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CA A G F ANC OFORM C/O
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
000000012 PAGE #
1 of 43 CANDIDATE /
OFFICEHOLDER
NAMEMS / MRS / MR
MrFIRST
Jacinto

M

OFFICE USE ONLY

Date Received

NICKNAME
CintoLAST
RamosSUFFIX
Jr

RECEIVED

4 CANDIDATE /
OFFICEHOLDER

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Board of Education

☐ Change of Address

7-15-20

5 CAMPAIGN
TREASURER
NAMEMS / MRS / MR
Mrs.FIRST
Anita

M

Receipt # Amount

Date Processed 7-15-20

Date Imaged 7-15-20

NICKNAME

LAST
Ramos

SUFFIX

6 CAMPAIGN
TREASURER
ADDRESS

(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1817 Harrington Avenue
Fort Worth, TX 76164

CANDIDATE / OFFICIAL ELECTION:
SUPPORT & OTHERS

FORM
COVER SHEET PG 2

13 C/OH NAME Ramos, Jacinto Jr. (Mr.)

14 ACCOUNT # (Ethics Commission filers)
00000001

15 NOTICE

.. This box is for notice of political expenditures 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

FROM
POLITICAL
COMMITTEE(S)

information if receive notice of such
COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

M M I I I N

NON-POLITICAL EXPENDITURES

SCHEDULE

ADE PRO POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES

Advertising Expense

Memorial Expense

Salary

Labor

Loan Repayment/Reimbursement

Consulting Expense
Event Expense
FeesFood/Beverage Expense
Polling Expense
Printing ExpenseTravel In District
Travel Out Of District
Office Overhead/Rental ExpenseContributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/0 Report: 3/4

2 FILER NAME

Ramos, Jacinto Jr. (Mr.)

3 ACCOUNT # (TEC filers)

00000001

4 Date

03/13/2020

5 Payee name

Prezi.Co

6 Amount (\$)

\$63.87

7 Payee address

TX

City; State; Zip Code

8
PURPOSE
OF
EXPENDITURE(a) Category (See Categories listed at the top of this schedule)
OTHER - Technology(b) Description (See instructions regarding type of information required.)
Presentations

Date

01/09/2020

Payee name

Wells Bank

Amount (\$)

\$7.00

Payee address

200 NE 28th Street
Fort Worth, TX 76164

City; State; Zip Code

NON-POLITICAL EXPENDITURES ADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

EXPENDITURE CATEGORIES

[illegible]