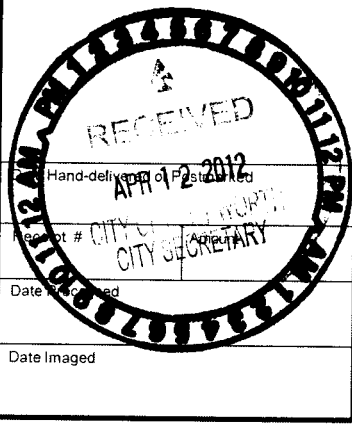


**OFFICIAL RECORD**  
**CITY SECRETARY**  
**FT. WORTH, TEX**

**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)	2 Total pages filed: <b>14</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b> NICKNAME <b>RAMON</b>	FIRST <b>RAMON</b> LAST <b>ROMERO</b>	MI  SUFFIX <b>JR</b>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <b>1204 NASHVILLE AVE. FW. TX 76105</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(817)</b>	PHONE NUMBER <b>536-0655</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Ms.</b> NICKNAME <b>DURAN</b>	FIRST <b>ROSA</b> LAST <b>ALICIA</b>	MI  SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <b>3320 VIEW ST FORT WORTH, TX 76103</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(817)</b>	PHONE NUMBER <b>917-5819</b>	EXTENSION <b>---</b>
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>2 13 / 2012    4 2 / 2012</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>5 12 2012</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>Fort Worth City Council District 8</b>	



**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

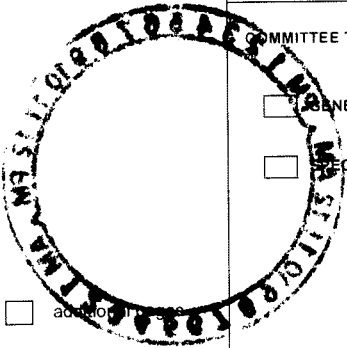
14 C/OH NAME

*Ramon Romero Jr*

15 ACCOUNT # (Ethics Commission Filers)

16 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.



COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 231.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9,181.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 5,112.85

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 4,299.15

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 5,000.00

18 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.

*[Signature]*

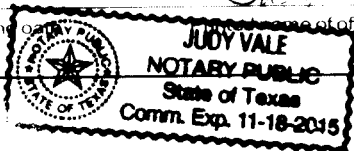
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ramon Romero Jr., this the 12 day of April, 2012, to certify which, witness my hand and seal of office.

*Judy Vale*  
Signature of officer administering oath

*Judy Vale*  
Title of officer administering oath



See Attachment **A**

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1/1

2 FILER NAME **RAMON ROMERO JR**

3 ACCOUNT # (Ethics Commission Filers)

4 Date 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 Schedule B:

2 FILER NAME

*RAMON ROMEROLO N/A*

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date

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

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Amount of pledge (\$)

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)

Date

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

Amount of pledge (\$)

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)

Date

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

Amount of pledge (\$)

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)

Date

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

Amount of pledge (\$)

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 SCHEDULE AS NEEDED**

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

1/1

**Political Contributions Other Than Pledges or Loans**

**Schedule A**



Date	Name	Address	Amount of Contribution
2/16/2012	Elvin E. Bennett	PO BOX 51320 Fort Worth, TX 76016	\$50.00
2/23/2012	Christina Palacios	613 Raven Dr. Saginaw, TX 76131	\$100.00
2/23/2012	Dawn W. Masterson	4100 CR 312A Alvarado, TX 76009	\$100.00
2/25/2012	Cindy J. Crain	284 Gail Dr. Weatherford, TX 76085	\$150.00
2/28/2012	Bart Green	2701 Park Run Dr. Arlington, TX 76016	\$500.00
2/28/2012	Bart Smith	3600 Woodard Ave Cleburne, TX 76033	\$50.00
2/29/2012	Artistic Stoneworks & Tile	2801 Ave E. Fort Worth, TX 76105	\$500.00
3/7/2012	Robert & Marsha Rothermel	2601 Harborside Dr. Granbury, TX 76048	\$100.00
3/8/2012	Andy & Janet Cox	3707 Big Bear Lake Dr. Arlington, TX 76016	\$100.00
3/9/2012	Mike Clark	1212 Little Stone Ln. Burleson, TX 76028	\$100.00
3/9/2012	Noble Tile Supply	11215 Shady Trail. Dallas, TX 75229	\$450.00
3/13/2012	Vreeland Construction, INC	200 Arthur St. Fort Worth, Tx 76107	\$150.00
3/14/2012	Robert G. West	301 Commerce St. Suite 3500 FW, TX 76102	\$200.00
3/16/2012	Carrillo Funeral Directors, INC	2301 Ephriham Ave. Fort Worth, TX 76106	\$300.00
3/16/2012	Donald Boren	1755 Martel Ave. Fort Worth, TX 76103	\$100.00
3/16/2012	Donna Vincent	308 Lark Ln. Euless, TX 76039	\$50.00
3/16/2012	Hector Ruiz	5201 Meadowbrook Dr. Fort Worth, TX 76112	\$200.00
3/16/2012	Jaime & Clara Favela	705 Lloyd Ave. Fort Worth, TX 76103	\$50.00
3/16/2012	Jose & Wendy Romero	2501 Mitchell Blvd, Fort Worth, TX 76105	\$50.00
3/16/2012	Jose Romero	2711 Ave D. Fort Worth, TX 76105	\$50.00
3/16/2012	Laura C Herrera	5514 Homestead Rd. Arlington, TX 76017	\$100.00
3/16/2012	Ramona Valadez & Rudy Flores	3742 E 4th St, Fort Worth, TX 76111	\$50.00
3/16/2012	Rick & Becky Cox	16 Forest Dr. Mansfield, TX 76063	\$200.00
3/19/2012	Robert K. White	6221 County Rd 809 Cleburne, TX 76031	\$50.00
3/20/2012	Caroline M. Dulle	1217 Clover Ln. Fort worth, TX 76107	\$100.00
3/20/2012	Steve Murrin Jr.	500 NE 23rd St. Fort Worth, TX 76164	\$500.00
3/22/2012	Domingo A. Garcia	400 S Zang Blvd Suite 600 Dallas, TX 75208	\$1,000.00
3/22/2012	Elizabeth & J. Scott Tindall	3533 Ranch View Terrace Fort Worth, TX 76109	\$500.00
3/22/2012	Jack O. Gratch	15 Bounty Rd. E. Fort worth, TX 76132	\$300.00
3/22/2012	Janet & Roger Jackson	2109 Carleton Ave. Fort Worth, TX 76107	\$100.00
3/22/2012	Joseph M. Walker	PO BOX 820217 Fort Worth, TX 76182	\$250.00
3/24/2012	Brookville Hayworth LLC	16192 Coastal Hwy, Lewes, Delaware 19958	\$500.00
3/28/2012	Dan & Lana Steblay	101 N.W. Newton St. Burleson, TX 76028	\$500.00
3/28/2012	Sameer Dalal	413 W Rosedale St. Apt 101 Fort Worth, TX 76104	\$500.00
3/29/2012	Salvador Espino	1205 N. Main St. Fort Worth, TX 76164	\$500.00
3/29/2012	Sameer Dalal	413 W Rosedale St. Apt 101 Fort Worth, TX 76104	\$500.00
3/30/2012	Randy Dukes	1100 Elizabeth Blvd. Fort Worth, TX 76110	\$100.00
			<b>\$8,950.00</b>

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Ramon Romero Jr.

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

2/14/12

7 Name of lender

Romo Romero

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

5,000.00

6 Is lender a financial institution?

Y  N

8 Lender address: City; State; Zip Code

421 Conner Ave, Ft Worth, TX 76105

10 Interest rate

0

11 Maturity date

-

12 Principal occupation / Job title (See Instructions)

Self - Candidate

13 Employer (See Instructions)

Self-Employed

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

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

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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

Sep Attachment (F)

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <u>1</u>	<b>2</b> FILER NAME <u>Ramon Romeo Jr</u>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
---	---	---

<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)	<b>7</b> Payee address;      City; State; Zip Code
----------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	--	---

<b>9</b> 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
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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**

**Political Expenditures**

**Schedule F**

1/1  
\*

Date	Payee Name	Payee Address	Purpose of Payment	Amount
3/2/2012	Carlos Gonzalez	1510 NW 28th St, Fort Worth, TX 76164	Printing expense	\$ 400.00
3/9/2012	Inova	602 Magic Mile, Arlington, TX 76011	Printing expense	\$ 2,916.00
3/12/2012	Fast Signs	3100 handley-ederville rd ste E Richland Hills, TX 76118	Printing expense	\$ 674.67
3/16/2012	Taylor's Rental	P.O Box, 470764, Fort Worth, TX 76147	Event expense	\$ 75.78
3/20/2012	Kinkos	901 Houston St Fort Worth, TX 76102-6226	Printing expense	\$ 107.33
3/23/2012	Jackpot Sanitation	3324 Roy Orr Blvd, Grand Prairie, TX 75050	Event expense	\$ 173.20
3/23/2012	La Playita	3025 Cleburne Road, Fort Worth, TX 76110	Event/Food expense	\$ 388.18
3/28/2012	Constant Contact	866-2892101 MA	Printing expense	\$ 31.98
3/30/2012	Cathy Ruiz	5201 Meadowbrook dr, fort worth, TX 76112	Event expense	\$ 297.81
4/5/2012	FedEx/Kinkos	901 Houston St Fort Worth, TX 76102-6226	Printing expense	\$ 47.90
<b>Total Spent</b>				<b>\$ 5,112.85</b>



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 FILER NAME **Ramon Romo Jr. N/A** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 5 Payee name

6 Amount (\$) 7 Payee address; City; State; Zip Code  
 Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)

Date Payee name

Amount (\$) Payee address; City; State; Zip Code  
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Date Payee name

Amount (\$) Payee address; City; State; Zip Code  
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Date Payee name

Amount (\$) Payee address; City; State; Zip Code  
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <b>Roman Roman Jr. W/A</b>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	---	--

4 Date	5 Business name
--------	-----------------

6 Amount (\$)	7 Business address; City; State; Zip Code
---------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME <i>Roman Romeo Jr. N/A</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

Roman Romero Jr. N/A

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

*Ramon Roman Jr. N/A*

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

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:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
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Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Filers)

### 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

### 4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

#### A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

#### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

### 5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder