

# 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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Diana

NICKNAME

LAST

SUFFIX

Ramos

**OFFICE USE ONLY**

Date Received

4/6/2017 9:52:12 AM

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
10705 White Sands Dr., El Paso, TX 79924

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 915 ) 342-8225

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Diana

NICKNAME

LAST

SUFFIX

Ramos

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

10705 White Sands Dr  
El Paso, TX 79924

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915 ) 342-8225

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

01/01/2017

THROUGH

Month Day Year

03/27/2017

11 ELECTION

ELECTION DATE

Month Day Year

05/06/2017

ELECTION TYPE

Primary

Runoff

Other  
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

El Paso City Council Representative, District

**GO TO PAGE 2**

City Clerk Dept.  
4/6/2017 9:54:12 AM

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14 C/OH NAME**  
Diana Ramos

**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.

|  |                |                                      |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | COMMITTEE ADDRESS                    |
|  |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                                |   |            |
|--------------------------------|---|------------|
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0       |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                           | \$ 3883.00 |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 0       |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ 2209.10 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 2225.47 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 600.00  |

**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.

Diana Ramos  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Diana Ramos, this the 6 day of April, 2017, to certify which, witness my hand and seal of office.

**Benjamin Ortega**

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

City Clerk Dept.  
4/6/2017 9:54:12 AM

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME

Diana Ramos

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                                     |  |            |
|-----|-------------------------------------|--|------------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 2848    |
| 2.  | <input checked="" type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 1035    |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$         |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS  | \$         |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 2091.62 |
| 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 checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 117.48  |
| 10. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$         |
| 11. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$         |
| 12. | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$         |

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4/6/2017 9:54:12 AM

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Diana Ramos

3 Filer ID (Ethics Commission Filers)

4 Date

01/01/2017

5 Full name of contributor

Jaime Flores

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

6 Contributor address; City; State; Zip Code

1700 East Paisano Dr., El Paso TX

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/03/2017

Full name of contributor

Jennifer Cox

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

Contributor address; City; State; Zip Code

3200 16th Street NW, Apt. 605, Washington, DC 20010

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/05/2017

Full name of contributor

Denise Kruskamp Harms

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

Contributor address; City; State; Zip Code

1820 South Coolidge Avenue, Harrison, MI

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/05/2017

Full name of contributor

Dustin Haffner

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

Contributor address; City; State; Zip Code

2502 Texas Ave, San Antonio, TX

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.

City Clerk Dept.  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Diana Ramos

3 Filer ID (Ethics Commission Filers)

4 Date

01/05/2017

5 Full name of contributor

Viola Lares

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

6 Contributor address; City; State; Zip Code

11972 Paseo Del Rey Drive, El Paso, TX 79936

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/20/2017

Full name of contributor

Audri Yoon

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

Contributor address; City; State; Zip Code

61 Thistle Dr, Paramus, NJ 07652

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/26/2017

Full name of contributor

Mario Porras

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

Contributor address; City; State; Zip Code

7377 Bishop Flores Drive El Paso, TX, 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/30/2017

Full name of contributor

Luis Navarro

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

Contributor address; City; State; Zip Code

12612 N Lamar Blvd, APT 6102, Austin, TX 78753

Amount of contribution (\$)

27

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.

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Diana Ramos

3 Filer ID (Ethics Commission Filers)

4 Date

02/03/2017

5 Full name of contributor

Marc Rehmann

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

6 Contributor address; City; State; Zip Code

720 S. Front Street, P.O. Box 97 Chesaning, MI, 48616

7 Amount of contribution (\$)

71

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/13/2017

Full name of contributor

Jody Casey

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

Contributor address; City; State; Zip Code

1000 Madeline Drive El Paso, TX, 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/14/2017

Full name of contributor

Miguel Fernandez

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

Contributor address; City; State; Zip Code

411 Rim RD, El Paso, TX, 79902

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/22/2017

Full name of contributor

Thomas Holloway

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

Contributor address; City; State; Zip Code

4707 Gray Fox Drive, Austin, TX, 78759

Amount of contribution (\$)

25

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.

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Diana Ramos

3 Filer ID (Ethics Commission Filers)

4 Date

02/22/2017

5 Full name of contributor

Dustin Dahl

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

6 Contributor address; City; State; Zip Code

125 NW 20th Pl, Apt 3, Portland, Oregon 97209

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/22/2017

Full name of contributor

John Anderson

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

Contributor address; City; State; Zip Code

17 Danbury ct, Niceville, Florida 3257

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/2017

Full name of contributor

Joseph Groff

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

Contributor address; City; State; Zip Code

9151 Mount Etna Drive, El Paso, TX, 79924

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/15/2017

Full name of contributor

Andrea Venegas

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

Contributor address; City; State; Zip Code

6000 Shepherd Mountain Cove, Apt 307 Austin, TX, 787

Amount of contribution (\$)

25

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.

City Clerk Dept.  
4/6/2017 9:54:12 AM

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**5**

**2** FILER NAME

Diana Ramos

**3** Filer ID (Ethics Commission Filers)

**4** Date

03/25/2017

**5** Full name of contributor

Alejandro Ramos

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

**6** Contributor address; City; State; Zip Code

7568 Plaza Taurina Drive, El Paso, TX 79912

**7** Amount of contribution (\$)

50

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

03/16/2017

Full name of contributor

Warren Burns

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

Contributor address; City; State; Zip Code

7756 Cedar Breaks Ln, El Paso, TX 79904

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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.

City Clerk Dept.  
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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
2

2 FILER NAME

Diana Ramos

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

03/04/2017

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

Pamela Munoz

7 Contributor address; City; State; Zip Code

3308 Emerald Dr, El Paso, TX 79904

8 Amount of Contribution \$

25

9 In-kind contribution description  
LULAC District IV,  
10th Annual  
Women's

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

01/01/2017

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

Texas Democratic Party

Contributor address; City; State; Zip Code

1106 Lavaca St, Austin, TX 78701

Amount of Contribution \$

900

In-kind contribution description  
Texas VAN Online  
Voter File License

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.

City Clerk Dept.  
4/6/2017 9:54:12 AM

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

|   |   |   |   |
|---|---|---|---|
| The Instruction Guide explains how to complete this form.                   |   | 1 Total pages Schedule A2:<br>2   |   |
| 2 FILER NAME<br>Diana Ramos   |   | 3 Filer ID (Ethics Commission Filers)   |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |   | \$  |   |
| 5 Date<br>02/18/2017  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Beto O'Rourke for Congress<br>7 Contributor address; City; State; Zip Code<br>500 W. Overland, Suite 250-J, El Paso TX 79901 | 8 Amount of Contribution \$<br>110<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | 9 In-kind contribution description<br>Seats for Black El Paso Democrats<br>Annual Political |
| 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  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code   | Amount of Contribution \$   | In-kind contribution description  |
| 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)    |   |   |   |

City Clerk Dept.  
4/6/2017 9:54:12 AM

**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:

**0**

**2** FILER NAME

Diana Ramos

**3** Filer ID (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 contribution description

**7** Pledgor address; City; State; Zip Code

Check 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 contribution description

Pledgor address; City; State; Zip Code

Check 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 contribution description

Pledgor address; City; State; Zip Code

Check 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 contribution description

Pledgor address; City; State; Zip Code

Check 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.

City Clerk Dept.  
4/6/2017 9:54:12 AM

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule E:  
**0**

**2** FILER NAME

Diana Ramos

**3** Filer ID (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?

**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 (See Instructions)

**16** GUARANTOR INFORMATION

**17** Name of guarantor

**19** Amount Guaranteed (\$)

**18** Guarantor address; City; State; Zip Code

not applicable

**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?

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 (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

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.

