution (\$) <i>200.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9/4/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roberta and Fernando Florez</i> Contributor address; City; State; Zip Code <i>2740 Hemphill, Ft. Worth, Tx 76110</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/11/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Lerma</i> Contributor address; City; State; Zip Code <i>P.O. Box 7150, Ft. Worth, Tx 76111</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/10/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Esther Herrera</i> Contributor address; City; State; Zip Code <i>1905 Kings Canyon Dr. Ft. Worth, Tx 76134</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/11/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda Foley</i> Contributor address; City; State; Zip Code <i>3900 White Settlement #20, Ft. Worth, TX 76107</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages this Schedule B:	
2 FILER NAME <i>Juan Rangel</i>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$
5 Date <i>9/11/07</i>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sergio Deleon</i>	8 Amount of pledge (\$) <i>250.00</i>	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code <i>4521 Diaz Avenue, Ft. Worth, TX 76107</i>		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date <i>9/11/07</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Deleon Campaign Committee</i>	Amount of pledge (\$) <i>250.00</i>	In-kind description (if applicable)
Pledgor address; City; State; Zip Code <i>P.O. Box 470743, Ft. Worth, TX 76147</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/11/07</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ron Applewhite</i>	Amount of pledge (\$) <i>100.00</i>	In-kind description (if applicable)
Pledgor address; City; State; Zip Code <i>9112 Hwy 80 W 302, Ft. Worth, TX 76116</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/13/07</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Philip Vasquez</i>	Amount of pledge (\$) <i>100.00</i>	In-kind description (if applicable)
Pledgor address; City; State; Zip Code <i>6350 Montego Ct. Ft. Worth, TX 76116</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/14/07</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Abrams</i>	Amount of pledge (\$) <i>500.00</i>	In-kind description (if applicable)
Pledgor address; City; State; Zip Code <i>P.O. Box 1278, Ft. Worth, TX 76101</i>		(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
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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>Juan Rangel</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>9/19/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rudy Renteria</i> 6 Contributor address; City; State; Zip Code <i>2915. S. Jennings, Ft. Worth, TX 76110</i>	7 Amount of contribution (\$) <i>2500</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9/22/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tony and Mary DeWalle</i> Contributor address; City; State; Zip Code <i>1313 W. Shaw, Fort Worth, TX 76112</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/19/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John and Jane Avila</i> Contributor address; City; State; Zip Code <i>2452 Winton Terrace E. Ft. Worth, TX 76109</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/23/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Victor and Virginia Puente</i> Contributor address; City; State; Zip Code <i>P.O. Box 612248, DF/W, TX 75261</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/20/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Berta Banta</i> Contributor address; City; State; Zip Code <i>3201 Hilldale Rd, Ft Worth, TX 76116</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages this Schedule B:	
2 FILER NAME <i>Juan Rangel</i>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$	
5 Date <i>9/23/07</i>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alex and Maryellen Jimenez</i>	8 Amount of pledge (\$) <i>500.00</i>	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code <i>245 Willow Ridge, Ft. Worth, Tx 76103</i>		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date <i>9/14/07</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Larry and Shari Shaw</i>	Amount of pledge (\$) <i>1,500.00</i>	In-kind description (if applicable)
Pledgor address; City; State; Zip Code <i>3903 Kingsferry Ct, ARL, TX 76016</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/22/07</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan and Ruth Blanco</i>	Amount of pledge (\$) <i>300.00</i>	In-kind description (if applicable)
Pledgor address; City; State; Zip Code <i>1232 W. Devitt, Ft. Worth, TX 76110</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/28/07</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fort Worth Fire Fighters Com. for Responsible Government</i>	Amount of pledge (\$) <i>2,500.00</i>	In-kind description (if applicable)
Pledgor address; City; State; Zip Code <i>417 W. Retta, Ft. Worth, TX 76111</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/8/07</i>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Klinebarger, Goggan, Blair and Sampson, LLP</i>	Amount of pledge (\$) <i>500.00</i>	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.

