CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Ms.	FIRST Maria	МІ	OFFICE	USE ONLY
NAME	NICKNAME	LAST Ramirez	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #;	CITY; STATE; Z P CODE	1/18/2022 8	3:11:30 PM
Change of Address	1951 0095	SUBJE NUMBER	EVENION		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR Ms.	FIRST Maria	МІ	Receipt # Date Processed	Amount \$
NAME	NICKNAME	LAST	SUFFIX		
		Ramirez		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	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day aff treasurer ap (Officeholde	
	July 15	8th day before ele	ec ion Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month 12/01	Day Year 1/2021	THROUGH 01/18	Day Year 8/2022	
11 ELECTION	Month Day 01/18/2022	Year Primary General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	·	13 OFFICE SOUGHT (if known	n)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES N S MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF 1	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Ms. Maria Ramii	'e7	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	1 @ 0 00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEE)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED A OF REPORTING PERIOD	S OF THE LAST DAY \$ 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LAST DAY OF THE REPORTING PERIOD	LOANS AS OF THE \$ 0.00
	wear, or affirm, under penalty of perjury, that the accompanying juired to be reported by me under Title 15, Election Code. Ms. Maria *** Electronia	
		gnature of Candidate or Officeholder
	Please complete either opt	ion below:
(1) Affidavit		
NOTARY STAMP/SEA	-	
Swom to and subscrbed	_{before me by} maria b ramirez	this the 25 day of January
	which, witness my hand and seal of office. Mary Katz	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my d	ate of birth is
My address is		·
	(street) (city	
Executed in	County, State of , on the d	day of, 20 (month) (year)
	Signa	ture of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Commission Filers)		
Ms. Maria Ramirez		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
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. SCHEDULE E: LOANS		\$ 0.000
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 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 FUNDS		\$ 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 CONTRIBUTIONS RETURNED TO FILER		\$ 0.000

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to	form.	1 Total pages Schedule A1:	
2 FILER NAME Ms. Maria	Ramirez			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	6 Contributor address;		State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
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;		State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
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)	
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS NEEDED				

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 form.			1 Total pages Schedu	ıle A2:
2 FILER NAME Ms. Maria Ramirez		3 Filer ID (Ethics Col	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$0.00	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsing	de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contr butor	r 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		de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF T		JLE AS NEEDED	- requirements

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

The	The Instruction Guide explains how to complete this form.			1 Total pages Schedule B:	
2 FILER NAME			3 Filer ID (Ethics C	ommission Filers)	
Ms. Maria	Ramirez				
4 TOTAL OF	UNITEMIZED PLEDGES		\$0.00		
5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_		8 Amount of Pledge \$	9 In-kind contribution description	
	l _	ate; Zip Code		 	
			Check if travel outsi	l. ide of Texas. Complete Schedule T.	
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)		
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; St	ate; Zip Code		 	
				l . ide of Texas. Complete Schedule T.	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; St	ate; Zip Code		 	
			Check if travel outsi	i ide of Texas. Complete Schedule T.	
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)		
Date	Full name of pledgor ut-of-state PAC (ID#:_)	Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; State	; Zip Code		 	
			Check if travel outsi	ide of Texas. Complete Schedule T.	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
	ATTACH ADDITIONAL CODIES	OF THE COLLEDIN	E A O NEEDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS	SCHEDULE E
LUANS	SCHEDULE E

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: 0				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Ms. Maria Ramirez					
4	TOTAL OF UN	ITEMIZED LOANS		\$ 0.00	
5	Date of loan	-	PAC (ID#:)	9 Loan Amount (\$)	
	ls 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)		
14	Description of Coll	ateral	Check if personal fundaccount (See Instruction	ds were deposited into political ions)	
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
		18 Guarantor address; City;			
ı	not applicable	18 Guarantor address; City;	State; Zip Code		
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
	Date of loan	Name of lender		Loan Amount (\$)	
	Date of loan	Name offender out-of-state F	PAC (ID#:)	Loan Anount (4)	
	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 Instruction	ds were deposited into political ons)	
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
		Guarantor address; City;	State; Zip Code		
	not applicable				
Ī	Principal Occupation	on (See Instructions)	Employer (See Instructions)		
		ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	DED	

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/Poli ical 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 Prin ing Expense

Prin ing Expense Travel Out of District
Salaries/Wages/Contract Labor Other (enter a category

