

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers) 7455	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MS. DOLORES NICKNAME LAST SUFFIX ORTEGA CARTER	OFFICE USE ONLY Date Received FILED FOR RECORD Date Hand Delivered or Date Postmarked NO OCT 25 11:04 RECEIVED DEBE COUNTY CLERK TRAVIS COUNTY TEXAS Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE P.O. Box 1744 Austin TX 78767		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 854-9365		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MS DOLORES NICKNAME LAST SUFFIX ORTEGA CARTER		
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	<input 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 checked="" 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 9 / 24 / 10 10 / 23 / 10		
11 ELECTION	ELECTION DATE Month Day Year 11 / 2 / 10	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> 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 <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**

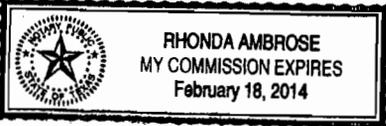
15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO 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.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dolores Ortega Carter, this the 22nd day of October, 20 10, 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