CAND DATE / OFF CEHOLDER CA PA G F ANCE REPORT

FORM COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission files)

2 PAGE #

[redacted]

Date Received

[redacted]

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR	FIRST	M
Mr	Jacinto	

NICKNAME	LAST	SUFFIX
Cinto	Ramos	Jr

OFFICE USE ONLY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
1817 Harrington Avenue		Fort Worth,	TX	76164

Date Hand-delivered or Date Postmarked

☐ Change of Address

Receipt # Amount

5 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	M
Mrs	Anita	

NICKNAME	LAST	SUFFIX
	Ramos	

Date Processed 1-14-21

Date Imaged 1-14-2

6 CAMPAIGN [redacted]

TREASURER ADDRESS (Residence or business) 1817 Harrington Avenue Fort Worth, TX 76164

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989

CANDIDATE / OFF CEHOLDER EPORT: SUPPORT & TOTALS

FORM C/O
COVER SHEET PG 2

13 C/OH NAME Ramos, Jacinto Jr. (Mr.)

14 ACCOUNT # (Ethics Commission filers)
00000001

This box is for ratios of political expenditures by political committees to support the candidate / officeholder. These expenditures may

G D CO O S

SCHEDULE B

The [illegible] must complete this form

1 PAGE #

2 FILER NAME Ramos, Jacinto Jr. (Mr.) D#

3 ACCOUNT # (Ethics Commission filers) 00000001

4 TOTAL OF UNITEMIZED PLEDGES ➪ ➪ ➪ ➪ ➪ ➪ $

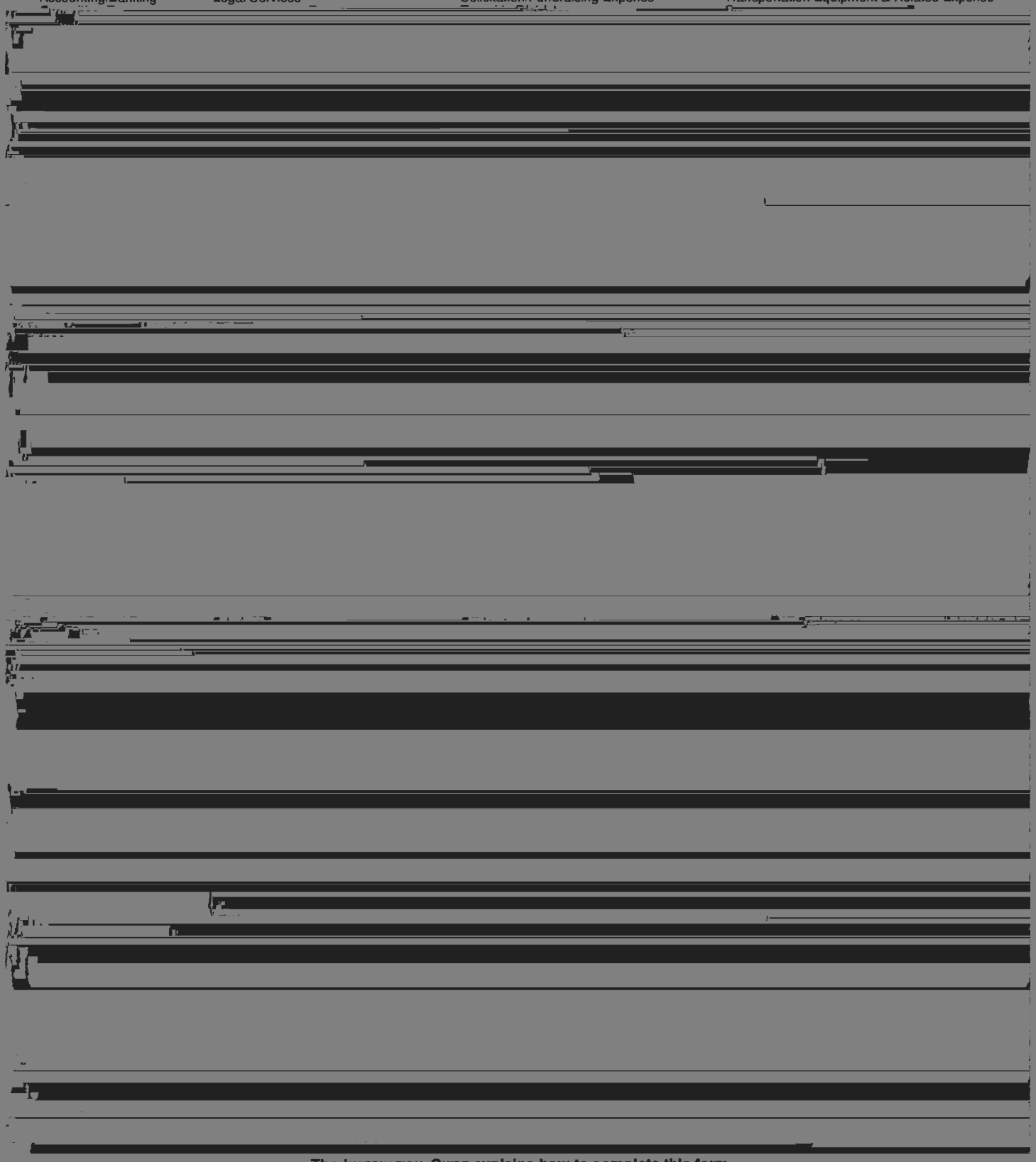
$1,000.00

NON-POLIT CAL EXPEND TURES MADE FROM POL T CAL CONTR BUT O S

SCHEDULE

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Gifts/Awards/Memorial Expense
Legal Services
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Loan Repayment/Reimbursement
Transportation Equipment & Related Expense



NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE

EXPENDITURE CATEGORIES

Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement

ense | Expense | T T

Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above)

The instructions guide explaining how to complete this form

1 PAGE #
Schedule: 2/1 Report: 5/6

2 FILER NAME
Ramos, Jacinto Jr. (Mr.)

3 ACCOUNT # (TEC filers)
00000001

4 Date
10/08/2020

5 Payee name
Wells Fargo Bank

6 Amount ($)
$7.00

7 Payee address City; State; Zip Code
200 NE 28th Street

8 (a) (c) Category (See Categories listed at the top of this schedule) (b) Description (See instructions regarding type of information required.)