CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE / М OFFICE USE ONLY **OFFICEHOLDER** Ms. Christina NAME Date Received LAST NICKNAME SUFFIX Ubando R7-1-22 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: CITY; STATE: ZIP CODE OFFICEHOLDER 1609 Cloud St, San Angelo, TX 76905 **MAILING ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (325 659-6553 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN Mi **TREASURER** Christina Ms. Date Processed NAME LAST NICKNAME SUFFIX Date Imaged Ubando STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN TREASURER 1609 Cloud St, San Angelo, TX 76905 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE 374-7474 (325 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Dav Month Dav Year COVERED 29 ′ 22 1 / 22 1 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Dav Year Description General Special 22 1 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE County Clerk County Clerk THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME 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

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)		\$		
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO	RIBUTIONS DANS, OR GUARANTEES OF LOANS	5)	\$	50.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDITURES				777.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE LA	AST DAY	\$	272.70
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORTI	OF ALL OUTSTANDING LOANS AS ING PERIOD	OF THE	\$	500.00
18 SIGNATURE I s	swear, or affirm, under penalty of perjury,	that the accompanying report is tr	ue and co	rrect and inclu	ides all information
rec	quired to be reported by me under Title 15,	Election Code.			
		/h : +	/	11000	-1
		(/Msn		wan	<u></u>
		Signature of C	andidate	or Officeholde	er
	¥ ;				
	Please com	plete either option belo	w:		
(1) Affidavit					
(1) Amauvit					
				//	
NOTARY STAMP/SEA	_	1	и т	or st	house
Sworn to and subscribed	before me by Christina Uba	this the	<u># 1</u>	day of	many,
20, to certify	which, witness my hand and seal of office.	<i>u</i> 1			
Vom Hudson			Notary		
Signature of officer administer	ering oath Printed name of o	officer administering oath		Title of officer	administering oath
	~~~~~~~~~~~	OR			
(2) Unsworn Declarati	Notary Public, State	e of Texas			
My name is	Notary ID# 114		IS		
My address is	(street)	(city)	(state)	(zip code)	(country)
Executed in	, ,	,	` '		, ,,
LAGOULEU III	County, State of	, on the day of (mor	nth)	(year)	
		Signature of Can	didate/Offic	ceholder (Decl	arant)

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

## FORM C/OH COVER SHEET PG 3

	ristina Ubando 20 Filer ID (Ethics Com		mmissio	n Filers)
	EDULE SUBTOTALS IE OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	50.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	■ SCHEDULE E: LOANS			200.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	777.46
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>						
The	Instruction Guide explains how t	to complete this	s form.	1 Total pages Schedule A1: 1		
2 FILER NAME Christina	Ubando			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Paula Green		7 Amount of contribution (\$)			
01/19/2021	6 Contributor address; PO BOX 62604	• • • • • • • • • • • • • • • • • • • •		50.00		
		- Jan Ange				
Court Admini	pation / Job title (See Instructions) strator		9 Employer (See Instruct Tom Green County	ions)		
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	ions)		
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of contribution (\$)		
	Contributor address;		State; Zip Code			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Employer (See Instruct	ions)			
Date	Date Full name of contributor out-of-state PAC (ID#:		C (ID#:)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occupation / Job title (See Instructions) Em		Employer (See Instruct	ions)			

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

If the requested	d information is not applicable, <b>DO NO</b>	T include this page in the re	port.		
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E: 1		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Christina Uba	ando				
4 TOTAL OF UN	IITEMIZED LOANS		\$		
5 Date of loan	7 Name of lender  ut-of-state	PAC (ID#:)	9 Loan Amount (\$)		
01/20/2022	Christina Ubando		200.00		
6 Is lender a financial Institution?	8 Lender address; City; State; Zip Code		10 Interest rate 0.00		
YN			11 Maturity date		
12 Principal occupation	Don / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Collateral		15 Check if personal funds were deposited into political account (See Instructions)			
none  16 GUARANTOR	17 Name of guarantor	<u> </u>	19 Amount Guaranteed (\$)		
INFORMATION			Amount Guaranteed (\$)		
	18 Guarantor address; City;	State; Zip Code	•		
not applicable					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender  ut-of-state	PAC (ID#:)	Loan Amount (\$)		
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate		
Institution?			Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Coll	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupati	on (See Instructions)	Employer (See Instructions)			
If le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE			

# 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

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	,		
1 Total pages Schedule G:	2 FILER NAME Christina Ubando  3 Filer ID (Ethics Commission Filers)				
4 Date 01/13/2022	5 Payee name CrazyCheapPoliticalSigns.com				
6 Amount (\$) 352.68  Reimbursement from political contributions intended	7 Payee address; 11525A Stonehollow Dr., Suite 100	City; Austin,	State; TX, 78758	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description Yard Signs	TV effects that living		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Office sought	TX, officeholder living exp	Office held	
Date 01/29/2022	Payee name CrazyCheapPoliticalSigns.com				
Amount (\$) 424.78  Reimbursement from political contributions intended	Payee address; 11525A Stonehollow Dr., Suite 100	c _{ity;} Austin, ⁻	State; TX, 78758	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, officeho		, TX, officeholder living ex	older living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	C	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			pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED		