

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Carlos G		OFFICE USE ONLY Date Received CITY CLERK DEPT. 5/3/2013 10:55:20 PM Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX Charlie Madrid		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1941 Octubre Dr. El Paso TX 79935		
	AREA CODE PHONE NUMBER EXTENSION (915) 474-1756		
5 CANDIDATE/ OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI Dr. Roberto		
	NICKNAME LAST SUFFIX Canales M.D.		
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2295 Trawood Dr. Ste C El Paso TX 79935		
	AREA CODE PHONE NUMBER EXTENSION (915) 525-1719		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	REPORT TYPE ☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)		
	PERIOD COVERED Month Day Year THROUGH Month Day Year 4 / 2 / 2013 5 / 1 / 2013		
8 CAMPAIGN TREASURER PHONE	ELECTION Month Day Year 5 / 11 / 2013		
	ELECTION TYPE ☐ Primary ☐ Runoff ☒ General ☐ Special		
9 REPORT TYPE	OFFICE HELD (if any)		
	OFFICE SOUGHT (if known) City Representative District No. 7		
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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Carlos "Charlie" Madrid

15 ACCOUNT # (Ethics Commission Filers)**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

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COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1500

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 9.84

4. **TOTAL POLITICAL EXPENDITURES**

\$ 2021.14

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 510.80

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 902.68

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Carlos G. Madrid

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME Carlos "Charlie" Madrid		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/1/2013	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) TREPAC/Texas Association of Realtors Political Action Committee	7 Amount of contribution (\$) 1,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Austin, TX 78768-2246		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/12/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bruce A. Koehler	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Mounce Green Myers Safi Paxson & Galatzan, PC	
Date 4/19/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Humberto S. Enriquez	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Enriquez Law Firm	
Date 4/19/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Horacio Brambila	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) DoDEA	
Date 4/20/2013	Full name of contributor ☐ out-of-state PAC (ID#: _____) Humberto S. Enriquez	Amount of contribution (\$) 100	In-kind contribution description (if applicable) Refreshments for event
Contributor address; City; State; Zip Code 705 Coeur Dalene El Paso, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Enriquez Law Firm	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

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PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1	
2 FILER NAME Carlos "Charlie" Madrid		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄		\$ 0	
5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Carlos "Charlie" Madrid		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄		\$ 0
5 Date of loan 4/12/13	7 Name of lender Carlos Gerard Madrid ☐ out-of-state PAC (ID#: _____)	9 Loan Amount (\$) 131.92
6 Is lender a financial Institution? Y ☒ X	8 Lender address; City; State; Zip Code	10 Interest rate 0
		11 Maturity date 6/30/2013
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Self
14 Description of Collateral ☒ none		15 Check if personal funds were deposited into political account ☐
16 GUARANTOR INFORMATION ☒ not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 4/24/2013	Name of lender Carlos Gerard Madrid ☐ out-of-state PAC (ID#: _____)	Loan Amount (\$) 570.40
Is lender a financial Institution? Y ☒ X	Lender address; City; State; Zip Code	Interest rate 0
		Maturity date 6/30/2013
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Description of Collateral ☐ none		Check if personal funds were deposited into political account ☐
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Carlos "Charlie" Madrid		3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/7/2013	5 Payee name Super Cheap Signs		
6 Amount (\$) 288.14	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Yard Signs/Political Advertising	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/12/2013	Payee name Office Depot		
Amount (\$) 131.92	Payee address; City; State; Zip Code 801 Sunland Park Dr., Space B, El Paso, TX 79912		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising/Printing Expense	Description (If travel outside of Texas, complete Schedule T) Print Flyers for Blockwalking	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/19/2013	Payee name Sam's Club		
Amount (\$) 98.71	Payee address; City; State; Zip Code 11360 Pellicano, El Paso, TX 79936		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Refreshments for Event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/23/2013	Payee name Office Depot		
Amount (\$) 56.58	Payee address; City; State; Zip Code 1313 George Dieter Dr. #B, El Paso, TX 79936		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Supplies for Mailout	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Carlos "Charlie" Madrid		3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/24/2013	5 Payee name United States Postal Service		
6 Amount (\$) 570.40	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Postage for Mailout	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/24/2013	Payee name Super Cheap Signs		
Amount (\$) 465.02	Payee address; City; State; Zip Code 9804 Gray Blvd, Austin, TX 78758		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Yard Signs/Political Advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/25/2013	Payee name Crossroads Printing		
Amount (\$) 400.53	Payee address; City; State; Zip Code 8022 N. Mesa, El Paso, TX 79932		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising/Printing Expense	Description (If travel outside of Texas, complete Schedule T) Print Brochures for Mailout	
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 (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME Carlos "Charlie" Madrid		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$) ☐ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) ☐ Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) ☐ Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) ☐ Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) ☐ Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

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SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1		2 FILER NAME Carlos "Charlie" Madrid		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Business name			
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 (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

CITY CLERK DEPT.

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SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME Carlos "Charlie" Madrid		3 ACCOUNT # (Ethics 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 (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

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SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: 1
2 FILER NAME Carlos "Charlie" Madrid		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
7 Purpose for which amount is received		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		
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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1	
2 FILER NAME Carlos "Charlie" Madrid		3 ACCOUNT # (Ethics Commission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure reported on: ☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G ☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E			
6 Dates of travel	7 Name of person(s) traveling		
	8 Departure city or name of departure location		
	9 Destination city or name of destination location		
10 Means of transportation		11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: ☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G ☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E			
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: ☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G ☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E			
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

CITY CLERK DEPT.

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FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 -- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

 Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

 Signature of Officeholder