

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY SECRETARY**

**FORM C/OH
COVER SHEET PG 1**

FT. WORTH, TX

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST RICARDO	MI	OFFICE USE ONLY	
	NICKNAME	LAST AVITIA	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 3015 HEMPHILL ST	APT / SUITE #;	CITY; FORT WORTH, TX	STATE; TX	ZIP CODE 76110
	Date Received CSO REC'D APR 6 '23 PM5:14				
5 CANDIDATE / OFFICEHOLDER PHONE					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST RODOLFO	MI	Receipt #	Amount \$
	NICKNAME	LAST AVITIA	SUFFIX	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;				CITY; STATE; ZIP CODE
3015 HEMPHILL ST FORT WORTH, TX 76110					
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 230-7685	EXTENSION		
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 Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 1	Day 1	Year 23	THROUGH	Month 3 / Day 27 / Year 23
11 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month 5	Day 6	Year 23	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	<input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

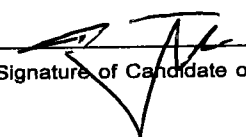
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME RICARDO AVITIA		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,704
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2528.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 175 ¹⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

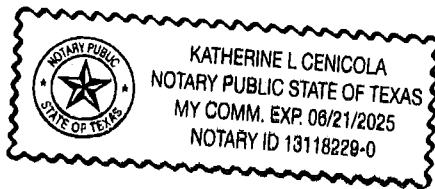
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Ricardo Avitia this the 6 day of April, 2023, to certify which, witness my hand and seal of office.

Katherine Cenicola Katherine Cenicola Coordinator
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

