

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:

14

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

MR.

RANON

NICKNAME

LAST

SUFFIX

ROMERO

JR

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

change of address

1204 NASHVILLE Ave. Ft Worth TX 76105

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

536-0655

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Ms.

Rosa Alicia

NICKNAME

LAST

SUFFIX

DURAN

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3320 VIEW ST Ft Worth, TX 76103

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( )

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

THROUGH

Month

Day

Year

4 / 3 / 2012

5 / 2 / 2012

11 ELECTION

Month

Day

Year

5 / 12 / 2012

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Ft Worth City Council DISTRICT 8

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)

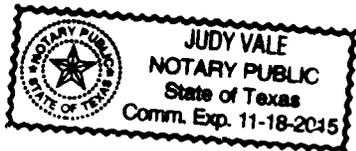
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ 120.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,080.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,668.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,479.71
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.



*[Handwritten 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 4 day of May, 2013, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Judy Vale  
Printed name of officer administering oath

Notary Public  
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)

<b>4</b> Date	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>7</b> Amount of contribution (\$)	<b>8</b> In-kind contribution description (if applicable)
	<b>6</b> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.

Attachment (A)

## Political Contributions Other Than Pledges or Loans

Date	Name	Address	Amount of Contribution
4/3/2012	Christina Palacios	613 Raven Dr. Saginaw, TX 76131	\$100.00
4/26/2012	Philip Murrin	1809 Westover Square Dr. Fort Worth, TX 76107	\$250.00
4/4/2012	Linebarger Goggan Blair & Sampson, LLP	P.O. Box 17428 Austin, TX 78760	\$250.00
4/5/2012	Mr. & Mrs. Ramon Guajardo	4237 Calmont Fort Worth, TX 76107	\$250.00
4/26/2012	Patsy C. Zimmerman	908 Roaring Springs Rd. Fort Worth, TX 76114	\$250.00
4/26/2012	Arthur J. Dickerson	6909 Shadow Creek Ct. Fort Worth, TX 76132	\$250.00
4/26/2012	Jason M. Taylor	100 Crescent Court, Suite 525 Dallas, TX 75201	\$250.00
4/9/2012	William T. Ellis	6932 Shadow Creek Ct. Fort Worth, TX 76132	\$250.00
4/26/2012	R. Denny Alexander	4200 S. Hulen St. Suite 617 FW, TX 76109	\$250.00
4/26/2012	R. W. Moncrief	301 Commerce St. Suite 3600 FW, TX 76102	\$250.00
4/26/2012	W. A. Moncrief Jr.	950 Commerce St. Fort Worth, TX 76102	\$250.00
4/26/2012	William S. Davis	P.O. Box 122269 Fort Worth, TX 76121	\$500.00
4/10/2012	FW Mason Heights, LP.	9555 Harmon Road, Suite 200 FW, TX 76177	\$1,000.00
4/11/2012	Elaine & Timothy Petrus	3736 Country Club Cir. Fort Worth, TX 76109	\$250.00
4/26/2012	Clifton H. Morris Jr.	1409 Indian Creek Dr. Fort Worth, TX 76107	\$250.00
4/26/2012	James E. Rainbolt	6221 Indian Creek Dr. Fort Worth, TX 76107	\$250.00
4/26/2012	Kenneth H. Jones Jr.	6121 Merrymount Rd. Fort Worth, TX 76107	\$250.00
4/26/2012	Dick Elkins	128 S. Saginaw Blvd. Saginaw, TX 76179	\$250.00
4/26/2012	Martha V. Leonard	1411 Shady Oaks Ln. Fort Worth, TX 76107	\$250.00
4/26/2012	Tom D. Chambers	301 Commerce St. Suite 3025 FW, TX 76102	\$250.00
4/26/2012	Paul E. Andrews Jr.	700 Jenkins Rd. Aledo, TX 76008	\$300.00
4/26/2012	Mr. & Mrs. David S. Sykes	2000 Spanish Tr. Fort Worth, TX 76107	\$500.00
4/14/2012	Rafael & Carolyn Surita	3404 Ryan Ave. Fort Worth, TX 76110	\$60.00
4/14/2012	Carlos & Gloria Garcia	3916 Schwartz Ave. Fort Worth, TX 76106	\$70.00
4/14/2012	Daniel Pena	6524 Oak Forest Ct. Fort Worth, TX 76112	\$80.00
4/14/2012	De La Torre Optical, Inc.	2120 W. Colorado Blvd. Dallas, TX 75211	\$80.00
4/14/2012	United Construction	5201 Meadowbrook Dr. Fort Worth, TX 76112	\$80.00
4/14/2012	Juvenal & Rosalba Huerta	8928 Saranac Tr. Fort Worth, TX 76118	\$100.00
4/14/2012	Urban Contractors	817 W. Daggett Ave. Fort Worth, TX 76104	\$150.00
4/15/2012	James & Gloria Austin	2017 Teakwood Trice Fort Worth, TX 76112	\$140.00
4/16/2012	Breck & Shannon Ray	1401 Thomas Place Fort Worth, TX 76107	\$50.00
4/17/2012	Greater FW Association of Realtors for Pac- Noncorporate	2650 Parkview Dr. Fort Worth, TX 76102	\$1,500.00
			<b>\$8,960.00</b>

