

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6305

FORM C/OH
COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission f/ers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR
NICKNAME: Ms
FIRST: DOLORES
LAST: ORTEGA CARTER
VI: [blank]
SUFFIX: [blank]

OFFICE USE ONLY

Date Received: JUN 12 AM 11:13
Date Hand-delivered or Date Postmarked: JUN 13
Receipt #: [blank] Amount: [blank]
Date Processed: [blank]
Date Imaged: [blank]

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX: P.O. Box 1748
APT / SUITE #: [blank]
CITY: AUSTIN TX
STATE: TX
ZIP CODE: 78767

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (512)
PHONE NUMBER: 854-9365
EXTENSION: [blank]

6 CAMPAIGN TREASURER NAME

MS / MRS / MR
NICKNAME: Ms
FIRST: DOLORES
LAST: ORTEGA CARTER
MI: [blank]
SUFFIX: [blank]

7 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): P.O. Box 1748
APT / SUITE #: [blank]
CITY: AUSTIN TX
STATE: TX
ZIP CODE: 78767

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512)
PHONE NUMBER: 854-9365
EXTENSION: [blank]

9 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)

10 PERIOD COVERED

Month Day Year: 1 / 1 / 06 THROUGH Month Day Year: 6 / 30 / 06

11 ELECTION

ELECTION DATE: Month Day Year: 11 / 7 / 06
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any): County Treasurer

13 OFFICE SOUGHT (if known):

County Treasurer

14 NOTICE OF 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: [blank]
Address / PO Box, Apt / Suite #, City, State, Zip Code: [blank]

Additional pages

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):

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

\$ 0

CONTRIBUTION BALANCE

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

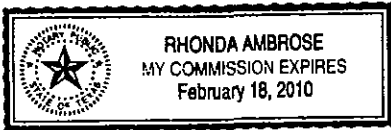
\$ 0

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.

Dolores Ortega Carter
Signature of Candidate or Officeholder

APPLY NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dolores Ortega Carter this the 10th day of July, 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