## **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS / MRS / MR **OFFICE USE ONLY** OFFICEHOLDER Ms Chriatina NAME Date Received LAST NICKNAME SUFFIX Ubando 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE: CITY: ZIP CODE OFFICEHOLDER 1609 Cloud St, San Angelo, TX 76905 **ADDRESS** Change of Address CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked OFFICEHOLDER (325)659-6553 PHONE Amount \$ Receipt # MS / MRS / MR FIRST 6 CAMPAIGN TREASURER Christina Ms Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Ubando STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN CITY: STATE: ZIP CODE TREASURER 1609 Cloud St, San Angelo, TX 76905 **ADDRESS** (Residence or Business) PHONE NUMBER CAMPAIGN AREA CODE EXTENSION TREASURER PHONE (325) 374-7476 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointm (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Year Month Day Year COVERED 30 6 <sup>22</sup> 1 1 22 **THROUGH** ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Month Other Description Day Year General Special 22 11 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 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 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 File	r ID (Ethics	Commission Filers)	
17 CONTRIBUTION TOTALS		TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$		
		OTAL POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	3)	\$		
EXPENDITURE TOTALS	3. т	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$		
	4. T	OTAL POLITICAL EXPENDITURES		\$	150.00	
CONTRIBUTION BALANCE	1 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA			\$	354.34	
OUTSTANDING LOAN TOTALS		OTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS ( AST DAY OF THE REPORTING PERIOD	OF THE	\$		
		Please complete either option below		or Officeho	lder	
(1) Affidavit						
NOTARY STAMP/SEA		All Al				
Sworn to and subscribed 20, to certify		s my hand and seal of office.		_ day 01 <u>_</u>	·	
Signature of officer administering oath		Printed name of officer administering oath	,	Title of officer administering oath		
(2) Unsworn Declarati	ion	OR				
My name is horio	Fina 1	<b>Ubanal</b> , and my date of birth i	, <b>)</b>	- 11.	84	
My address is 1100	7 Clou	-7	<b>7</b> X	76905.	Tombreen	
- , , , ,		(street) (city)	(state)	(zip code)	(country)	
Executed in Tom. Gr	<u>een</u> co	unty, State of Texas, on the 15th day of 1	<del>!!.</del> \	, 20 <i>66</i> /vear	<del>-</del> ;	

Signature of Candidate/Officeholder (Declarant)

## 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 Giff/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 1 4 Date 5 Payee name 02/28/2022 La Unica Broadcasting 6 Amount (\$) 7 Payee address; City; State; Zip Code 209 W Beauregard, San Angelo, TX 76905 150.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE OF Advertising Expence Radio Advertising EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Payee name Date Christina Ubando City; State; Zip Code Amount (\$) Pavee address: 1609 Cloud St, San Angelo, TX 76905 852.68 Category (See Categories listed at the top of this schedule) Description political expenditure made from personal Loan Repayment/Reimbursement PURPOSE funds and loan 11/16/2021, 1/13/22 and 1/20/22 OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name Amount (\$) State; Zip Code Pavee address: City; 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 Austin, TX, officeholder living expense Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED