

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4454

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	TITLE CONSTABLE	FIRST RICARDO	MI G.
	NICKNAME ROCKY	LAST MEDRANO	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 1408	APT / SUITE #: VARGAS RD.	CITY, STATE, ZIP CODE AUSTIN, TEXAS 78741
	OFFICE USE ONLY Date Received: JAN 14 12 52 PM '00 FILED		
5 CAMPAIGN TREASURER NAME	TITLE TREASURER	FIRST JOE	MI G.
	NICKNAME -	LAST MEDRANO	SUFFIX -
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, STATE, ZIP CODE 115 Coleman Austin, Texas 78704		
	7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 444-5631
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officer/holder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year 07 / 01 / 99 THROUGH 12 / 31 / 99		
10 ELECTION	ELECTION DATE Month Day Year 03 / 14 / 2000		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) Constable #4 Travis Co.	12 OFFICE SOUGHT (if known) Constable #4	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name: _____ Address / PO Box, Apt / Suite #, City, State, Zip Code: _____ N/A		

GO TO PAGE 2

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

out of state PAC

7 Amount of contribution (\$)

8 In kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In kind contribution description (if applicable)

Contributor address, City, State, Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In kind contribution description (if applicable)

Contributor address, City, State, Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In kind contribution description (if applicable)

Contributor address, City, State, Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In kind contribution description (if applicable)

Contributor address, City, State, Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G 1

2 FILER NAME

RICARDO ROCKY MEDRANO

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/27/99

5 Payee name

ACE PRINTING

6 Payee address, City, State, Zip Code

P.O. Box 13522 AUSTIN, TEXAS 78711

8 Amount (\$)

\$ 1,000.00

7 Purpose of expenditure

YARD SIGNS = 50 signs 4x8' + 500 ^{14"} _{22"}

Reimbursement from political contributions intended

Date

Payee name

Payee address, City, State, Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address, City, State, Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address, City, State, Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address, City, State, Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan

7 Name of lender

out of state PAC

9 Loan Amount (\$)

6 Is lender a financial institution?
Y N

8 Lender address

City

State

Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address

City

State

Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out of state PAC

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address

City

State

Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address

City

State

Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.						1	Total pages filed.
2	CANDIDATE NAME	TITLE	TRAVIS CO	FIRST	RICARDO	MI	G
		NICKNAME	ROCKY	LAST	MEDRANO	SUFFIX	—
OFFICE USE ONLY							
Acct #							
Date Received							
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX	1408	APT / SUITE #	VARGAS RD.	CITY	AUSTIN, TEXAS
		STATE	TEXAS	ZIP CODE	78741		
4	CANDIDATE PHONE	AREA CODE	(512)	PHONE NUMBER	473-9488	EXTENSION	—
HD/PM							
Date Processed							
5	OFFICE HELD (if any)	TRAVIS CO Constable #4					
6	OFFICE SOUGHT (if known)	Travis Co Constable #4					
7	CAMPAIGN TREASURER NAME	TITLE	Treasurer	FIRST	JOE	MI	G
		NICKNAME		LAST	MEDRANO	SUFFIX	
8	CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	115	APT / SUITE #	Coleman	CITY	Austin, Texas
		STATE	TEXAS	ZIP CODE	78704		
9	CAMPAIGN TREASURER PHONE	AREA CODE	(512)	PHONE NUMBER	444-5631	EXTENSION	—
10	NEPOTISM STATEMENT and CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code.</p> <p><i>Ricardo Rocky Medrano</i> Signature of Candidate</p>					

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA

PG 2

11 CANDIDATE NAME	
12 MODIFIED REPORTING DECLARATION	<p style="text-align: center;">COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.</p> <p style="text-align: center;">•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••</p> <p style="text-align: center;">•• The modified reporting option is valid for one election cycle only. •• <small>(An election cycle includes a primary election, a general election, and any related runoffs.)</small></p> <p>I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Year of election(s) or election cycle to which declaration applies</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Candidate</p>

This appointment is effective on the date it is filed with the appropriate filing authority.