City Clerk Dept. 7/15/2021 3:31:58 PM

JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The JC/OH Instruction Guide explains how to complete this form. MS / MRS / MR MI 3 CANDIDATE/ OFFICE USE ONLY B. **OFFICEHOLDER** MARIA Date Received NAME LAST SUFFIX NICKNAME RAMIREZ APT / SUITE #, CITY; STATE: ZIP CODE 4 CANDIDATE / ADDRESS / PO BOX: 7/15/2021 3:31:00 PM **OFFICEHOLDER** MAILING **ADDRESS** Change of Address PHONE NUMBER EXTENSION AREA CODE Date Hand-delivered or Date Postmarked 5 CANDIDATE/ **OFFICEHOLDER** PHONE Receipt # Amount \$ MI FIRST MS / MRS / MR 6 CAMPAIGN B. TREASURER MARIA Date Processed NAME SUFFIX LAST NICKNAME Date Imaged RAMIREZ STATE: ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; CAMPAIGN TREASURER **ADDRESS** (Residence or Business) PHONE NUMBER EXTENSION AREA CODE 8 CAMPAIGN TREASURER PHONE 15th day after campaign 9 REPORT TYPE Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) 8th day before election July 15 Reporting Limit Year Month Day Year 10 PERIOD Month COVERED 07/14/2021 01/15/2021 THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Primary Runoff Other Month Day Year Description General 12/12/2020 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME MARIA B. RAMI	REZ	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUT PLEDGES, LOANS, OR GUARANTEES OF LO CONTRIBUTIONS MADE ELECTRONICALLY)	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARA	ANTEES OF LOANS) \$0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITUR	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAI OF REPORTING PERIOD	NED AS OF THE LAST DAY \$0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTAY LAST DAY OF THE REPORTING PERIOD	NDING LOANS AS OF THE \$0.00
	uired to be reported by me under Title 15, Election Code. •• MARIA	anying report is true and correct and includes all information B. RAMIREZ
	*** Elect	tronically Certified ***
		Signature of Candidate/Officeholder
(1) Affidavit	Please complete either	option below:
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by maria b ramirez	this the 15 day of July,
0.4	which, witness my hand and seal of office. Adriana Rosas	
Signature of officer administe	ring oath Printed name of officer administering	g oath Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and	d my date of birth is
		,,
	(street)	(city) (state) (zip code) (country)
Executed in	County, State of , on the	day of, 20 (year)
		Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19 F	ILER NAME	20 Filer ID (Ethics Co	mmission Filers)
MAI	RIA B. RAMIREZ		
	SCHEDULE SUBTOTALS IAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$0.000
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$0.000
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$0.000
4.	4. SCHEDULE E: LOANS		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$0.000
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0.000
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$0.000
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$0.000
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$ 0.000
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 0.000
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 0.000
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$0.000

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

Т	he Instruction Guide explains how to complete this fo	1 Total pages Schedule A(J)1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
MARIA B.	RAMIREZ		
4 Date	5 Full name of contributor ut-of-state PAC ID	,	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	
8 Contributor's p	principal occupation	9 Contributor's job title	
10 Contributor's 6	employer/law firm	11 Law firm of contributor	's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor		Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor		Amount of contribution (\$)
	Contributor address; City;	State: Zip Code	
Contributor's p	principal occupation	Contributor's job title	
	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this fo	orm.	1 Total pages Sched	ule A2:
2 FILER NAME MARIA B. RAMIREZ		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTR	RIBUTIONS	\$0.00	
5 Date 6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
7 Contributor address; City; State;			 -
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions	a) 11 Employe	er (FOR NON-JUDICI)	de of Texas. Complete Schedule T.
Findipal occupation / 300 title (FOR NON-30DICIAL)(See Instructions	,) II Limploye	(1 010 14014-0015101)	AL)(GGG HISHIGGHOIS)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 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		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions	Employe	r (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL)(See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	,		
ATTACH ADDITIONAL COPIES OF	THIS SCHEDU	II F AS NEEDED	
ATTACH ADDITIONAL COPIES OF	THIS SCHEDU	JLE AS NEEDED	

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE **B(J)**

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

1	The Instruction Guide explain	s how to complete this fo	orm.	1 Total pages Sched	dule B(J):
2 FILER NAME				3 Filer ID (Ethics C	commission Filers)
MARIA B.	RAMIREZ				
4 TOTAL OF	UNITEMIZED PLED	GES		\$0.00	
5 Date	6 Full name of pledgor	gor out-of-state PAC (ID#:)		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address;	City; Sta	ate; Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.
10 Pledgor's prin	ncipal occupation		11 Pledgor's job	title	
12 Pledgor's em	ployer/law firm		13 Law firm of p	oledgor's spouse (if an	у)
14 If pledgor is a	a child, law firm of parent(s) (if any)			
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	
Pledgor's pri	ncipal occupation		Pledgor's job		, , , , , , , , , , , , , , , , , , , ,
Pledgor's em	ployer/law firm		Law firm of p	oledgor's spouse (if an	у)
If pledgor is a	a child, law firm of parent(s) ((if any)			
Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; Sta	ate; Zip Code		
					ide of Texas. Complete Schedule T.
Pledgor's prii	ncipal occupation		Pledgor's job) title	
Pledgor's em	ployer/law firm		Law firm of p	oledgor's spouse (if an	y)
If pledgor is a	a child, law firm of parent(s) ((if any)			
	ATTA OLI	ADDITIONAL CODIES	OF THIS SOURI		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS (JUDICIAL)

SCHEDULE **E(J)**

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 E(J):
² FILER NAME MARIA B. RA	MIREZ		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$0.00
5 Date of loan	7 Name of lender ut-of-state 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 Lender's Principal	Occupation	13 Lender's Job Title	
14 Lender's Employer	/Law Firm	15 Law Firm of lender's spous	e (if any)
16 If lender is a child,	law firm of parent(s) (if any)		
17 Description of Coll	ateral	Check if persona account (See In	al funds were deposited into political structions)
19 GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)
	21 Guarantor address; City;	State; Zip Code	
not applicable		1	
23 Guarantor's Princip	pal Occupation	24 Guarantor's Job Title	
25 Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's sp	pouse (if any)
27 If guarantor is a ch	nild, law firm of parent(s) (if any)	L	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM **POLITICAL CONTRIBUTIONS**

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District
Travel Out Of District

Other (enter a category not listed above)

Gredit Gard'i ayment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME MARIA B. RAMIREZ		3 Filer ID (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	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	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 Austi	in, TX, officeholder living expense
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 Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

UNPAID 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)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F2:	2 FILER NAME MARIA B. RAMIREZ		3 Filer ID (Ethics Con	mmission Filers)	
4 TOTAL OF UNITER	IIZED UNPAID INCURRED OBLIGATION	ONS	\$0.00		
5 Date	6 Payee name		ı		
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code	
9 TYPE OF EXPENDITURE	Political Nor	n-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul	e) (b) Description			
	(c) Check if travel outside of Texas. Complete Schedule	Check if Au	stin, TX, officeholder living ex	pense	
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
TYPE OF EXPENDITURE	Political No	n-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	e) Description			
	Check if travel outside of Texas. Complete Schedule	T. Check if A	ustin, TX, officeholder living e	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	Ė	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

т	he Instruction Guide explains how to complete this form.	1 To	otal pag	ges Sche	edule F3:		
2 FILER NAME MARIA B. I	RAMIREZ	3 Fi	iler ID	(Ethics C	Commission	Filers)	
4 Date	5 Name of person from whom investment is purchased						
	6 Address of person from whom investment is purchased; City	у;		St	:ate;	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	· · · · · · · · · /;		S1	tate;	Zip Code	
	Description of investment						
	Amount of investment (\$)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	: AS N	IEEDE	ED.			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME MARIA B. RAMIREZ		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A C	REDIT CARD	\$0.00		
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address;	City;	State; Zip Code		
9 TYPE OF EXPENDITURE	Political Non-F	Political			
10	(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 Au	ustin, TX, officeholder living expense		
11 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		
TYPE OF EXPENDITURE	Political Non-	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 A	ustin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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 Gifl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel Out Of Dis Salaries/Wages/Contract Labor Other (enter a cat

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

The Instruction Guide explains how to complete this form

	The instruction Guide explains now to	complete this form.	
1 Total pages Schedule G:0	2 FILER NAME MARIA B. RAMIREZ		3 Filer ID (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	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 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
Reimbursement from political contributions intended			
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/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED

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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

	The Instruction Guide explains how to	o complete this form.	
1 Total pages Schedule H:	2 FILER NAME MARIA B. RAMIREZ		3 Filer ID (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	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	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/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEI	DED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

