

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

7220

**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 LAST SUFFIX  
MS DOLORES  
NICKNAME LAST SUFFIX  
ORTEGA CARTER

OFFICE USE ONLY

Date Received

10 JAN 09

FILED FOR RECORD

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS  
 Change of Address

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
P.O. Box 1748 Austin TX 78767

Date Hand-delivered or Postmarked

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 854-9365

Receipt #

39

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST LAST SUFFIX  
MS DOLORES  
NICKNAME LAST SUFFIX  
ORTEGA CARTER

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE  
P.O. Box 1748 Austin TX 78767

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 854-9365

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 THROUGH Month Day Year  
7 / 1 / 09 THROUGH 12 / 31 / 09

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
3 / 2 / 2010  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  
  
 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 Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)


- 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. --

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	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)	\$ 750.00
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.



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, this the 14th day of January, 20 10, to certify which, witness my hand and seal of office.

<u>Rhonda Ambrose</u>	<u>Rhonda Ambrose</u>	<u>Notary Public</u>
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

*Dolores Ortega Carter*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*12/2/09*

5 Full name of contributor  out-of-state PAC (ID#)

*Jessica Zok*

7 Amount of contribution (\$)

*500.00*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*909 Nueces Austin TX 78201*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*Bail Bondsman*

10 Employer (See Instructions)

*self*

Date

*11/15/09*

Full name of contributor  out-of-state PAC (ID#)

*Dan Roenza*

Amount of contribution (\$)

*100.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*909 Nueces Austin TX 78701*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Bail Bondsman*

Employer (See Instructions)

*ATX Bail Bonds*

Date

*12/3/09*

Full name of contributor  out-of-state PAC (ID#)

*Around the Clock B.B.*

Amount of contribution (\$)

*150.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*P.O. Box 82025  
Austin TX 78708*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Paul Bondsman*

Employer (See Instructions)

*self*

Date

Full name of contributor  out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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**

**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  
*12/3/09*

5 Payee name  
*Travis County Democratic Party*

7 Amount (\$)  
*\$1250<sup>00</sup>*

6 Payee address; City; State; Zip Code  
*E. 6th St  
Austin TX 78704*

8 Purpose of payment (See instructions regarding type of information required.)  
*Filing fee*  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held  
*Dolores Ortega Carter County Treasurer*

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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-Castro*

3 ACCOUNT # (Ethics Commission files)

4 Date

*4/3/09*

5 Payee name

*Starr County Demo Party*

6 Payee address: City: State: Zip Code

*E 6th St Austin TX 75704*

8 Amount (\$)

*\$500<sup>00</sup>-*

7 Purpose of expenditure (See instructions regarding type of information required.)

*Printing fees*  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**