

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

SCANNED

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: <u>3</u>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Ronnie</i>	MI <i>E</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>Olivares</i>	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	<i>P.O. Box 54</i>					<i>Skidmore TX 78389</i>
BEE COUNTY ELECTIONS ADMINISTRATION						
FEB 07 2020						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(361)	542-	9139			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Ronnie</i>	MI <i>E.</i>	Receipt #		
	NICKNAME	LAST <i>Olivares</i>	SUFFIX	Amount \$		
Date Hand Delivered or Date Postmarked <b>RECEIVED</b>						
Date Processed						
Date Imaged						
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY;	STATE;	
	<i>P.O. Box 54</i>			<i>Skidmore TX 78389</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(361)	542-	9139			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year	Month	Day	
	<i>1</i>	<i>/16/2020</i>		<i>2</i>	<i>/3/2020</i>	
THROUGH						
11 ELECTION	ELECTION DATE		ELECTION TYPE <i>100 YR</i>			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
<i>3/3/2020</i>			<input type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
	<i>Bee County Constable Prec 4</i>			<i>Constable Prec 4</i>		

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME		15 Filer ID (Ethics Commission Filers)										
16 NOTICE FROM POLITICAL COMMITTEE(S)		<p>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.</p> <table border="1"> <tr> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> <p><input type="checkbox"/> Additional Pages</p>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL		<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME											
<input type="checkbox"/> GENERAL												
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS											
	COMMITTEE CAMPAIGN TREASURER NAME											
	COMMITTEE CAMPAIGN TREASURER ADDRESS											
17 CONTRIBUTION TOTALS		1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ <i>0</i>										
EXPENDITURE TOTALS		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ <i>0</i>										
CONTRIBUTION BALANCE		3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ <i>0</i>										
OUTSTANDING LOAN TOTALS		4. TOTAL POLITICAL EXPENDITURES \$ <i>0</i>										
		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ <i>0</i>										
		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ <i>0</i>										
18 AFFIDAVIT												
		<p>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.</p> <p><i>Ronnie Olivares</i></p> <p>Signature of Candidate or Officeholder</p>										
AFFIX NOTARY STAMP / SEAL ABOVE												
<p>Sworn to and subscribed before me, by the said <u>Ronnie Olivares</u>, this the <u>7th</u> day of <u>February</u>, 20 <u>20</u>, to certify which, witness my hand and seal of office.</p> <p><i>Patricia Puent</i></p> <p>Signature of officer administering oath</p> <p>Printed name of officer administering oath</p> <p>NOTARY PUBLIC</p> <p>Title of officer administering oath</p>												

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 0	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS \$ 0	
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 0	
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 \$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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