Texas Ethics Commission   P.O. Box 12070   Austin, Texas 78711-2070   (512) 463-5800   1-800-32-xxxx

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT   4959

FORM C/OH
COVER SHEET PG 1
FILED

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

1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
	02 JAN 11 AM 9:31

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: **Ms.**
FIRST: **Dolores**
MI:

NICKNAME:
LAST: **ORTEGA CARTER**
SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4703 GANYMEDE DR
AUSTIN TX 78727

Receipt #	
HD / PM	Amount
Date Processed	
Date Imaged	

5 CAMPAIGN TREASURER NAME

TITLE:
FIRST: **Dolores**
MI:

NICKNAME:
LAST: **ORTEGA CARTER**
SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
4703 GANYMEDE DR.   AUSTIN TX   78727

CAMPAIGN TREASURER PHONE

AREA CODE: **(512)**   PHONE NUMBER: **835-7802**   EXTENSION:

REPORT TYPE

- ☒ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (officeholder only)
- ☐ July 15
- ☐ 8th day before election
- ☐ Exceeded $500 limit
- ☐ Final report (Attach C/OH - FR)

PERIOD COVERED

Month / Day / Year: **7 / 1 / 01** THROUGH Month / Day / Year: **12 / 31 / 01**

ELECTION

ELECTION DATE — Month / Day / Year: **02 / 05 / 02**

ELECTION TYPE:
- ☒ Primary
- ☐ Runoff
- ☐ General
- ☐ Special

OFFICE

OFFICE HELD (if any): **TRAVIS COUNTY TREASURER**
12 OFFICE SOUGHT (if known): **TRAVIS COUNTY TREASURER**

DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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

☐ additional pages

GO TO PAGE 2

Revised 08/18/1998

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Dolores Ortega Carter

15 ACCOUNT # (Ethics Commission Use)

16 SUPPORTING POLITICAL COMMITTEE(S)

** This listing includes 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 information only if they receive notice of such expenditures. **

COMMITTEE TYPE	
☐ GENERAL	COMMITTEE NAME
	COMMITTEE ADDRESS
☐ SPECIFIC	
	COMMITTEE CAMPAIGN TREASURER NAME
☐ additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

|			
18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 600.00
OUTSTANDING LOAN TOTALS	5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

RHONDA AMBROSE
MY COMMISSION EXPIRES
February 18, 2002
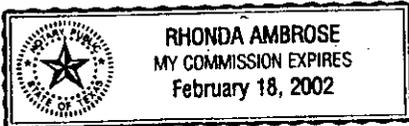
Dolores Ortega Carter
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _Dolores Ortega Carter_ _Notary Public_ _na_ , this the _10th_ day of _January_

19 _2002_, to certify which, witness my hand and seal of office.

Rhonda Ambrose
Signature of officer administering oath

Rhonda Ambrose
Print name of officer administering oath

Notary Public
Title of officer administering oath

Revised 06/18/1998

POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

SCHEDULE G

The **Instruction Guide** explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Dolores Ortega Carter

3 ACCOUNT # (Ethics Commission filers)

Date		Amount ($)
2/03/01	**5** Payee name _TRAVIS COUNTY DEMOCRATIC PARTY_ **6** Payee address: City; State; Zip Code _CONGRESS AVE Austin TX_	**8** _#600 00_
	7 Purpose of expenditure _Filing Fee_	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure	☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 1997

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.	**1** Total pages Schedule H:

2 FILER NAME	**3** ACCOUNT # (Ethics Commission hers)

4 Date	**5** Business name	**7** Amount ($)
	6 Business address: City; State; Zip Code	

8 Purpose of payment	**9** ⇥ Complete if direct expenditure to benefit C/OH ⇤
	Candidate / Officeholder name Office sought / held

Date	Business name	Amount ($)
	Business address; City; State; Zip Code	

Purpose of payment	⇥ Complete if direct expenditure to benefit C/OH ⇤
	Candidate / Officeholder name Office sought / held

Date	Business name	Amount ($)
	Business address; City; State; Zip Code	

Purpose of payment	⇥ Complete if direct expenditure to benefit C/OH ⇤
	Candidate / Officeholder name Office sought / held

Date	Business name	Amount ($)
	Business address; City; State; Zip Code	

Purpose of payment	⇥ Complete if direct expenditure to benefit C/OH ⇤
	Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 1997