# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction G	uide explains how to complete this f	form.	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MS. Kristin	R	OFFICE USE ONLY
	NICKNAME LAST	SUFFIX	1/4/2021 7:13:44 AM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; Z P CODE	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$
NAME	Mrs. Gita		Date Processed
	Upret		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (NO PO BOX PLEASE); 6608 La Cadena Drive El Paso, TX 79912	APT / SUITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th da	ay before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day	before elec ion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Yea 10/26/2020	THROUGH Month	Day Year /2020
11 ELECTION	ELECTION DATE Month Day Year 11/03/2020	ELECTION TYPE Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Number 2 Judge of Municipa	
	G	O TO PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME				15 Filer ID (Ethics Commission Filers)
Ms. Kristin R Rom	ero			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	NDATE / OFFICEHOLDER. THES	E EXPENDITURES MAY HAVE BEEN MADE V	ITURES MADE BY POLITICAL COMMITTEES TO INTHOUT THE CANDIDATE'S OR OFFICEHOLDER'S HIS INFORMATION ONLY IF THEY RECEIVE NOTICE
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TR	REASURER NAME	
Additional Pages				
		COMMITTEE CAMPAIGN T	REASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	L UNITEMIZED POLITICAL ES, LOANS, OR GUARAN NBUTIONS MADE ELECT	-	\$ 0
		POLITICAL CONTRIBUTE THAN PLEDGES, LOANS	<b>JTIONS</b> 5, OR GUARANTEES OF LOANS)	\$ O
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL	. EXPENDITURE.	\$ 2,010
	4. TOTAL	POLITICAL EXPENDIT	URES	\$ 2,010
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIO	ONS MAINTAINED AS OF THE LAS	T DAY \$0
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF A	ALL OUTSTANDING LOANS AS OF PERIOD	<sup>THE</sup> \$ 0
18 AFFIDAVIT	<u></u>			
				perjury, that the accompanying report is formation required to be reported by me
			Kristin R Romero	
			Signature of Car	ndidate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE			
Sworn to and subsci	ribed before me, ł	by the said Kristin F	R Romero	, this the
			ss my hand and seal of office	
	r	Mary Katz		
Signature of officer a	dministering oath	Printed name of	officer administering oath	Title of officer administering oath

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Co	ommission Filers)	
/Is. Kristin R Romero			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ O	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CON	ITRIBUTIONS	\$ 0	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$0	
4. SCHEDULE E: LOANS			
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM	POLITICAL CONTRIBUTIONS	\$ O	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ O	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FRO	OM POLITICAL CONTRIBUTIONS	\$ O	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ O	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM I	PERSONAL FUNDS	\$ 2010	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTR	IBUTIONS TO A BUSINESS OF C/OH	\$ O	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM	I POLITICAL CONTRIBUTIONS	\$ O	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AI	ND CONTRIBUTIONS RETURNED	<sup>\$</sup> 0	

# MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

City Clerk Dept. 1/4/2021 8:48:25 AM

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 0
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Ms. Kristin R	Romero		
4 Date	5 Full name of contributor out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
	<b>6</b> Contributor address; City;		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor 🛛 out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	Contributor address; City;		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🛛 out-of-state PAC	: (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	Dation / Job title (See Instructions)	Employer (See Instruc	I ctions)
Date	Full name of contributor 🛛 out-of-state PAC	: (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES (		

Forms provided by Texas Ethics Commission

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

Т	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 0
<sup>2</sup> <sub>FILER NAM</sub> Ms. Kristin	R Romero		3 Filer ID (Ethics Commission Filers)
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC ( D#:	)	8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State;	Zip Code	
<b>10</b> Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor	s employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contr butc	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor 🗌 out-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)
Contributor	's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contr butor	's employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct		

# PLEDGED CONTRIBUTIONS

#### SCHEDULE B

Ine	Instruction Guide explains how to complete this	form.	1 Total pages Schedu	le B:
FILER NAME			3 Filer ID (Ethics Co	mmission Filers)
			\$	
Date	6 Full name of pledgor out-of-state PAC (ID#:	)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; Sta	ate; Zip Code		· · ·
				de of Texas. Complete Schedule T.
0 Principal occu	upation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution
	Pledgor address; City; Sta	ate; Zip Code		•
			Check if travel outsid	le of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution
	Pledgor address; City; Sta	ate; Zip Code		
			Check if travel outsid	e of Texas. Complete Schedule T.
Principal occu	pation / 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 outsid	le of Texas. Complete Schedule T.
	· · · · · · · · · · · · · · · · · · ·	Employer (See	Instructions)	

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E: 0
2 FILER NAME Ms. Kristin R R	omero		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#: )	9 Loan Amount (\$)
6 Is lender a financial Institution?	<b>8</b> Lender address; City;	State; Zip Code	10 Interest rate
Y N			<b>11</b> Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	15 Check if personal fundation account (See Instruct	ds were deposited into political
16 GUARANTOR INFORMATION	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
not applicable 20 Principal Occupa	18 Guarantor address; City; tion (See Instructions)	State; Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Y N Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	lateral		
		Check if personal fund account (See Instruct	ds were deposited into political ions)
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
If Id	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see In	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

## 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/Poli ica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Prin ing Expense Salaries/Wages/Contract Labor	Solicita ion/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	-	ns how to complete this form.	(
<b>1</b> Total pages Schedule F1:	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
0	Ms. Kristin R Romero		
4 Date	5 Payee name		
2010			
<b>6</b> Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	(b) Description	
	(c) Check if travel outside of Texas. Complete S	Schedule T.	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	schedule) Description	
	Check if travel outside of Texas. Complete S	Schedule T. Check if Aus	tin, TX, officeholder living expense
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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this :	schedule) Description	
	Check if travel outside of Texas. Complete S	Schedule T. Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

UNPAID INC	URRE	DOBLIGATIO	NS		SCH	EDULE F2
		EXPENDITURE CATI	EGORIES F	FOR BOX 10(a)		
Advertising Expense Accoun ing/Banking Consulting Expense Contributions/Dona ions Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office Ove Polling Ex Prin ing Ex Salaries/V	xpense Vages/Contract Labor	Solicita ion/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
<b>1</b> Total pages Schedule F2:	2 FILER				3 Filer ID (Ethics	Commission Filers)
0	Ms. Kris	tin R Romero				
4 TOTAL OF UNITEM	1IZED UN	PAID INCURRED OBI	IGATION	S	\$	
5 Date	6 Payee	name			1	
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Po	litical		
10 PURPOSE OF EXPENDITURE	(a) Catego (c)	Y (See Categories listed at the top of t		(b) Description	stin, TX, officeholder livin	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate / Officeholder name	С	Dffice sought	Office I	neld
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	Ditical		
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of	this schedule)	Description		
		Check if travel outside of Texas. Comple	ete Schedule T.	Check if A	ustin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate / Officeholder name	с 	Dffice sought	Office	neld
		CH ADDITIONAL COPIES			EDED	
Forms provided by Texas Ethic	s Commissio	on www.ethi	cs.state.tx.us	S		Revised 1/1/2020

#### PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3: 0
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Ms. Kristin R	R Romero	
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Ci	ity; 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; Cit	ty; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E AS NEEDED

Forms provided by Texas Ethics Commission

	EXPENDITURE	CATEGORIES FOR BOX 10(a)		
Advertising Expense Accoun ing/Banking Consulting Expense Contributions/Dona ions Made Candidate/Officeholder/Politie	Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Exp cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense	Solicita ion/Fundraising Expense Transportation Equipment & Relat Travel In District Travel Out Of District Other (enter a category not listed a	
<b>1</b> Total pages Schedule F4:	2 FILER NAME Ms. Kristin R Romero		3 Filer ID (Ethics Commission	n Filers)
4 TOTAL OF UNITEN	/IZED EXPENDITURES CHAF	RGED TO A CREDIT CARD	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State; Zip Co	de
9 TYPE OF EXPENDITURE	Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	top of this schedule) (b) Description		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder na	ame Office sought	Office held	
Amount (\$)	Payee address;	City;	State; Zip Co	de
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the	top of this schedule) Description	Austin, TX, officeholder living expense	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

# SCHEDULE G

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consul ing Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	•	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	xpense Wages/Contract Labor	Solicitation/Fundraisim Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule G:		n R Romero			3 Filer ID (Ethics	Commission Filers)
4 <sub>Date</sub> 11/09/2021	5 Payee nar Michael A				1	
6 Amount (\$) 250 Reimbursement from political contributions intended	7 Payee add 3323 Sac	<sup>dress;</sup> ramento, El Paso, Τλ	( 7993(	) City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this s IG Expense	chedule)	(b) Description Consulting Exp	pense	
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austir	n, TX, officeholder living ex	pense
9 Osmalata ONIIX it diasat	Candid	ate / Officeholder name		Office sought	(	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			Muni C	ourt #2		
Date	Payee nar	ne				
11/02/2020	Omar Ma	cias				
Amount (\$) 960 Reimbursement from political contributions intended	Payee add 432 Fran	<sup>dress;</sup> cisco, El Paso, TX 79	912	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category Salaries/	(See Categories listed at the top of this s Wages/Contract Labo	schedule) ) <b>[</b>	Description		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living ex	pense
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/	ОН		Muni C	Court #2		
Date	Payee nar	ne				
11/02/2020	Aaron Ta					
Amount (\$) 800 Reimbursement from political contributions intended	Payee add 432 Fran	<sup>dress;</sup> cisco, El Paso, TX 79	912	City;	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this s Wages/Contact Labor		Description Salaries/Wage	es/Contact Labo	or
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	Muni C	Office sought Court #2		Office held
	ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	DED	

	MADE FRO			С/ОН	SCH	EDULE H
	EX	PENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consul ing Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	By Gift/Awa ical Committee Legal Se	verage Expense rds/Memorials Expense ervices	Office Ov Polling E Printing E Salaries/	xpense Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District O her (enter a category	ent & Related Expense
-	1	struction Guide explain	ns how to	complete this form.		
1 Total pages Schedule H: 0	<sup>2</sup> FILER NAME Ms. Kristin R R	omero			3 Filer ID (Ethics	commission Fliers)
4 Date	5 Business name					
<b>6</b> Amount (\$)	7 Business address	;;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categ	gories listed at the top of this s	chedule)	(b) Description		
	(c) Check if trave	el outside of Texas. Complete Scl	hedule T.	Check if Austir	n, TX, officeholder living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Offi H	ceholder name		Office sought	C	office held
Date	Business name					
Amount (\$)	Business address	;;		City;	State;	Zip Code
PURPOSE OF	Category (See Categ	ories listed at the top of this so	chedule)	Description		
EXPENDITURE	Check if trave	l outside of Texas. Complete Sch	nedule T.	Check if Austir	n, TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Offi H	ceholder name		Office sought	C	office held
Date	Business name					
Amount (\$)	Business address	;		City;	State;	Zip Code
PURPOSE	Category (See Cate	gories listed at the top of this so	chedule)	Description		
EXPENDITURE	Check if trave	el outside of Texas. Complete Scl	hedule T.	Check if Austir	n, TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Offi H	ceholder name		Office sought	C	Office held
	ATTACH AD	DITIONAL COPIES (	OF THIS :	SCHEDULE AS NEE	DED	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to com	plete this form.			
1 Total pages Schedule I: O	<sup>2</sup> FILER NAME Ms. Kristin R Romero		3 Filer ID	(Ethics Co	ommission Filers)
4 Date	5 Payee name		L		
<b>6</b> Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions rega	rding type of	
Date	Payee name	<u> </u>			
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	irding type of	information
Date	Payee name	1			
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	irding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

