#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** Christina Ms. М NAME Date Received LAST SUFFIX NICKNAME Ubando Received 1-11-22 ADDRESS / PO BOX: APT / SUITE #; 4 CANDIDATE / CITY: STATE: ZIP CODE **OFFICEHOLDER** 1609 Cloud St, San Angelo, TX 76905 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (325 659-6553 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN мі TREASURER Christina Ms. М Date Processed NAME LAST SUFFIX NICKNAME Date Imaged Ubando STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN TREASURER 1609 Cloud St., San Angelo, TX 76905 **ADDRESS** (Residence or Business) EXTENSION PHONE NUMBER 8 CAMPAIGN AREA CODE TREASURER PHONE ( 325 374-7476 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Dav Day Year COVERED 31 / 21 / 21 12 7 1 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description General Special 22 ′ 1 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE County Clerk County Clerk 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 OFFICEHOLDER'S REREQUIRED 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 **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

CAMPAIGI	N FINANCE REPORT			
15 C/OH NAME Christina Ubando		16 Filer	ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	)	\$	00.008
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDITURES		\$	777.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY	\$	22.70
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE	\$	300.00
	Please complete either option below		<b>Und</b>	er
(1) Affidavit				
NOTARY STAMP/SEA  Swom to and subscribed  20, to certify  Uona And Span	which, witness my hand and seal of office.	1/*	n_ day of <u>St</u>	rnuary.
Signature of officer administr	Printed name of officer administering oath	•	Title of officer	administering oath
(2) Unsworn Declarat	ion			
	, and my date of birth is	s		•
My address is		, _ (state)	(zip code)	(country)
Executed in	County, State of , on the day of (monty)	th)	, 20(year)	
	Signature of Cand	lidate/Offic	ceholder (Decl	arant)

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19 FILER NAME Christina Ubando 20 Filer ID (Eth	ics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. ■ SCHEDULE E: LOANS	\$ 300.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 777.30
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C	с/он \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

### **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.							
1 Total pages Schedule A1:							
3 Filer ID (Ethics Commission Filers)							
7 Amount of contribution (\$)							
76904 250.00							
rer (See Instructions) een County							
Amount of contribution (\$)  250.00  240							
er (See Instructions) Offices of Rick Dehoyos							
Amount of contribution (\$)							
er (See Instructions)							
er (See Instructions)							
HEDULE AS NEEDED							

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

## LOANS SCHEDULE E

If the requested	d information is not applicable, <b>DO NO</b>	T include this page in the re	port.		
The	1 Total pages Schedule E: 1				
<sup>2</sup> FILER NAME Christina Uba	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED LOANS			\$		
5 Date of loan 11/16/2021	7 Name of lender	9 Loan Amount (\$) 300.00			
6 Is lender a financial Institution?	8 Lender address; City; 1609 Cloud St, San Angelo, TX	State; Zip Code 〈 76905	10 Interest rate 0.00 11 Maturity date		
12 Principal occupation Tom Green C	on / Job title (See Instructions)  County Clerk	13 Employer (See Instructions) Tom Green County			
14 Description of Collateral  Check if personal function account (See Instru			ds were deposited into political		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
■ not applicable	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupation (See Instructions)  21 Employer (See Inst			I		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate		
Institution?			Maturity date		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)			
		Check if personal fun account (See Instruct	ds were deposited into political tions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
not applicable	Guarantor address; City;	State; Zip Code			
	ion (See Instructions)	Employer (See Instructions)	<u> </u>		
If I	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NEI			

# 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 Gifl/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)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Christina Ubando 4 Date 5 Payee name 11/02/2021 First Financial Bank 6 Amount (\$) 7 Payee address; City; State; Zip Code TX. 79601 P.O. Box 701. Abilene, 27.30 (a) Category (See Categories listed at the top of this schedule) (b) Description Check order for campaign Accounting/Banking **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Tom Green County Republican Party 11/16/2021 State: Amount (\$) City: Zip Code Pavee address: San Angelo, TX 76904 2525 Johnson St. Suite A 750.00 Description Category (See Categories listed at the top of this schedule) **FEES** Filling fee for Republican Primary **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date City: State; Zip Code Amount (\$) Pavee address: Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Office held

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought