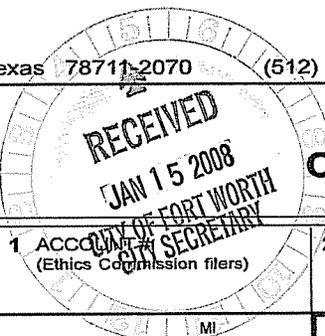


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1



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

1 ACCOUNTING (Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

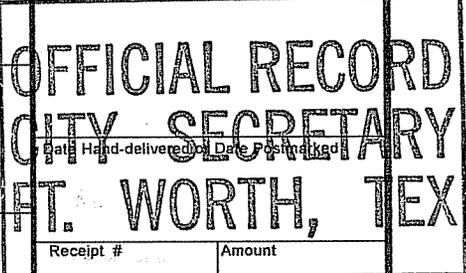
MS / MRS / MR FIRST MI  
 NICKNAME LAST SUFFIX  
 Mr. Juan Rangel

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 Change of Address   
 2724 Hemphill, Ft. Worth, TX 76110



Date Hand-delivered Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (817) 344-8681

Receipt # Amount

Date Processed

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
 NICKNAME LAST SUFFIX  
 Ms Judy L. Phillipson

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 1401 5th Avenue Fort Worth, Texas 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  
 12 / 10 / 07 1 / 15 / 08

11 ELECTION

ELECTION DATE ELECTION TYPE  
 Month Day Year  Primary  Runoff  General  Special  
 12 / 18 / 07

12 OFFICE

OFFICE HELD (if any)  
 F.W. School Board - District 8

13 OFFICE SOUGHT (if known)  
 City Council, FW 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

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

additional pages

GO TO PAGE 2

**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"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <p style="text-align: center;"><u>N/A</u></p>
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>18 CONTRIBUTION TOTALS</b>	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)	\$ <u>15,798.02</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>14,053.37</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1638.00</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**19 AFFIDAVIT**

BARBARA BARTLETT  
Notary Public  
STATE OF TEXAS  
My Comm. Exp. Aug. 27, 2009

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.

Juan A. Rangel  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JUAN A. RANGEL, this the 15 day of January, 2008, 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

notary  
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>Dec. 18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda Clark</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3030 Willing Ave., Ft. Worth, TX 76110</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>Dec. 12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan and Welda Perez</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4605 Woodstone Ct, APL, TX 76016</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>Dec. 9</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gloria and Rufino Mendoza</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5505 Rutland Ave, Ft Worth, TX 76133</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>Dec. 12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mr + Mrs Joe P. Ross</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4308 Inwood Rd, Fort Worth, TX 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Breg Hushes</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2544 Stadium Dr, Ft Worth, TX 76109</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**

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>12-8</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>T.R. Carreon</i> 6 Contributor address; City; State; Zip Code <i>4200 Bridgeview Dr. Apt. 16 26, Ft. Worth 76109</i>	7 Amount of contribution (\$) <i>30.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>Dec. 7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>De Leon Campaign Committee</i> Contributor address; City; State; Zip Code <i>P.O. Box 470943, Ft. Worth, TX 76147</i>	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>313.93 magnetic car signs</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>Dec. 4</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sal Espino</i> Contributor address; City; State; Zip Code <i>4920 Robinson St. Ft. Worth, TX 76114</i>	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>1,243.42 political mailings</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jason Smith</i> Contributor address; City; State; Zip Code <i>College Ave Ft. Worth, TX 76110</i>	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>\$42.00 coffee for campaign workers</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12-6</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jason Smith</i> Contributor address; City; State; Zip Code <i>College Ave, Ft. Worth, TX 76110</i>	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>20.00 Fairmount Neighborhood Assoc. Membership</i>
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>12-14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>De Leon Campaign Committee</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>P.O. Box 470743, Ft. Worth, TX 76147</i>		<i>123.00 postage for neighborhood mailings</i>
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date <i>10-31</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>De Leon Campaign Committee</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>P.O. Box 470743, Ft. Worth, TX 76147</i>		<i>164.00 postage for neighborhood mailings</i>
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <i>12-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Brender</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>600 8th Avenue Ft. Worth, TX 76110</i>	<i>500.00</i>	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <i>12-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Professional Firefighters Com.</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>417 N. Ketta, Ft. Worth, TX 76111</i>		<i>24.41 Labor</i>
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <i>12-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Professional Firefighters Committee</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>417 N. Ketta, Ft. Worth, TX 76111</i>		<i>112.00 Labor</i>
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
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>12/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Professional Firefighters Committee</i> 6 Contributor address; City; State; Zip Code <i>417 W. Retta, Ft. Worth, TX 76111</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <i>9,442.18</i> <i>Labor</i>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date <i>12-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Professional Firefighters Committee</i> Contributor address; City; State; Zip Code <i>417 W. Retta, Ft. Worth, TX 76111</i>	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>87.30</i> <i>mileage</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date <i>12-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Professional Firefighters Committee</i> Contributor address; City; State; Zip Code <i>417 W. Retta, Ft. Worth, TX 76111</i>	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>912.67</i> <i>printing</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date <i>12-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Professional Firefighters Committee</i> Contributor address; City; State; Zip Code <i>417 W. Retta, Ft. Worth, TX 76111</i>	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>1,690.65</i> <i>printing</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date <i>1211</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Professional Firefighters Committee</i> Contributor address; City; State; Zip Code <i>417 W. Retta, Ft. Worth, TX 76111</i>	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>292.46</i> <i>supplies</i>
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** **SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME *Juan Rangel* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>Jan. 10</i>	5 Payee name <i>Sam Balandran</i> 6 Payee address; City; State; Zip Code <i>2401 Summit View Dr, Bedford, TX 76021</i>	7 Amount (\$) <i>\$165.00</i>
--------------------------	---	----------------------------------

8 Purpose of payment (See instructions regarding type of information required.) <i>Election night rentals &amp; food</i> (If travel outside of Texas, complete Schedule T)	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
--	--

Date <i>Jan. 10</i>	Payee name <i>AT&amp;T</i> Payee address; City; State; Zip Code <i>P.O. Box 630047, Dallas, TX 75263-0047</i>	Amount (\$) <i>\$194.32</i>
------------------------	--	--------------------------------

Purpose of payment (See instructions regarding type of information required.) <i>Campaign Telephones</i> (If travel outside of Texas, complete Schedule T)	<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
--	--

Date <i>Dec. 26</i>	Payee name <i>Line Printing Co.</i> Payee address; City; State; Zip Code <i>2808 Shamrock Ave, Suite C, Ft. Worth, TX 76107</i>	Amount (\$) <i>\$286.86</i>
------------------------	--	--------------------------------

Purpose of payment (See instructions regarding type of information required.) <i>Campaign Printing</i> (If travel outside of Texas, complete Schedule T)	<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
--	--

Date <i>Jan. 10</i>	Payee name <i>Line Printing Co.</i> Payee address; City; State; Zip Code <i>2808 Shamrock Ave, Suite C, Ft. Worth, TX 76107</i>	Amount (\$) <i>\$162.35</i>
------------------------	--	--------------------------------

Purpose of payment (See instructions regarding type of information required.) <i>Campaign Printing</i> (If travel outside of Texas, complete Schedule T)	<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
--	--

**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 *Juan Rangel* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>Dec. 11</i>	5 Payee name <i>Aguila Consulting</i> 6 Payee address; City; State; Zip Code <i>P.O. Box 11533, Ft. Worth, TX 76111</i>	7 Amount (\$) <i>\$1651.92</i>
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8 Purpose of payment (See instructions regarding type of information required.) <i>4x4 signs and yard signs</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>Complete if direct expenditure to benefit C/OH</b> Candidate / Officeholder name Office sought Office held
--	--

Date <i>12-11</i>	Payee name <i>Fernando Florez</i> Payee address; City; State; Zip Code <i>2740 Hemphill, Ft. Worth, TX 76110</i>	Amount (\$) <i>\$1451.71</i>
----------------------	---	---------------------------------

Purpose of payment (See instructions regarding type of information required.) <i>Campaign office expenses</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>Complete if direct expenditure to benefit C/OH</b> Candidate / Officeholder name Office sought Office held
--	--

Date <i>12-18</i>	Payee name <i>Painter Communication</i> Payee address; City; State; Zip Code <i>309 Washington St. #2111, Conshohock, Penn. 19428</i>	Amount (\$) <i>\$2,000.00</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Voter Contact Strategies - phones</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>Complete if direct expenditure to benefit C/OH</b> Candidate / Officeholder name Office sought Office held
---	--

Date <i>Dec. 13</i>	Payee name <i>Post Master</i> Payee address; City; State; Zip Code <i>2624 8th Avenue, Ft. Worth, TX 76110</i>	Amount (\$) <i>\$1205.00</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Stamps</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>Complete if direct expenditure to benefit C/OH</b> Candidate / Officeholder name Office sought Office held
--	--

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME <i>Juan Rangel</i>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date <i>Dec. 15</i>	<b>5</b> Payee name <i>Star Bucks</i> <b>6</b> Payee address; City; State; Zip Code <i>University, Ft. Worth, TX</i>	<b>7</b> Amount (\$) <i>12.99</i>
<b>8</b> Purpose of payment (See instructions regarding type of information required.) <i>Coffee for campaign workers</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>9</b> <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held	
Date <i>Dec. 15</i>	Payee name <i>Pauls Donuts</i> <b>6</b> Payee address; City; State; Zip Code <i>1324 Hemphill, Fort Worth, TX 76104</i>	Amount (\$) <i>\$10.68</i>
Purpose of payment (See instructions regarding type of information required.) <i>Donuts for campaign workers</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>9</b> <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held	
Date <i>Dec. 15</i>	Payee name <i>Post Master</i> <b>6</b> Payee address; City; State; Zip Code <i>2024 8<sup>th</sup> Ave, Fortworth, TX</i>	Amount (\$) <i>\$182.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Stamps</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>9</b> <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held	
Date <i>Dec. 15</i>	Payee name <i>Family Dollar</i> <b>6</b> Payee address; City; State; Zip Code <i>2606 Hemphill, Ft. Worth, TX 76110</i>	Amount (\$) <i>\$18.18</i>
Purpose of payment (See instructions regarding type of information required.) <i>Drinks for campaign workers</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>9</b> <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held	

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 *Juan Rangel* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>Dec. 18</i>	5 Payee name <i>Aguila Consulting</i> 6 Payee address; City; State; Zip Code <i>P.O. Box 11533, Ft. Worth, TX 76111</i>	7 Amount (\$) <i>\$1500.00</i>
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8 Purpose of payment (See instructions regarding type of information required.) <i>Consulting Fee</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
--	--

Date <i>Dec. 17</i>	Payee name <i>Aguila Consulting</i> Payee address; City; State; Zip Code <i>P.O. Box 11533, Ft. Worth, TX 76111</i>	Amount (\$) <i>5,207.19</i>
------------------------	--	--------------------------------

Purpose of payment (See instructions regarding type of information required.) <i>Automated phone services Direct mail and voter contact strategies</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
---	--

Date <i>Dec. 16</i>	Payee name <i>Aguila Consulting</i> Payee address; City; State; Zip Code <i>P.O. Box 11533, Ft. Worth, TX 76111</i>	Amount (\$) <i>6,000.00</i>
------------------------	--	--------------------------------

Purpose of payment (See instructions regarding type of information required.) <i>Voter Outreach strategies (Field Program)</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
---	--

Date <i>Dec. 15</i>	Payee name <i>Aguila Consulting</i> Payee address; City; State; Zip Code <i>P.O. Box 11533, Ft. Worth, TX 76111</i>	Amount (\$) <i>3,380.42</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Direct mail and voter contact strategies</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
--	--

**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 <i>Juan Rangel</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>Dec. 18</i>	5 Payee name <i>What-a-Burger</i>	7 Amount (\$) <i>24.75</i>
6 Payee address; City; State; Zip Code <i>2604 Hemphill, Ft. Worth, TX 76110</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Food for Campaign workers</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name      Office sought      Office held
Date <i>Dec. 7</i>	Payee name  Payee address;      City;      State;      Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<b>.. Complete if direct expenditure to benefit C/OH ..</b> 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.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<b>.. Complete if direct expenditure to benefit C/OH ..</b> 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.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name      Office sought      Office held

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

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
<b>6</b> Payee address; City; State; Zip Code		
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<b>9</b> ** 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
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# POLITICAL EXPENDITURES

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**POLITICAL EXPENDITURES**

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