City Clerk Dept.  
4/6/2017 9:54:12 AM

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>1</b> Total pages Schedule F1:<br><b>7</b>                       |  | <b>2</b> FILER NAME<br><b>Diana Ramos</b>  |  | <b>3</b> Filer ID (Ethics Commission Filers)  |  |
| <b>4</b> Date<br><b>01/05/2017</b>                                  |  | <b>5</b> Payee name<br><b>Tovar Printing</b>   |  |   |  |
| <b>6</b> Amount (\$)<br><b>199.18</b>                               |  | <b>7</b> Payee address; City; State; Zip Code<br><b>1230 Texas Ave, El Paso, TX 79901</b>          |  |   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b> |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Door Hangers</b> |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name  |  | Office sought   |  |
| Date<br><b>01/05/2017</b>   |  | Payee name<br><b>Tovar Printing</b>  |  |   |  |
| Amount (\$)<br><b>322.59</b>  |  | Payee address; City; State; Zip Code<br><b>1230 Texas Ave, El Paso, TX 79901</b>                   |  |   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       |  | Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b>            |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Push Cards</b>              |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate / Officeholder name  |  | Office sought   |  |
| Date<br><b>01/14/2017</b>   |  | Payee name<br><b>Starbucks</b>   |  |   |  |
| Amount (\$)<br><b>17.27</b>   |  | Payee address; City; State; Zip Code<br><b>4535 Woodrow Bean Drive A, El Paso, TX 79924</b>        |  |   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       |  | Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage Expense</b>       |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Volunteer Meeting</b>       |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate / Officeholder name  |  | Office sought   |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |  |                               |               |
|---|--|--|-------------------------------|---------------|
| <b>1</b> Total pages Schedule F1:<br><b>7</b> | <b>2</b> FILER NAME<br><b>Diana Ramos</b>  | <b>3</b> Filer ID (Ethics Commission Filers)   |                               |               |
| <b>4</b> Date<br><b>01/14/2017</b>            | <b>5</b> Payee name<br><b>Albertsons</b>   |  |                               |               |
| <b>6</b> Amount (\$)<br><b>5.99</b>           | <b>7</b> Payee address; City; State; Zip Code<br><b>10765 Kenworthy St, El Paso, TX 79924</b>  |  |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                 | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage Expense</b>  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Volunteer Meeting</b> |                               |               |
|   | <table border="0" style="width:100%;"> <tr> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table> |  | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name                 | Office sought  | Office held  |                               |               |
| Date<br><b>02/16/2017</b>                     | Payee name<br><b>Easy Printing &amp; Office Supplies</b>   |  |                               |               |
| Amount (\$)<br><b>35.67</b>                   | Payee address; City; State; Zip Code<br><b>8500 Dyer St # 5, El Paso, TX 79904</b>   |  |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                 | Category (See Categories listed at the top of this schedule)<br><b>Other/Office Supplies</b>   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Paper/Stationary</b>             |                               |               |
|   | <table border="0" style="width:100%;"> <tr> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table> |  | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name                 | Office sought  | Office held  |                               |               |
| Date<br><b>01/26/2017</b>                     | Payee name<br><b>Squarespace Inc.</b>  |  |                               |               |
| Amount (\$)<br><b>28.15</b>                   | Payee address; City; State; Zip Code<br><b>225 Varick Street 12th Floor New York, NY 10014</b>   |  |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                 | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Website Monthly Fee</b>          |                               |               |
|   | <table border="0" style="width:100%;"> <tr> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table> |  | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name                 | Office sought  | Office held  |                               |               |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>1</b> Total pages Schedule F1:<br><b>7</b>                       |  | <b>2</b> FILER NAME<br><b>Diana Ramos</b>   |  | <b>3</b> Filer ID (Ethics Commission Filers)  |  |
| <b>4</b> Date<br><b>01/30/2017</b>                                  |  | <b>5</b> Payee name<br><b>Walmart Supercenter</b>   |  |   |  |