RICARDO AVITIA

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2704
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 252890
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME RICARDO AVITIA		3 Filer ID (Ethics Commission Filers)
4 Date 4/3	5 Full name of contributor out-of-state PAC (ID#: _____) CAROLINA IMPERIAL	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/3	Full name of contributor out-of-state PAC (ID#: _____) DYLAN PEREZ	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/3	Full name of contributor out-of-state PAC (ID#: _____) MICHAEL CACERES	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/3	Full name of contributor out-of-state PAC (ID#: _____) NOEMI HERNANDEZ	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME RICARDO AVITIA		3 Filer ID (Ethics Commission Filers)
4 Date 4/3	5 Full name of contributor CLINT M CASTILLO <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) 20
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/3	Full name of contributor JULISA CASTRO <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 5
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/3	Full name of contributor LORETTA SNOKE-HUEZO <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05	Full name of contributor NATALIE MARTINEZ <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 750⁰⁰
Contributor address; City; State; Zip Code		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME RICARDO AVITIA		3 Filer ID (Ethics Commission Filers)
4 Date 3/15	5 Full name of contributor out-of-state PAC (ID#: _____) NATALIE MARTINEZ 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/15	Full name of contributor out-of-state PAC (ID#: _____) TANIA ESPINOZA Contributor address; City; State; Zip Code	Amount of contribution (\$) 5
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15	Full name of contributor out-of-state PAC (ID#: _____) MIRIAM Contributor address; City; State; Zip Code	Amount of contribution (\$) 18
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15	Full name of contributor out-of-state PAC (ID#: _____) RICARDO AVITIA Contributor address; City; State; Zip Code	Amount of contribution (\$) 4
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME RICARDO AVITIA		3 Filer ID (Ethics Commission Filers)
4 Date 3/15	5 Full name of contributor JESSUS AVITIA <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) 50
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/15	Full name of contributor HILDA CASTILLO <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 20
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15	Full name of contributor LEE SALDIVAR <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 20
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15	Full name of contributor MARC BAEZ <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 10
Contributor address; City; State; Zip Code		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME RICARDO AVITIA		3 Filer ID (Ethics Commission Filers)
4 Date 3/15	5 Full name of contributor RUDY RENTERIA <small>out-of-state PAC (ID#: _____)</small> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 20
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/15	Full name of contributor JERMEY TRUJILLO <small>out-of-state PAC (ID#: _____)</small> Contributor address; City; State; Zip Code	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15	Full name of contributor DAVID MARTINEZ <small>out-of-state PAC (ID#: _____)</small> Contributor address; City; State; Zip Code	Amount of contribution (\$) 40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15	Full name of contributor ALBERT MESA <small>out-of-state PAC (ID#: _____)</small> Contributor address; City; State; Zip Code	Amount of contribution (\$) 100
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME RICARDO AVITIA		3 Filer ID (Ethics Commission Filers)
4 Date 3/15	5 Full name of contributor RODY RESENDEZ ROBERT 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$ 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/15	Full name of contributor DAVID RAMIREZ Contributor address; City; State; Zip Code	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15	Full name of contributor RICARDO AGUILAR Contributor address; City; State; Zip Code	Amount of contribution (\$) 20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15	Full name of contributor JOSE BARRAGAN Contributor address; City; State; Zip Code	Amount of contribution (\$) 20
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME RICARDO AVITIA		3 Filer ID (Ethics Commission Filers)
4 Date 2/07	5 Full name of contributor out-of-state PAC (ID#: _____) RICARDO AVITIA	7 Amount of contribution (\$) 50
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/27	Full name of contributor out-of-state PAC (ID#: _____) RUDY AVITIA	Amount of contribution (\$) 501
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28	Full name of contributor out-of-state PAC (ID#: _____) RICARDO AVITIA	Amount of contribution (\$) 200
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05	Full name of contributor out-of-state PAC (ID#: _____) JOSE CADENA	Amount of contribution (\$) + 50⁰⁰
Contributor address; City; State; Zip Code		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME RICARDO AVITIA		3 Filer ID (Ethics Commission Filers)
4 Date 2/22	5 Full name of contributor out-of-state PAC (ID#: _____) SANDY MARTINEZ RUSSEL	7 Amount of contribution (\$) 51
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/22	Full name of contributor out-of-state PAC (ID#: _____) SUSANA MAYFIELD	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15	Full name of contributor out-of-state PAC (ID#: _____) CHRISTINA SNOKE	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/06	Full name of contributor out-of-state PAC (ID#: _____) SANDY MARTINEZ RUSSEL	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME RICARDO AVITIA		3 Filer ID (Ethics Commission Filers)
4 Date 03/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTINA SNOKE	7 Amount of contribution (\$) \$250⁰⁰
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGEL AYALA	Amount of contribution (\$) \$300⁰⁰
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTINA SNOKE	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code		
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 (\$)
Contributor address; City; State; Zip Code		
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.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME RICARDO AVITIA		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/20	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VENANCIO CORONADO	8 Amount of Contribution \$ Ø	9 In-kind contribution description T SHIRTS
7 Contributor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESUS MEZA	Amount of Contribution \$ Ø	In-kind contribution description CAMPAGN KICKOFF FOOD
Contributor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME RICARDO AVITIA	3 Filer ID (Ethics Commission Filers)
4 Date 2/28	5 Payee name TEXAS JUICE MAN	
6 Amount (\$) 300	7 Payee address; City; State; Zip Code 2213 W. BERRY ST FTW TX 76110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) MARKETING	(b) Description REFRESHMENTS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/15	Payee name Z4 DIGITAL COLOR	
Amount (\$) \$1,800	Payee address; City; State; Zip Code 2220 DELANTE ST HALTOM CITY, TX 76117	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description SIGNS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/20	Payee name WALMART	
Amount (\$) \$19.40	Payee address; City; State; Zip Code 700 W BERRY ST FTW TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description WATER/TAPE
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME RICARDO AVITIA	3 Filer ID (Ethics Commission Filers)
4 Date 3/06	5 Payee name STAPLES	
6 Amount (\$) 110.38	7 Payee address; City; State; Zip Code 1660 S UNIVERISTY DR FORT WORTH, TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description PAPER COPIES
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/27	Payee name STAPLES	
Amount (\$) 91.28	Payee address; City; State; Zip Code 1660 S UNIVERISTY DR FORT WORTH, TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description PAPER COPIES
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/20	Payee name WIX.COM	
Amount (\$) 207.84	Payee address; City; State; Zip Code ONLINE WIX.COM	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description CANDIDATE WEBSITE
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

RICARDO AVILA

2 Filer ID (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