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>Juan Rangel</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9/10/07</i>	5 Payee name <i>Staples</i> 6 Payee address; City; State; Zip Code <i>1660 S. University Dr, Ft. Worth, TX 76107</i>	8 Amount (\$) <i>24.27</i> <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign office supplies</i> (If travel outside of Texas, complete Schedule T)		
Date <i>9/11/07</i>	Payee name <i>Harland Checks</i> Payee address; City; State; Zip Code	Amount (\$) <i>30.19</i> <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign Checks</i> (If travel outside of Texas, complete Schedule T)		
Date <i>9/11/07</i>	Payee name <i>Staples</i> Payee address; City; State; Zip Code <i>1660 S. University Dr. Ft. Worth, TX 76107</i>	Amount (\$) <i>35.43</i> <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign Office Supplies</i> (If travel outside of Texas, complete Schedule T)		
Date <i>9/11/07</i>	Payee name <i>Party Warehouse</i> Payee address; City; State; Zip Code <i>6550 Camp Bowie Blvd. Ft. Worth, TX 76116</i>	Amount (\$) <i>17.20</i> <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Supplies for Campaign Kick-off</i> (If travel outside of Texas, complete Schedule T)		
Date <i>9/12/07</i>	Payee name <i>Fast Signs</i> Payee address; City; State; Zip Code <i>6501 Camp Bowie Blvd, Ft. Worth, TX 76116</i>	Amount (\$) <i>101.90</i> <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)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

W/A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$)
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	Business name Business address; City; State; Zip Code	Amount (\$)
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	Business name Business address; City; State; Zip Code	Amount (\$)
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	Business name Business address; City; State; Zip Code	Amount (\$)
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	Business name Business address; City; State; Zip Code	Amount (\$)
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

LOANS		SCHEDULE E	
<i>N/A</i>			
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$	
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)	
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code		18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)	
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
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 <i>Juan Rangel</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9/12/07</i>	5 Payee name <i>Albertson's Grocery</i> 6 Payee address; City; State; Zip Code <i>3120 University Dr., Ft. Worth, TX 76109</i>	7 Amount (\$) <i>56.13</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Food and drinks for Campaign Kick-off</i> (If travel outside of Texas, complete Schedule T)		9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Date <i>9/14/07</i>	Payee name <i>Designer Graphics</i> Payee address; City; State; Zip Code <i>12409 Hwy. 155 So., Tyler, TX 75703</i>	Amount (\$) <i>2,635.33</i>
Purpose of payment (See instructions regarding type of information required.) <i>Campaign signs and literature</i> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Date <i>9/28/07</i>	Payee name <i>Albertson's Grocery</i> Payee address; City; State; Zip Code <i>3120 University Dr., Ft. Worth, TX 76109</i>	Amount (\$) <i>55.68</i>
Purpose of payment (See instructions regarding type of information required.) <i>Food and bottled water for walkers</i> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Date <i>10/8/07</i>	Payee name <i>Designer Graphics</i> Payee address; City; State; Zip Code <i>12409 Hwy. 155 So., Tyler, TX 75703</i>	Amount (\$) <i>2,000.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Signs and literature</i> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held

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LOANS

SCHEDULE E

N/A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code		10 Interest rate
			11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor		18 Amount Guaranteed (\$)
	17 Guarantor address; City; State; Zip Code		
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code		Interest rate
			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal Occupation		Employer	

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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		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount (\$)
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 Payee address; City; State; Zip Code	Amount (\$)
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 Payee address; City; State; Zip Code	Amount (\$)
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 Payee address; City; State; Zip Code	Amount (\$)
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 Payee address; City; State; Zip Code	Amount (\$)
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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

W/A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule I:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information required.)	

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

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

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

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

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CREDITS (optional)

SCHEDULE K

M/A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
7 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

N/A

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-T <input type="checkbox"/> SPAC-T		
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-T <input type="checkbox"/> SPAC-T		
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-T <input type="checkbox"/> SPAC-T		
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)	
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