

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <span style="font-size: 2em; margin-left: 20px;">5</span>																		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; font-size: 8px;">FIRST</td> <td style="width:20%; font-size: 8px;">MI</td> </tr> <tr> <td style="font-size: 1.2em;">Mr.</td> <td style="font-size: 1.2em;">Emett</td> <td></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> <tr> <td></td> <td style="font-size: 1.2em;">Alvarez</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	Emett		NICKNAME	LAST	SUFFIX		Alvarez		<div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold;">OFFICE USE ONLY</div> <p style="font-size: 8px;">Date Received</p> <p style="font-size: 1.2em; text-align: center;">RECEIVED <u>JAN 15 2020</u> City Secretary</p> <p style="font-size: 1.2em; margin-left: 20px;">8:45AM</p> <p style="font-size: 8px;">Date Hand-delivered or Date Postmarked</p> <p style="font-size: 1.2em; text-align: center;">JAN 15 2020</p> <table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date Processed</td> <td style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed	Date Imaged		
MS / MRS / MR	FIRST	MI																			
Mr.	Emett																				
NICKNAME	LAST	SUFFIX																			
	Alvarez																				
Receipt #	Amount \$																				
Date Processed	Date Imaged																				
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width:30%;">ADDRESS / PO BOX;</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:25%;">ZIP CODE</td> </tr> <tr> <td style="font-size: 1.2em;">Po Box 282</td> <td></td> <td style="font-size: 1.2em;">Victoria TX</td> <td></td> <td style="font-size: 1.2em;">77902</td> </tr> </table> <p><input type="checkbox"/> Change of Address</p>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Po Box 282		Victoria TX		77902								
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																	
Po Box 282		Victoria TX		77902																	
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width:20%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:40%;">EXTENSION</td> </tr> <tr> <td style="font-size: 1.2em;">(361)</td> <td style="font-size: 1.2em;">218-9464</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(361)	218-9464													
AREA CODE	PHONE NUMBER	EXTENSION																			
(361)	218-9464																				
<b>6</b> CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width:20%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; font-size: 8px;">FIRST</td> <td style="width:20%; font-size: 8px;">MI</td> </tr> <tr> <td style="font-size: 1.2em;">Ms.</td> <td style="font-size: 1.2em;">Clara</td> <td></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> <tr> <td></td> <td style="font-size: 1.2em;">Ramos</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Ms.	Clara		NICKNAME	LAST	SUFFIX		Ramos		<table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Date Hand-delivered or Date Postmarked</td> <td style="width:50%; border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Receipt #</td> <td style="border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date Processed</td> <td style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Date Hand-delivered or Date Postmarked	Date Processed	Receipt #	Amount \$	Date Processed	Date Imaged
MS / MRS / MR	FIRST	MI																			
Ms.	Clara																				
NICKNAME	LAST	SUFFIX																			
	Ramos																				
Date Hand-delivered or Date Postmarked	Date Processed																				
Receipt #	Amount \$																				
Date Processed	Date Imaged																				
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width:50%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:10%;">ZIP CODE</td> </tr> <tr> <td style="font-size: 1.2em;">2001 E Sabine Street, Suite 109</td> <td></td> <td style="font-size: 1.2em;">Victoria, TX</td> <td></td> <td style="font-size: 1.2em;">77901</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	2001 E Sabine Street, Suite 109		Victoria, TX		77901								
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE																	
2001 E Sabine Street, Suite 109		Victoria, TX		77901																	
<b>8</b> CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width:20%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:40%;">EXTENSION</td> </tr> <tr> <td style="font-size: 1.2em;">(361)</td> <td style="font-size: 1.2em;">541-9250</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(361)	541-9250													
AREA CODE	PHONE NUMBER	EXTENSION																			
(361)	541-9250																				
<b>9</b> REPORT TYPE	<table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input 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)										
<input checked="" type="checkbox"/> January 15	<input 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)																		
<b>10</b> PERIOD COVERED	<table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:20%;">Year</td> </tr> <tr> <td style="font-size: 1.2em;">7</td> <td style="font-size: 1.2em;">14</td> <td style="font-size: 1.2em;">19</td> <td></td> <td style="font-size: 1.2em;">1</td> <td style="font-size: 1.2em;">15</td> <td style="font-size: 1.2em;">2020</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	7	14	19		1	15	2020				
Month	Day	Year	THROUGH	Month	Day	Year															
7	14	19		1	15	2020															
<b>11</b> ELECTION	<table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width:40%;">ELECTION DATE</td> <td colspan="2">ELECTION TYPE</td> </tr> <tr> <td>Month / Day / Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> </tr> <tr> <td style="font-size: 1.2em;">/ /</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td></td> <td colspan="2"><input type="checkbox"/> Other Description</td> </tr> </table>			ELECTION DATE	ELECTION TYPE		Month / Day / Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	/ /	<input type="checkbox"/> General	<input type="checkbox"/> Special		<input type="checkbox"/> Other Description							
ELECTION DATE	ELECTION TYPE																				
Month / Day / Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff																			
/ /	<input type="checkbox"/> General	<input type="checkbox"/> Special																			
	<input type="checkbox"/> Other Description																				
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known)																			
	none	none																			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Emett Alvarez

15 Filer ID (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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

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

\$ -0-

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

\$ -0-

EXPENDITURE  
TOTALS

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

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ -0-

CONTRIBUTION  
BALANCE

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

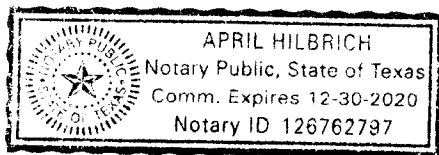
\$ -0-

OUTSTANDING  
LOAN TOTALS

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

\$ 9,500.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Emett Alvarez

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Emett Alvarez, this the \_\_\_\_\_ day of Jan 15, 20 20, to certify which, witness my hand and seal of office.

April Hilbrich  
Signature of officer administering oath

April Hilbrich  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Emett Alvarez</i>	20 Filer ID (Ethics Commission Filers)
---------------------------------------	--

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>150.00</i>
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: 1	<b>2</b> FILER NAME Emett Alvarez	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 9-30-19	<b>5</b> Payee name Victoria County United Way		
<b>6</b> Amount (\$) \$100	<b>7</b> Payee address; 101 South Main, Ste. 500	City Victoria	State TX Zip Code 77901
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Donation	(b) Description (See instructions regarding type of information required.) Fundraiser	
Date 9-30-19	Payee name Restoration House Ministries		
Amount (\$) \$50	Payee address; PO Box 1101	City Victoria	State TX Zip Code 77902
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) Food	
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

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 Emett Alvarez

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