The Instruction Guide explains how to complete this form

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

	The instruction Guide explains now to t	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Ms. Maria 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 Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	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 Accoun ing/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicita ion/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politica		Vages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F2:			3 Filer ID (Ethics Commission Filers)
0	Ms. Maria Ramirez		
4 TOTAL OF UNITER	IZED UNPAID INCURRED OBLIGATION	IS	\$0.00
5 Date	6 Payee name		
7	O Device address:	O't a	7-0-1-
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Po	olitical	
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 Aus	tin, TX, officeholder living expense
11 Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/OI	1		
Date	Payee name		
_			
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-Po	olitical	
	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 Au	stin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form. 2 FILER NAME		1 Total pages Schedule F3:0		
		3 Filer ID (Ethics Commission Filers)		
Ms. Maria		3 The 12 (2000 comments that)		
4 Date	5 Name of person from whom investment is purchased			
	6 Address of person from whom investment is purchased;	City; 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; State; Zip Code		
	Description of investment			
	Amount of investment (\$)			
	ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDED		

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
Accoun ing/Banking
Consulting Expense
Contributions/Dona ions 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

Solicita ion/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 co	mplete this form.		
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics C	ommission Filers)
0	Ms. Maria Ramirez			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRI	EDIT CARD	\$0.00	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political Non-Poli	itical		
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	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Off	fice sought	Office he	eld
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-Pol	litical		
	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 Au	ustin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Of	fice sought	Office he	eld
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NE	EDED	

City Clerk Dept. 1/25/2022 2:22:07 PM

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 Consul ing 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

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

Travel Out Of District

Other (enter a category not listed above)

olouicould aymon	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
0	Ms. Maria Ramirez		
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from	7 Payee address;	City;	State; Zip Code
political contributions intended		_	
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 <u>ONLY</u> if direct expenditure to benefit C/	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE 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 Consul ing 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 O her (enter a category not listed above)

Transportation Equipment & Related Expense
Travel In District Travel Out Of District

Solicitation/Fundraising Expense

	The instruction Guide explains now to	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME Ms. Maria 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 <u>ONLY</u> 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 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/O	Candidate / Officeholder name DH	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

City Clerk Dept.

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to com	plete this form.		
1 Total pages Schedule I:	2 FILER NAME Ms. Maria 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 instructions for examples of acceptable categories.)	(b) Description (See required.)	e instructions regarding type	e of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type	e of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type	e of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type	e of information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

City Clerk Dept. 25/2022 2:22:07 PM

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

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedu 0			dule K:
2 FILER NAME Ms. Maria	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; Sta	te; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

City Clerk Dept. 25/2022 2:22:07 PM

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

SCHEDULE T

		пот при подательной пот	.e.a.e a.n.e page n			
The Instruct	tion Guide ex	xplains how to complete thi	s form.	1 Total pages Schedule T:		
² FILER NAME Ms. Maria Ramire	ez			3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Co	orporation or l	Labor Organization / Pledgor / I	Payee			
5 Contribution / Expenditu	re reported or	1:				
	Schedu					
Schedule A2	Scriedu	ıle B Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedu		Schedule H	Schedule COH-UC Schedule B-SS		
6 Dates of travel 7	7 Name of pe	erson(s) traveling				
8	8 Departure of	city or name of departure location	on			
5	9 Destination	city or name of destination loc	ation			
40.44						
10 Means of transportation	1 11	Purpose of travel (including n	ame of conference, se	minar, or other event)		
Name of Contributor / Co	Corporation or	Labor Organization / Pledgor /	Payee			
Contribution / Expenditu	re reported or	n:				
Schedule A2	Schedu	ıle B Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedu		Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel Name of person(s) traveling						
Departure city or name of departure location						
	Destination	city or name of destination loc	ation			
Means of transportation	n	Purpose of travel (including r	name of conference, se	eminar, or other event)		
Name of Contributor / Co	Corporation or	Labor Organization / Pledgor /	Payee			
Contribution / Expenditu	re reported or	n:				
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule		Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name of pe	erson(s) traveling				
	Departure of	city or name of departure locati	on			
	Destination	city or name of destination loc	ation			
Moone of two	_	Durmon of travel (in alredia	name of conference	miner or other event		
Means of transportation		Purpose of travel (including r	iame or conference, se	milinal, or other event)		
	ATTA	ACH ADDITIONAL COPIES (OF THIS SCHEDULE	AS NEEDED		

City Clerk Dept. 25/2022 2:22:07 PM

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)				
Ms. Maria 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. Ms. Maria 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 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. Ms. Maria Ramirez *** Electronically Certified *** Signature of Candidate				
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. Ms. Maria Ramirez *** Electronically Certified ****				

Signature of Officeholder