# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

# FORM C/OH COVER SHEET PG 1

			1			
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ett	hics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MR	FIRST Cristian		A	OFFICE	USEONLY
NAME			• • • • • • • • • • • • • • • • • • • •		Date Received	
	NICKNAME	Botello		SUFFIX	10/31/202	2 5:02 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	;	CITY; STA	.TE; ZIP CODE	CITY CLERK'S OFFICE - Diana Nu	FFICE - Diana Nunez nez (Oct 31, 2022 17:17 MOT)
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION	Date Hand-delivered	d or Date Postmarked Amount \$
6 CAMPAIGN TREASURER	MS/MRS/MR MS	FIRST Gabriela		MI		
NAME	NICKNAME	LAST	• • • • • • • • • • • • • • • • • • • •	SUFFIX	Date Flocessed 10	/31/2022 5:17 PM
	NICKIVAIVIE	Escalante		301117	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #;	CITY;	STATE;	ZIP CODE
,						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION		
	,					
9 REPORT TYPE	January 15	30th day before e	election	Runoff		fter campaign ppointment er Only)
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	<b>—</b>	rt (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Yea	r
COVERED	09/30/20	22 /	THROUGH	10/29/20	<b>2</b> 2 /	
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	11/08/2022	General General	Special			
12 OFFICE	OFFICE HELD (if any)		l _	Council C		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN M.	ADE WITHOUT THE CAN	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	SS		
	I	CO TO	DACE 2			
		60 10	PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Cristian	Bote	ello	16 File	r ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS	ON 1.	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELE		AN	\$	
	2.	TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOAN	S)	\$ \$	1,365.00
EXPENDITUR TOTALS	3.	TOTAL UNITEMIZED POLITIC	AL EXPENDITURE.		\$	
	4.	TOTAL POLITICAL EXPENI	DITURES		\$ \$	1,319.14
CONTRIBUTIO BALANCE	DN 5.	TOTAL POLITICAL CONTRIBU	ITIONS MAINTAINED AS OF THE L	AST DAY	\$ 1	085.96
OUTSTANDING LOAN TOTALS	0.	TOTAL PRINCIPAL AMOUNT ( LAST DAY OF THE REPORTIN	DF ALL OUTSTANDING LOANS AS NG PERIOD	OF THE	\$	
18 SIGNATURE		r affirm, under penalty of perjury, be reported by me under Title 15,		true and co	orrect and inc	udes all information
	I acknowle	dge I am electronically signing here	e <u>Cristian Botello</u> Cristian Botello (Oct 31, 2022 17:02 MDT)	_		
			Signature of	Candidate	or Officehold	er
		ъ.	14 44 44 11			
		Please comp	olete either option belo	ow:		
(1) Affidavit						
NOTARY STAMP	/SEAL					
Sworn to and subs	cribed before	me by	this d	ate	, 1	o certify which,
		,			,	,
witness my hand and	seal of office.					
C:					T:41 6 - 65:	and a destate to the control of the
Signature of officer ad	ministering oath	Printed name of of	ficer administering oath		Title of office	r administering oath
			OR			
(2) Unsworn Dec	laration					
Cris	sitna Bo	tello		. 01/0	7/2022	
My name is	86 Bronco Busi	ter I n	, and my date of birth El Paso	TX	79936	 United States
My address is1228						<del></del>
Executed in El Pa	so	(street)	, on the 31 city) , on the day of Oct	(state) oher	(zip code)	(country)
Executed in		County, State of Texas		nth)	, <sub>20</sub> _22 (year)	÷
			Cristian Botello (Oct 31, 2022 17:02 MDT)			
			Signature of Car	ididate/Offic	ceholder (Dec	larant)

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19 FILER	NAME	20 Filer ID (Ethics Co	mmissior	r Filers)
Cristia	n Botello			
	ULE SUBTOTALS DF SCHEDULE			UBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ \$^	,365.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	\$0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	\$0.00
4.	SCHEDULE E: LOANS		\$	\$0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ \$1	,319.14
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	\$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	\$0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	\$0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	\$0.00

## SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Cristian B	otello		3 Filer ID (Ethics Commission Filers
4 Date 10/03/2022	5 Full name of contributor □ out-of-state PAC Emmel Golden	(ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City; 182 Greenbriar Memphis	State; Zip Code	50.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date		(ID#:)	Amount of contribution (\$)
10/06/2022	Monica Montalvo		50.00
	Contributor address; City;	State; Zip Code	00.00
	12244 Chisholm Pass Dr El Pa	aso, TX, 79936	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 10/06/2022		(ID#:)	Amount of contribution (\$)
10/00/2022			15.00
	Contributor address; City;  1350 John Phelan Drive El Pa	State; Zip Code aso, TX, 79936	10.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Miguel Fernandez		1 000 00
	Contributor address; City;	State; Zip Code	1,000.00
		<b>/ 7</b> 0000	
	∣411 Rim El Paso, T〉	X, 1990Z	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Cristian B	otello			3 Filer ID (Ethics Commission Filers)
4 Date 10/17/2022	5 Full name of contributor			7 Amount of contribution (\$) 200.00
		City;	State; Zip Code	
	1640 N Zaragoz	a, El Pas	so, 1X 79936	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 10/17/2022	Full name of contributor  Maggie Ortega	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		City	State: 7in Code	50.00
	Contributor address;	City;	State; Zip Code	
	732 Bluff Canyon (	Circle El Pa	aso, TX, 79912	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	aation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	oation / Job title (See Instructions)		Employer (See Instruc	tions)

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2 FILER NAME Cristian Botello	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)

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2 FILER NAME Cristian Botello	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)

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2 FILER NAME Cristian Botello	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)

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## SCHEDULE A2

If the requested information is not applicable, **DO NOT include this page in the report.** 

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Sched	1 Total pages Schedule A2:	
<sup>2</sup> FILER NAME  Cristian			3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:	)	8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code	Check if troval outsi	         de of Texas. Complete Schedule T.	
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICIA	·	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outsic	,          de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(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	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

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<sup>2</sup> FILER NAME  Cristian			3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:	)	8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code	Check if troval outsi	         de of Texas. Complete Schedule T.	
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICIA	·	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outsic	,          de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(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	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

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<sup>2</sup> FILER NAME  Cristian			3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:	)	8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code	Check if troval outsi	         de of Texas. Complete Schedule T.	
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICIA	·	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outsic	,          de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(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	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

## SCHEDULE A2

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Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Sched	1 Total pages Schedule A2:	
<sup>2</sup> FILER NAME  Cristian			3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:	)	8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code	Check if troval outsi	         de of Texas. Complete Schedule T.	
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICIA	·	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outsic	,          de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(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	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

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<sup>2</sup> FILER NAME  Cristian			3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:	)	8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code	Check if troval outsi	         de of Texas. Complete Schedule T.	
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICIA	·	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outsic	,          de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(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	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

## **PLEDGED CONTRIBUTIONS**

## SCHEDULE B

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explain	s how to complete this	s form.	1 Total pages Sched	ule B:
<sup>2</sup> FILER NAME  Cristian E	Rotello			3 Filer ID (Ethics C	commission Filers)
Chistian L					
4 TOTAL OF	UNITEMIZED PLED	GES		\$	
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address;		ate; Zip Code		 
				Check if travel outs	I. side of Texas. Complete Schedule T.
10 Principal occu	ipation / Job title (See Instru	ctions)	<b>11</b> Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; Sta	ate; Zip Code		 
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instruc	ctions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; St	ate; Zip Code		 
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instruc	ctions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; State	e; Zip Code		 
				Check if travel outs	। side of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instruc	ctions)	Employer (See	Instructions)	

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## **PLEDGED CONTRIBUTIONS**

## SCHEDULE B

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The	Instruction Guide explain	s how to complete this	s form.	1 Total pages Sched	ule B:
<sup>2</sup> FILER NAME  Cristian E	Rotello			3 Filer ID (Ethics C	commission Filers)
Chistian L					
4 TOTAL OF	UNITEMIZED PLED	GES		\$	
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address;		ate; Zip Code		 
				Check if travel outs	I. side of Texas. Complete Schedule T.
10 Principal occu	ipation / Job title (See Instru	ctions)	<b>11</b> Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; Sta	ate; Zip Code		 
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instruc	ctions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; St	ate; Zip Code		 
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instruc	ctions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; State	e; Zip Code		 
				Check if travel outs	। side of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instruc	ctions)	Employer (See	Instructions)	