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

RAMON Romero, Jr 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.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

RANDON ROMERO JR MA

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

7 Name of lender     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

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.

See Attachment

(F)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1/1	2 FILER NAME: RAMON RAMIRO JR	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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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)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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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
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Date	Payee name
------	------------

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

Amount (\$)	Payee address; City; State; Zip Code
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Attachment F

## Political Expenditures

Date	Payee	Payee Address	Purpose of Payment	Amount
4/5/2012	Tarrant County	2700 Premier Street Fort Worth, TX 76111	Printing expense	\$ 40.00
4/9/2012	Staples	5650 Overton Ridge Boulevard, Fort Worth, TX 76132	Printing expense	\$ 63.57
4/12/2012	Rebecca's	1001 s. main st, euless tx 76040	Event expense	\$ 54.87
4/11/2012	Sycamore Creek Golf Course	401 Martin Luther King Fwy, Fort Worth, TX 76104	Event expense	\$ 902.00
4/16/2012	Diane Ontiveros	4769 Trail Lake dr, Fort Worth, tX 76133	Contract Labor: website	\$ 500.00
4/20/2012	Inovar	602 magic mile, arlington, tx 76011	Printing expense	\$ 1,134.00
4/18/2012	Sam's	2440 Southeast Loop 820, Fort Worth, TX	Office Overhead: Supplies	\$ 486.65
4/19/2012	Carlos Gonzalez	1510 NW 28th st, Fort Worth, tX 75164	Printing expense	\$ 600.00
4/23/2012	Lindsay Romero	2801 Meadowbrook Dr, Fort Worth, tX 76103	Contract Labor: Office Adm	\$ 232.00
4/24/2012	FW Water Department	PO BOX 870, Fort Worth, tX 76101- 0870	Office Overhead: Utilities	\$ 226.56
4/24/2012	At&t	P.O. Box 5001, Carol Stream, IL 60197- 5001	Office Overhead: Telephone	\$ 293.34
4/25/2012	TXU	PO BOX 650638, Dallas, tX 75265-0638	Office Overhead: Utilities	\$ 62.81
4/26/2012	Diane Ontiveros	4769 Trail Lake dr, Fort Worth, tX 76133	Contract Labor: Office Adm	\$ 1,200.00
5/1/2012	Print Center	3406 S. Cooper St, suite 102, Arlington, tX 76015	Printing expense	\$ 2,498.96
5/1/2012	Booker Industries	5415 Maple Ave, Suite 230, dallas, tx 75235	Printing expense	\$ 373.68
			<b>Total Spent</b>	<b>\$ 8,668.44</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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>RAMON ROMERO JR N/A</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
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<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

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

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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>Ramon Romero Jr</b>	3 ACCOUNT # (Ethics Commission Filers) <b>N/A</b>
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4 Date	5 Business name
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6 Amount (\$)	7 Business address; City; State; Zip Code
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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
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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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
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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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
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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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
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**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>Ramon Ramiro Jr N/A</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

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

Ramon Romero Jr NA

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 Romo 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  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

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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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)

**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