| <b>6</b> Amount (\$)<br><b>74.14</b>                                |  | <b>7</b> Payee address; City; State; Zip Code<br><b>4530 Woodrow Bean Transmountain Dr, El Paso, TX 79924</b> |  |   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b>            |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Ink Toner</b>                  |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought   |  |
| Date<br><b>01/26/2017</b>   |  | Payee name<br><b>City of El Paso</b>  |  |   |  |
| Amount (\$)<br><b>250</b>   |  | Payee address; City; State; Zip Code<br><b>300 N. Campbell El Paso, TX 79901</b>                              |  |   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       |  | Category (See Categories listed at the top of this schedule)<br><b>Fees</b>                                   |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Application for a place on the ballot</b> |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate / Officeholder name   |  | Office sought   |  |
| Date<br><b>01/31/2017</b>   |  | Payee name<br><b>GECU</b>   |  |   |  |
| Amount (\$)<br><b>1</b>   |  | Payee address; City; State; Zip Code<br><b>1225 Airway Blvd, El Paso, TX 79925</b>                            |  |   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       |  | Category (See Categories listed at the top of this schedule)<br><b>Fees</b>                                   |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Mailed Statement Fee</b>                  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate / Officeholder name   |  | Office sought   |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |   |  |                               |               |
|--|---|---|--|-------------------------------|---------------|
| <b>1</b> Total pages Schedule F1:<br><b>7</b>              | <b>2</b> FILER NAME<br><b>Diana Ramos</b>   | <b>3</b> Filer ID (Ethics Commission Filers)  |  |                               |               |
| <b>4</b> Date<br><b>02/02/2017</b>                         | <b>5</b> Payee name<br><b>Tovar Printing</b>  |   |  |                               |               |
| <b>6</b> Amount (\$)<br><b>322.59</b>                      | <b>7</b> Payee address; City; State; Zip Code<br><b>1230 Texas Ave, El Paso, TX 79901</b>   |   |  |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Printing Fees</b>   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Push Cards</b> |  |                               |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought   | Office held  |                               |               |
| Date<br><b>02/15/2017</b>                                  | Payee name<br><b>Easy Printing &amp; Office Supplies</b>  |   |  |                               |               |
| Amount (\$)<br><b>9.92</b>                                 | Payee address; City; State; Zip Code<br><b>8500 Dyer St # 5, El Paso, TX 79904</b>  |   |  |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br><b>Other/Office Supplies</b>  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Pens/Markers</b>          |  |                               |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought   | Office held  |                               |               |
| Date<br><b>02/15/2017</b>                                  | Payee name<br><b>Easy Printing &amp; Office Supplies</b>  |   |  |                               |               |
| Amount (\$)<br><b>34</b>                                   | Payee address; City; State; Zip Code<br><b>8500 Dyer St # 5, El Paso, TX 79904</b>  |   |  |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br><b>Other/Office Supplies</b>  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Markers/Clipboards</b>    |  |                               |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought   | Office held  |                               |               |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |   |   |  |                               |               |
|--|---|---|--|-------------------------------|---------------|
| <b>1</b> Total pages Schedule F1:<br><b>7</b>              | <b>2</b> FILER NAME<br><b>Diana Ramos</b>   | <b>3</b> Filer ID (Ethics Commission Filers)  |  |                               |               |
| <b>4</b> Date<br><b>02/23/2017</b>                         | <b>5</b> Payee name<br><b>Tovar Printing</b>  |   |  |                               |               |
| <b>6</b> Amount (\$)<br><b>378.88</b>                      | <b>7</b> Payee address; City; State; Zip Code<br><b>1230 Texas Ave, El Paso, TX 79901</b>   |   |  |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b>  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Push Cards</b> |  |                               |               |
|  | <table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought   | Office held  |                               |               |
| Date<br><b>02/28/2017</b>                                  | Payee name<br><b>GECU</b>   |   |  |                               |               |
| Amount (\$)<br><b>1</b>                                    | Payee address; City; State; Zip Code<br><b>225 Airway Blvd, El Paso, TX 79925</b>   |   |  |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br><b>Fees</b>   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Mailed Statement Fee</b>  |  |                               |               |
|  | <table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought   | Office held  |                               |               |
| Date<br><b>03/08/2017</b>                                  | Payee name<br><b>Squarespace Inc</b>  |   |  |                               |               |
| Amount (\$)<br><b>28.15</b>                                | Payee address; City; State; Zip Code<br><b>225 Varick Street 12th Floor New York, NY 10014</b>  |   |  |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Website Monthly Fee</b>   |  |                               |               |
|  | <table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought   | Office held  |                               |               |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>1</b> Total pages Schedule F1:<br><b>7</b>                       |  | <b>2</b> FILER NAME<br><b>Diana Ramos</b>   |  | <b>3</b> Filer ID (Ethics Commission Filers)  |  |
| <b>4</b> Date<br><b>03/20/2017</b>                                  |  | <b>5</b> Payee name<br><b>Transmountain Optimist Foundation</b>                                 |  |   |  |
| <b>6</b> Amount (\$)<br><b>55</b>                                   |  | <b>7</b> Payee address; City; State; Zip Code<br><b>5813 Bagdad, El Paso, Texas 79924</b>       |  |   |  |
| <b>8</b><br><br><b>PURPOSE OF EXPENDITURE</b>                       |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Northeast Parade Participation</b> |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought   |  |
| Date<br><b>03/21/2017</b>   |  | Payee name<br><b>Airport Printing Service</b>   |  |   |  |
| Amount (\$)<br><b>215.42</b>  |  | Payee address; City; State; Zip Code<br><b>7 Leigh Fisher Blvd, Ste A El Paso, TX 79906</b>     |  |   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       |  | Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b>         |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Postcards</b>                                 |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate / Officeholder name   |  | Office sought   |  |
| Date<br><b>03/26/2017</b>   |  | Payee name<br><b>Squarespace Inc.</b>   |  |   |  |
| Amount (\$)<br><b>28.15</b>   |  | Payee address; City; State; Zip Code<br><b>225 Varick Street 12th Floor New York, NY 10014</b>  |  |   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       |  | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>      |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Website Monthly Fee</b>                       |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate / Officeholder name   |  | Office sought   |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |   |  |                               |               |
|--|---|---|--|-------------------------------|---------------|
| <b>1</b> Total pages Schedule F1:<br><b>7</b>              | <b>2</b> FILER NAME<br><b>Diana Ramos</b>   | <b>3</b> Filer ID (Ethics Commission Filers)  |  |                               |               |
| <b>4</b> Date<br><b>03/25/2017</b>                         | <b>5</b> Payee name<br><b>Stripe Inc.</b>   |   |  |                               |               |
| <b>6</b> Amount (\$)<br><b>84.52</b>                       | <b>7</b> Payee address; City; State; Zip Code<br><b>185 Berry Street, Suite 550, San Francisco, California</b>  |   |  |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Fees</b>  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Transaction Fees/Website Donations</b> |  |                               |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <b>ONLY</b> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> |   | Complete <b>ONLY</b> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought   | Office held  |                               |               |
| Date   | Payee name  |   |  |                               |               |
| Amount (\$)  | Payee address; City; State; Zip Code  |   |  |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense   |  |                               |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <b>ONLY</b> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> |   | Complete <b>ONLY</b> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought   | Office held  |                               |               |
| Date   | Payee name  |   |  |                               |               |
| Amount (\$)  | Payee address; City; State; Zip Code  |   |  |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense   |  |                               |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <b>ONLY</b> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> |   | Complete <b>ONLY</b> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought   | Office held  |                               |               |