# 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		3 Filer ID (Ethics Commission Filers)
Ms. Kristin R	Romero	
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	<b>6</b> Address of person from whom amount is received; City; Sta	te; 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; Sta	ate; 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; Sta	te; 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; Sta	ate; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED

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

SCHEDULE T

The Instruc	ction Guide	explains	how to complete		_	1 Total pages Schedule T:	
		-	now to complete	this form	1.		0
<sup>2</sup> FILER NAME Ms. Kristin R Rom	iero					3 Filer ID (Ethics Commis	ssion Filers)
4 Name of Contributor / C		or Labor C	Organization / Pledgo	or / Payee			
5 Contribution / Expendite		on: edule B	Schedule B(J)	) [] s	Schedule C2	Schedule D	Schedule F1
Schedule F2		edule F4	Schedule G		Schedule H	Schedule COH-UC	Schedule B-SS
6 Dates of travel	7 Name of	person(s)	) traveling				
_	8 Departu	re city or n	ame of departure loc	cation			
_	9 Destinat	ion city or	name of destination	location			
<b>10</b> Means of transportatio	on	11 Purpo	ose of travel (includin	ng name o	f conference,	seminar, or other event)	
Name of Contributor / C	Corporation	or Labor C	Organization / Pledgo	or / Payee			
Contribution / Expendit	ture reported	l on:					
Schedule A2	Sche	edule B	Schedule B(J)	) [] 5	Schedule C2	Schedule D	Schedule F1
Schedule F2	Sche	edule F4	Schedule G	<u> </u>	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of	person(s	) traveling				
-	Departu	re city or n	ame of departure loc	cation			
_	Destinat	ion city or	name of destination	location			
Means of transportatio	on	Purpo	ose of travel (includin	ng name c	f conference,	seminar, or other event)	
Name of Contributor / C	Corporation	or Labor C	Drganization / Pledgo	or / Payee			
Contribution / Expendit	ture reported	l on:					
Schedule A2	Schedu	lle B	Schedule B(J)	Sch	edule C2	Schedule D	Schedule F1
Schedule F2	Schedu	lle F4	Schedule G	Sch	edule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of	person(s	) traveling				
_	Departu	re city or n	ame of departure loc	cation			
-	Destinat	ion city or	name of destination	location			
Means of transportatio	on	Purpo	ose of travel (includin	ng name c	f conference,	seminar, or other event)	
	A	TACH AI	DDITIONAL COPIE	S OF TH	IS SCHEDUL	EASNEEDED	

# CANDIDATE/OFFICEHOLDER REPORT: **DESIGNATION OF FINAL REPORT**

# FORM C/OH - FR

0/011	NAME 2 Filer ID (Ethics Commission Filers)
s. Kr	stin R Romero
SIGN	ATURE
ing a r	t expect any further political contributions or political expenditures in connection with my candidacy. I understand that designate eport as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign utions or make any campaign expenditures without a campaign treasurer appointment on file. Ms. Kristin R Romero *** Electronically Certified *** Signature of Candidate / Officeholder
•• Co	R WHO IS NOT AN OFFICEHOLDER nplete A & B below <i>only</i> if you are not an officeholder. ••
A.	
	k 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 may not convert unexpended political contributions or unexpended interest or income earned on political contributions t personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retai
	unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filin this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest of income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
В.	unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filin this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest of
	unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filin this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest of income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
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	unexpended contributions or unexpended interest or income earned on political contributions longer than six years after film this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest of income earned on political contributions in accordance with the requirements of Election Code, § 254.204. ASSETS k only one:
	unexpended contributions or unexpended interest or income earned on political contributions longer than six years after film 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</b> <b>k only one:</b> 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 do 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 do retain assets purchased with political contributions or interest or other income from political contributions 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