

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 6071

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	MS / MRS / MR FIRST MI <p style="text-align: center; font-size: 1.2em;">DOLORES</p> NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">ORTEGA CARTER</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%;">Date Received</td> <td style="width:50%; text-align: center;">2006 JAN 4</td> </tr> <tr> <td>Date Hand-delivered or Date Postmarked</td> <td style="text-align: center;">FEB 1 2006</td> </tr> <tr> <td>Receipt #</td> <td style="text-align: center;">11111</td> </tr> <tr> <td>Date Processed</td> <td style="text-align: center;">FEB 1 2006</td> </tr> <tr> <td>Date Imaged</td> <td style="text-align: center;">FEB 1 2006</td> </tr> </table>		OFFICE USE ONLY		Date Received	2006 JAN 4	Date Hand-delivered or Date Postmarked	FEB 1 2006	Receipt #	11111	Date Processed	FEB 1 2006	Date Imaged	FEB 1 2006
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Date Imaged	FEB 1 2006														
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <p style="font-size: 1.2em;">P.O. Box 1748 Austin TX 78767</p>														
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.2em;">(512) 854 - 9365</p>														
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <p style="text-align: center; font-size: 1.2em;">DOLORES</p> NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">ORTEGA CARTER</p>														
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <p style="font-size: 1.2em;">4703 GANYMEDE DR Austin TX 78727</p>														
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.2em;">(512) 835 - 7502</p>														
9 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 (officeholder 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)														
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <p style="font-size: 1.2em;">7 / 1 / 05 THROUGH 12 / 31 / 05</p>														
11 ELECTION	ELECTION DATE (Month Day Year) ELECTION TYPE <p style="font-size: 1.2em;">03 / 07 / 06 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special</p>														
12 OFFICE	OFFICE HELD (if any):	13 OFFICE SOUGHT (if known):													
<p style="font-size: 1.2em;">TRAVIS COUNTY TREASURER</p>		<p style="font-size: 1.2em;">TRAVIS COUNTY TREASURER</p>													
14 NOTICE OF 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:														

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Dolores Ortega Carter

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** 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 information only if they receive notice of such expenditures **

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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

\$ 1250.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0

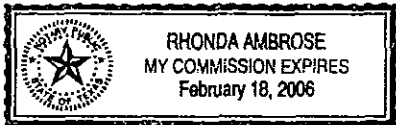
OUTSTANDING LOAN TOTALS

6. 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Dolores Ortega Carter
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Dolores Ortega Carter this the 3rd day of January, 2006, to certify which, witness my hand and seal of office.

Rhonda Ambrose
Signature of officer administering oath

Rhonda Ambrose
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F.

2 FILER NAME *DOLORES ORTEGA CARTER* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>12-05-05</i>	5 Payee name <i>TRAVIS COUNTY DEMOCRATIC PARTY</i>	7 Amount (\$) <i>\$250⁰⁰</i>
6 Payee address: City: State: Zip Code <i>1311-B E. 6TH AUSTIN TX 78702</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Filing Fee</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>DOLORES ORTEGA CARTER</i> Office sought: <i>COUNTY TREASURER</i> Office held: <i>County Treasurer</i>
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Date	Payee name	Amount (\$)
Payee address: City: State: Zip Code		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
---	---

Date	Payee name	Amount (\$)
Payee address: City: State: Zip Code		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
Payee address: City: State: Zip Code		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**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)

4 Date <i>12-05-05</i>	5 Payee name <i>TRAVIS COUNTY Democratic PARTY</i>	8 Amount (\$) <i>\$1,250.00</i>
	6 Payee address: City: State: Zip Code <i>1311-B E. 6th AUSTIN TX 78702</i>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Filing Fee</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
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