8 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable required.) (b) Description (See instructions regarding type of information required.) Payee name		The Instruction Guide explains how to co	mplete this form.			
6 Amount (\$) 7 Payee address; City State Zip Companies 8 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable required.) Date Payee name				3 Filer ID (E	Ethics Con	mmission Filers)
8 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable required.) (b) Description (See instructions regarding type of information required.) Payee name	Date	5 Payee name	,			
PURPOSE OF EXPENDITURE Date Payee name (a) Continue (continue of the continue of the contin	Amount (\$)	7 Payee address;	City	;	State	Zip Code
	PURPOSE OF	categories.)		instructions regardir	ng type of i	information
Amount (\$) Payee address; City State Zip C	Date	Payee name				
	Amount (\$)	Payee address;	City	,	State	Zip Code
PURPOSE OF EXPENDITURE Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.)	OF	categories.)		instructions regardir	ng type of i	information
Date Payee name	Date	Payee name				
Amount (\$) Payee address; City State Zip C	Amount (\$)	Payee address;	City	,	State	Zip Code
PURPOSE OF EXPENDITURE Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.)	OF	categories.)		instructions regardir	ng type of i	information
Date Payee name	Date	Payee name				
Amount (\$) Payee address; City State Zip Co	Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.)	OF	categories.)		instructions regardir	ng type of i	information

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

SCHEDULE K

The	1 Total pages Sche	dule K:		
² FILER NAME MARIA B. I	RAMIREZ	3 Filer ID (Ethics	s Commission Filers)	
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
	6 Address of person from whom amount is received; City; Star	te; Zip Code		
	7 Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Stat	te; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

OUTSTANDING LOANS

The	Instruction Guide explains how to complete this form.		1 Total pages Schedule L:			
² FILER NAME MARIA B. RAI	MIREZ		3 Filer ID (Ethics C	ommission Filers)		
LENDER INFORMATION	4 Name of lender					
	5 Lender address;	City;	State;	Zip Code		
GUARANTOR INFORMATION	6 Name of guarantor					
not applicable	7 Guarantor address;	City;	State;	Zip Code		
LENDER INFORMATION	Name of lender					
	Lender address;	City;	State;	Zip Code		
GUARANTOR INFORMATION	Name of guarantor					
not applicable	Guarantor address;	City;	State;	Zip Code		
LENDER INFORMATION	Name of lender					
	Lender address;	City;	State;	Zip Code		
GUARANTOR INFORMATION	Name of guarantor					
not applicable	Guarantor address;	City;	State;	Zip Code		
LENDER INFORMATION	Name of lender					
	Lender address;	City;	State;	Zip Code		
GUARANTOR INFORMATION	Name of guarantor					
not applicable	Guarantor address;	City;	State;	Zip Code		
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS N	EEDED			

ASSETS PURCHASED WITH CONTRIBUTIONS

SCHEDULE M

The Instruction Guide explains when and how to complete this form.	1 Total pages Schedule M:			
2 FILER NAME MARIA B. RAMIREZ	3 Filer ID (Ethics Commission Filers)			
4 Description of Asset				
Description of Asset				
Description of Asset				
Description of Asset				
Description of Asset				
Description of Asset				
Description of Asset				
Description of Asset				
Description of Asset				
Description of Asset				
Description of Asset				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

SCHEDULE T

The Instruction Guide explains how to complete this form. 1 Total pages Schedule 0				1 Total pages Schedule T:	
2 FILER NAME MARIA B. RAMIREZ				3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor /	Corporation (or Labor Org	janization / Pledgor	r / Payee	
5 Contribution / Expendit	ture reported	on:			
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2					
6 Dates of travel	ates of travel 7 Name of person(s) traveling				
	8 Departur	e city or nam	ne of departure loca	ation	
_	9 Destinati	on city or na	ume of destination I	ocation	
10 Means of transportation	on	11 Purpose	e of travel (including	g name of conference, so	eminar, or other event)
Name of Contributor /	Corporation	or Labor Org	ganization / Pledgor	r / Payee	
Contribution / Expendi	ture reported	on:			
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name of	person(s) tr	aveling		
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 Org	ganization / Pledgor	r / Payee	
Contribution / Expendi	ture reported	on:			
Schedule A2	Schedu	le B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedu	le F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name of	person(s) tr	raveling		
	Departui	e city or nan	ne of departure loc	ation	
	Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference, seminar, or other event)				eminar, or other event)	
	ΓA	TACH ADD	OITIONAL COPIES	S OF THIS SCHEDULE	AS NEEDED

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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" ••				
C/OH NAME	2 Filer ID (Ethics Commission Filers)			
MARIA B. RAMIREZ				
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. MARIA B. RAMIREZ *** Electronically Certified *** Signature of Candidate / Officeholder				
FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below <i>only</i> 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	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 incom	e 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				
	ARIA B. RAMIREZ ctronically Certified ***			
	Signature of Candidate			
• OFFICEHOLDER • Complete this section <i>only</i> if you are an officeholder ••				
I am aware that I remain subject to filing requirements applicable to an officeholder who dile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions.	after filing the last required report as			

Electronically Certified
Signature of Officeholder