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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |                                    |  |
|--|------------------------------------|--|
| <b>1</b> Total pages Schedule F2:<br>0 | <b>2</b> FILER NAME<br>Diana Ramos | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|------------------------------------|--|

|  |     |
|--|-----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$0 |
|--|-----|

|               |                     |
|---------------|---------------------|
| <b>5</b> Date | <b>6</b> Payee name |
|---------------|---------------------|

|                      |   |
|----------------------|---|
| <b>7</b> Amount (\$) | <b>8</b> Payee address; City; State; Zip Code |
|----------------------|---|

|                              |                                    |  |
|------------------------------|------------------------------------|--|
| <b>9</b> TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|------------------------------|------------------------------------|--|

|                                  |   |  |
|----------------------------------|---|--|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule) | <b>(b)</b> Description   |
|                                  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>11</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 |
|-------------|--------------------------------------|

|                     |                                    |  |
|---------------------|------------------------------------|--|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|---------------------|------------------------------------|--|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description  |
|                        |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> 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 |
|--|-------------------------------|---------------|-------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

0

2 FILER NAME

Diana Ramos

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |                                    |  |
|--|------------------------------------|--|
| <b>1</b> Total pages Schedule F4:<br>0 | <b>2</b> FILER NAME<br>Diana Ramos | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|------------------------------------|--|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

|               |                     |
|---------------|---------------------|
| <b>5</b> Date | <b>6</b> Payee name |
|---------------|---------------------|

|                      |   |
|----------------------|---|
| <b>7</b> Amount (\$) | <b>8</b> Payee address; City; State; Zip Code |
|----------------------|---|

|                              |   |  |
|------------------------------|---|--|
| <b>9</b> TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |
|------------------------------|---|--|

|                                  |   |  |
|----------------------------------|---|--|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule) | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|----------------------------------|---|--|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>11</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 |
|-------------|--------------------------------------|

|                     |   |  |
|---------------------|---|--|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |
|---------------------|---|--|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> 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 |
|--|-------------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule G:<br><b>1</b>  | <b>2</b> FILER NAME<br><b>Diana Ramos</b>   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><b>03/20/2017</b>  | <b>5</b> Payee name<br><b>Sam's Club</b>  |  |
| <b>6</b> Amount (\$)<br><b>85.47</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><b>9498 Gateway North, El Paso, TX 79924</b>           |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage Expense</b> | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Community First event and Black</b> |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought      Office held   |

|  |  |   |
|--|--|---|
| Date<br><b>03/25/2017</b>  | Payee name<br><b>Walmart Neighborhood Market</b>   |   |
| Amount (\$)<br><b>32.01</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><b>10840 Martin Luther King Jr, El Paso TX 79934</b> |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage Expense</b> | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Community First Meet and Greet</b> |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought      Office held  |

|   |  |  |
|---|--|--|
| Date  | Payee name   |  |
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code                         |  |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule) | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> 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   |

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

## SCHEDULE H

### 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |  |  |                               |               |
|--|--|--|-------------------------------|---------------|
| <b>1</b> Total pages Schedule H:<br><b>0</b> | <b>2</b> FILER NAME<br><b>Diana Ramos</b>  | <b>3</b> Filer ID (Ethics Commission Filers)   |                               |               |
| <b>4</b> Date                                | <b>5</b> Business name   |  |                               |               |
| <b>6</b> Amount (\$)                         | <b>7</b> Business address; City; State; Zip Code   |  |                               |               |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>    | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                               |               |
|  | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> |  | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name                | Office sought  | Office held  |                               |               |
| Date   | Business name  |  |                               |               |
| Amount (\$)                                  | Business address; City; State; Zip Code  |  |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                | Category (See Categories listed at the top of this schedule)   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                               |               |
|  | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> |  | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name                | Office sought  | Office held  |                               |               |
| Date   | Business name  |  |                               |               |
| Amount (\$)                                  | Business address; City; State; Zip Code  |  |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                | Category (See Categories listed at the top of this schedule)   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                               |               |
|  | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> |  | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name                | Office sought  | Office held  |                               |               |
| Date   | Business name  |  |                               |               |
| Amount (\$)                                  | Business address; City; State; Zip Code  |  |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                | Category (See Categories listed at the top of this schedule)   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                               |               |
|  | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> |  | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name                | Office sought  | Office held  |                               |               |

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# 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:<br><b>0</b> | <b>2</b> FILER NAME<br><b>Diana Ramos</b>                                     | <b>3</b> Filer ID (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><br><b>PURPOSE OF EXPENDITURE</b>    | <b>(a)</b> Category (See instructions for examples of acceptable categories.) | <b>(b)</b> Description (See instructions regarding type of information required.) |
|  |   |   |
| Date   | Payee name  |   |
| Amount (\$)                                  | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>                | 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  |   |
| <b>PURPOSE OF EXPENDITURE</b>                | 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  |   |
| <b>PURPOSE OF EXPENDITURE</b>                | Category (See instructions for examples of acceptable categories.)            | Description (See instructions regarding type of information required.)            |
|  |   |   |

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule K:

**0**

**2** FILER NAME

Diana Ramos

**3** Filer ID (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  Check if political contribution returned to filer

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  Check if political contribution returned to filer

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  Check if political contribution returned to filer

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  Check if political contribution returned to filer

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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 0

2 FILER NAME

Diana Ramos

3 Filer ID (Ethics Commission Filers)

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

5 Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

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 A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

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)

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

Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

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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# 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

Diana Ramos

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

City Clerk Dept.  
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