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The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
<sup>2</sup> FILER NAME  Cristian Bot	tello		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
<b>14</b> Description of Colling	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	<b>18</b> Guarantor address; City;	State; Zip Code	
<b>20</b> Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political
none		account (ccc manact	ione
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTAQUADDITICH COS	150 OF THE COUEDING A CASE	

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
<sup>2</sup> FILER NAME  Cristian Bot	tello		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
<b>14</b> Description of Colling	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	<b>18</b> Guarantor address; City;	State; Zip Code	
<b>20</b> Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political
none		account (ccc manact	ione
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTAQUADDITICH COS	150 OF THE COUEDING A CASE	

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
<sup>2</sup> FILER NAME  Cristian Bot	tello		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
<b>14</b> Description of Colling	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	<b>18</b> Guarantor address; City;	State; Zip Code	
<b>20</b> Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political
none		account (ccc manact	ione
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTAQUADDITICH COS	150 OF THE COUEDING A CASE	

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
<sup>2</sup> FILER NAME  Cristian Bot	tello		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
<b>14</b> Description of Colling	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	<b>18</b> Guarantor address; City;	State; Zip Code	
<b>20</b> Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political
none		account (ccc manact	ione
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTAQUADDITICH COS	150 OF THE COUEDING A CASE	

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
<sup>2</sup> FILER NAME  Cristian Bot	tello		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
<b>14</b> Description of Colling	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	<b>18</b> Guarantor address; City;	State; Zip Code	
<b>20</b> Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political
none		account (eee menact	ione
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTAQUADDITICH COS	150 OF THE COUEDING A CASE	

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Openset

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Cristian Botello		3 Filer ID (Ethics Commission File	ers)
4 Date	5 Payee name			
09/30/2022	Weststar Bank			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
5.00				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10/14/2022	Squarespace Inc.			
Amount (\$)	Payee address;	City;	State; Zip Code	
38.97				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name ł	Office sought	Office held	
Date	Payee name			
10/17/2022	Allprint			
Amount (\$)	Payee address;	City;	State; Zip Code	
2.16				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Opensitions/Opensitions/Donations/Do

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Cristian Botello		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/17/2022	Campaign Verify		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
95.00			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/19/2022	Allprint		
Amount (\$)	Payee address;	City;	State; Zip Code
568.31			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/24/2022	Allprint		
Amount (\$)	Payee address;	City;	State; Zip Code
568.31			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Opensitions/Opensitions/Donations/Do

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

orcuit oard i ayment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Cristian Botello		3 Filer ID (Ethics	Commission Filers)
4 Date 10/29/2022	5 Payee name Stripe			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
41.39				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living e	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	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 Schedule T.	Check if Aust	tin, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

orcuit card i ayment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Cristian Botello		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
<b>9</b> Complete ONLY 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 Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
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 Schedule T.	Check if Aust	in, TX, officeholder living	ı expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

orcuit card i ayment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Cristian Botello		3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	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 Schedule T.	Check if Aust	if Austin, TX, officeholder living expense		
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 Schedule T.	Check if Aust	in, TX, officeholder living	ı expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		

## **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		The Instruction Guide explains how to c	complete this form.		
1	Total pages Schedule F2:	2 FILER NAME Cristian Botello		3 Filer ID (Ethics C	ommission Filers)
4	TOTAL OF UNITEM	IIZED UNPAID INCURRED OBLIGATION	IS	\$	
5	Date	6 Payee name			
7	Amount (\$)	8 Payee address;	City;	State;	Zip Code
9	TYPE OF EXPENDITURE	Political Non-Po	blitical		
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
		(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Office sought	Office he	ld
	Date	Payee name			
	Amount (\$)	Payee address;	City;	State;	Zip Code
	TYPE OF EXPENDITURE	Political Non-Po	olitical		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
		Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living	expense
	Complete ONLY if direct expenditure to benefit C/OF		Office sought	Office he	eld

## **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel Out of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F2:	2 FILER NAME Cristian Botello		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATION	NS	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political Non-P	olitical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living ex	kpense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	d
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-F	Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought	Office hel	d
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

If the requested information is not applicable, **DO NOT include this page in the report.** 

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME Cristian	Botello	3 Filer ID (Ethics Commission Filers)
<b>4</b> Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; 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	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

If the requested information is not applicable, **DO NOT include this page in the report.** 

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME Cristian	Botello	3 Filer ID (Ethics Commission Filers)
<b>4</b> Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; 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	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

If the requested information is not applicable, DO NOT include this page in the report.

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

xpense Travel In District
xpense Travel Out Of District
Nages/Contract Labor Other (enter a category no

Candidate/Officeholder/Politica	al Committee	Legal Services The Instructio	n Guide explain		ges/Contract Labor mplete this form.	Other (e	enter a categor	y not listed above)
1 Total pages Schedule F4:	2 FILER N	NAME	· ·		·	3 Filer I	ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES	CHARGED	TOACRE	EDIT CARD	\$		
5 Date	6 Payee r	name						
7 Amount (\$)	8 Payee a	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE	F	Political		Non-Poli	tical			
10 PURPOSE OF EXPENDITURE	(a) Category	/ (See Categories list	ed at the top of this	schedule)	(b) Description			
	(c)	Check if travel outside	of Texas. Complete S	Schedule T.	Check if Au	stin, TX, offi	ceholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Cano	didate / Officeho	lder name	Off	fice sought		Office he	ld
Date	Payee r	name						
Amount (\$)	Payee :	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE	F	Political		Non-Pol	itical			
PURPOSE OF EXPENDITURE	Categor	y (See Categories lis	ted at the top of this	schedule)	Description			
		Check if travel outside	e of Texas. Complete	Schedule T.	Check if Au	ustin, TX, off	iceholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cano	didate / Officeho	older name	Of	fice sought		Office he	eld
	ATTAC	H ADDITIONA	L COPIES O	F THIS SC	CHEDULE AS NE	EDED		

## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

If the requested information is not applicable, DO NOT include this page in the report.

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

xpense Travel In District
xpense Travel Out Of District
Nages/Contract Labor Other (enter a category no

Candidate/Officeholder/Politica	al Committee	Legal Services The Instructio	n Guide explain		ges/Contract Labor mplete this form.	Other (e	enter a categor	y not listed above)
1 Total pages Schedule F4:	2 FILER N	NAME	· ·		·	3 Filer I	ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES	CHARGED	TOACRE	EDIT CARD	\$		
5 Date	6 Payee r	name						
7 Amount (\$)	8 Payee a	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE	F	Political		Non-Poli	tical			
10 PURPOSE OF EXPENDITURE	(a) Category	/ (See Categories list	ed at the top of this	schedule)	(b) Description			
	(c)	Check if travel outside	of Texas. Complete S	Schedule T.	Check if Au	stin, TX, offi	ceholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Cano	didate / Officeho	lder name	Off	fice sought		Office he	ld
Date	Payee r	name						
Amount (\$)	Payee :	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE	F	Political		Non-Pol	itical			
PURPOSE OF EXPENDITURE	Categor	y (See Categories lis	ted at the top of this	schedule)	Description			
		Check if travel outside	e of Texas. Complete	Schedule T.	Check if Au	ustin, TX, off	iceholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cano	didate / Officeho	older name	Of	fice sought		Office he	eld
	ATTAC	H ADDITIONA	L COPIES O	F THIS SC	CHEDULE AS NE	EDED		

### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### **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

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

2 FILER NAME Cristian Botello 5 Payee name 7 Payee address;	City;	3 Filer ID (Ethics	Commission Filers)	
	City;	State;		
7 Payee address;	City;	State;		
			Zip Code	
(a) Category (See Categories listed at the top of this schedule)	(b) Description			
(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	pense	
Candidate / Officeholder name	Office sought		Office held	
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Payee address;	City;	State;	Zip Code	
Category (See Categories listed at the top of this schedule)	Description			
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Candidate / Officeholder name	Office sought		Office held	
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Payee address;	City;	State;	Zip Code	
Category (See Categories listed at the top of this schedule)	Description			
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Credit Card Payment

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Printing Expense Travel Out Of District
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2 FILER NAME Cristian Botello 5 Payee name 7 Payee address;	City;	3 Filer ID (Ethics	Commission Filers)	
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Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

2 FILER NAME Cristian Botello 5 Payee name 7 Payee address;	City;	3 Filer ID (Ethics	Commission Filers)	
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Printing Expense Travel Out Of District
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2 FILER NAME Cristian Botello 5 Payee name 7 Payee address;	City;	3 Filer ID (Ethics	Commission Filers)	
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### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
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Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

2 FILER NAME Cristian Botello 5 Payee name 7 Payee address;	City;	3 Filer ID (Ethics	Commission Filers)	
	City;	State;		
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#### SCHEDULE H

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#### **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

nse Travel Out Of District
es/Contract Labor Other (enter a category

The Instruction Guide explains how to complete this form

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

	The monaction datae explains now t	o complete tina form.		
1 Total pages Schedule H:	2 FILER NAME Cristian Botello		3 Filer ID (Ethics	Commission Filers)
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6 Amount (\$)	7 Business address;	City;	State;	Zip Code
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Date	Business name			
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
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Date	Business name			
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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	n, TX, officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	(	Office held
	ATTACH ADDITIONAL CODIES OF THE	2001150111 5 42 4:5-	'DED	

#### SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

#### **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

nse Travel Out Of District
es/Contract Labor Other (enter a category

The Instruction Guide explains how to complete this form

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

	The monaction datae explains now t	o complete tina form.		
1 Total pages Schedule H:	2 FILER NAME Cristian Botello		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name		1	
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	(	Office held
Date	Business name			
Amount (\$)	Business 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 Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held		
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	n, TX, officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	(	Office held
	ATTACH ADDITIONAL CODIES OF THE	2001150111 5 42 4:5-	'DED	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule I:	<sup>2</sup> FILER NAME  Cristian Botello		<b>3</b> Filer ID	(Ethics Co	ommission Filers)		
4 Date	5 Payee name						
<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 regar	ding type of	finformation		
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	rding type of	f 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	rding type of	f 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	rding type of	f information		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDIII E AS NE	EDED				

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule I:	<sup>2</sup> FILER NAME  Cristian Botello		<b>3</b> Filer ID	(Ethics Co	ommission Filers)		
4 Date	5 Payee name						
<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 regar	ding type of	finformation		
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	rding type of	f 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	rding type of	f 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	rding type of	f information		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDIII E AS NE	EDED				

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

### SCHEDULE K

The	dule K:		
<sup>2</sup> FILER NAME  Cristian B	sotello	3 Filer ID (Ethic	s Commission Filers)
<b>4</b> Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; Sta	ate; 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; St	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	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; St	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

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

### SCHEDULE K

The	dule K:		
<sup>2</sup> FILER NAME  Cristian B	sotello	3 Filer ID (Ethic	s Commission Filers)
<b>4</b> Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; Sta	ate; 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; St	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	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; St	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

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

## SCHEDULE T

If the requested in	nformation i	s not app	licable, <b>DO NOT</b>	include th	is page ir	n the report.	
The Instruction Guide explains how to complete this form.						1 Total pages Schedule	Γ:
2 FILER NAME Cristian Botello						3 Filer ID (Ethics Comm	nission Filers)
4 Name of Contributor /	Corporation	or Labor Or	ganization / Pledgo	r / Payee			
5 Contribution / Expend Schedule A2 Schedule F2	Sche	d on: edule B edule F4	Schedule B(J)	=	dule C2 dule H	Schedule D Schedule COH-U	Schedule F1 C Schedule B-SS
6 Dates of travel	7 Name of person(s) traveling						
	8 Departu	re city or na	me of departure loc	ation			
	9 Destinat	ion city or n	ame of destination	location			
10 Means of transportati	ion	11 Purpos	se of travel (includin	g name of cor	nference, se	minar, or other event)	
Name of Contributor /	Corporation	or Labor Or	ganization / Pledgo	r / Payee			
Contribution / Expend Schedule A2 Schedule F2	Sche	d on: edule B edule F4	Schedule B(J)	=	dule C2 dule H	Schedule D Schedule COH-U	Schedule F1 C Schedule B-SS
Dates of travel	Name o	f person(s)	traveling				
	Departu	re city or na	ume of departure loc	cation			
	Destinat	ion city or n	ame of destination	location			
Means of transportati	ion	Purpos	se of travel (includin	ng name of co	nference, se	eminar, or other event)	
Name of Contributor /	Corporation	or Labor Or	ganization / Pledgo	r / Payee			
Contribution / Expend	liture reported	d on:	_			_	_
Schedule A2 Schedule F2	Schedu Schedu	=	Schedule B(J) Schedule G	Schedu		Schedule D  Schedule COH-UC	Schedule F1 Schedule B-SS
Dates of travel							
Departure city or name of departure location							
	Destination city or name of destination location						
Means of transportati	Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
	Αī	TTACH AD	DITIONAL COPIE	S OF THIS S	CHEDULE	AS NEEDED	

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

## SCHEDULE T

If the requested in	nformation i	s not app	licable, <b>DO NOT</b>	include th	is page ir	n the report.	
The Instruction Guide explains how to complete this form.						1 Total pages Schedule	Γ:
2 FILER NAME Cristian Botello						3 Filer ID (Ethics Comm	nission Filers)
4 Name of Contributor /	Corporation	or Labor Or	ganization / Pledgo	r / Payee			
5 Contribution / Expend Schedule A2 Schedule F2	Sche	d on: edule B edule F4	Schedule B(J)	=	dule C2 dule H	Schedule D Schedule COH-U	Schedule F1 C Schedule B-SS
6 Dates of travel	7 Name of person(s) traveling						
	8 Departu	re city or na	me of departure loc	ation			
	9 Destinat	ion city or n	ame of destination	location			
10 Means of transportati	ion	11 Purpos	se of travel (includin	g name of cor	nference, se	minar, or other event)	
Name of Contributor /	Corporation	or Labor Or	ganization / Pledgo	r / Payee			
Contribution / Expend Schedule A2 Schedule F2	Sche	d on: edule B edule F4	Schedule B(J)	=	dule C2 dule H	Schedule D Schedule COH-U	Schedule F1 C Schedule B-SS
Dates of travel	Name o	f person(s)	traveling				
	Departu	re city or na	ume of departure loc	cation			
	Destinat	ion city or n	ame of destination	location			
Means of transportati	ion	Purpos	se of travel (includin	ng name of co	nference, se	eminar, or other event)	
Name of Contributor /	Corporation	or Labor Or	ganization / Pledgo	r / Payee			
Contribution / Expend	liture reported	d on:	_			_	_
Schedule A2 Schedule F2	Schedu Schedu	=	Schedule B(J) Schedule G	Schedu		Schedule D  Schedule COH-UC	Schedule F1 Schedule B-SS
Dates of travel							
Departure city or name of departure location							
	Destination city or name of destination location						
Means of transportati	Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
	Αī	TTACH AD	DITIONAL COPIE	S OF THIS S	CHEDULE	AS NEEDED	

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

### FORM C/OH - FR

			The Instruction Guide explains how to complete	this form.				
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••							
1	C/OH N			2 Filer ID (Ethics Commission Filers)				
		Cristian	Botello					
3	SIGNA	TURE						
			al contributions or political expenditures in connection	•				
	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.							
			I acknowledge I am electronically signing here					
			or looving this blank if it does not apply to me	Signature of Candidate / Officeholder				
4		WHO IS NOT AN OFF	ICEHOLDER if you are not an officeholder. ••					
			,					
	Α.	CAMPAIGN FUNDS						
	Chec	k only one:						
		I do not have unexpende	ed contributions or unexpended interest or income ea	arned 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.						
	В.	ASSETS						
	Chec	k only one:						
		I do not retain assets pu	rchased with political contributions or interest or othe	er income from political contributions.				
		I do retain assets purcha	sed with political contributions or interest or other inc	come from political contributions. I understand				
		-	sets purchased with political contributions or interest lerstand that I must dispose of assets purchased with	·				
		requirements of Election		r political contributions in accordance with the				
			I acknowledge I am electronically signing here					
			or leaving this blank if it does not apply to me.	Signature of Candidate				
5	OFFIC	EHOLDER						
	_	_	if you are an officeholder ••					
			ubject to filing requirements applicable to an officeholde	· -				
			I will be required to file reports of unexpended contribublitical contributions, interest or other income from polit					
		· ·	nterest or other income from political contributions.	near contributions, or assets purchased with				
			I acknowledge I am electronically signing here					
			or leaving this blank if it does not apply to me.	Signature of Officeholder				