

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7961

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 <input checked="" type="radio"/> FIRST LAST MI SUFFIX "Roy" Raul Camacho F | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: small; margin: 5px 0;">Date Received</p> <p style="font-size: x-small; margin: 5px 0;">Date Hand Delivered or Postmarked</p> <p style="font-size: x-small; margin: 5px 0;">Receipt Article</p> <p style="font-size: x-small; margin: 5px 0;">Date Processed</p> <p style="font-size: x-small; margin: 5px 0;">Date Imaged</p> </div> <div style="font-size: x-small; margin-top: 10px; text-align: center;"> DATA DEPARTMENT COUNTY CLERK TRAVIS COUNTY TEXAS 2012 OCT - 9 PM 2:24 FILED FOR RECORD </div> | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9900 McNeil Drive Austin TX 78750 Box 88 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 663-9393 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <input checked="" type="radio"/> FIRST LAST MI SUFFIX "Roy" Raul Camacho F | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE same as above | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 663-9393 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" 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 07 / 01 / 2012 10 / 06 / 2012 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11 / 06 / 2012 | 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) | 13 OFFICE SOUGHT (if known) Constable Pct. 2 Travis County | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Raul "Roy" Camacho 15 ACCOUNT # (Ethics Commission Filers)

16 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.

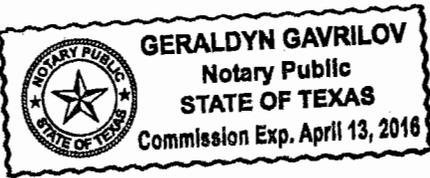
| | | |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | <u>N/A</u> |
| | | COMMITTEE ADDRESS |
| | | <u>N/A</u> |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | <u>N/A</u> |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| | | <u>N/A</u> |

| | | |
|-------------------------|---|-------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <u>205.00</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>2913.45</u> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ <u>2868.08</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>2868.08</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>45.37</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>0</u> |

18 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.

Raul C.
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Paul Camacho, this the 9th day of October, 2012, to certify which, witness my hand and seal of office.

Geraldyn Gavrilov Printed name of officer administering oath
Geraldyn Gavrilov Signature of officer administering oath
 Tax Specialist 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

Raul "Roy" Camacho

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/19/12

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

MARK PETRY

6 Contributor address; City; State; Zip Code

8401 Terence Drive
Rowlet, TX 75089

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Bank Manager

10 Employer (See Instructions)

N/A

Date

8/19/12

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

Duc Tran

Contributor address; City; State; Zip Code

2530 Glendale Drive
Waco, Texas 76710

Amount of contribution (\$)

5.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Restaurant Manager

Employer (See Instructions)

N/A

Date

10/4/12

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

Cullen Duoto

Contributor address; City; State; Zip Code

28435 E Benders Landing Blvd
Spring, TX 77386

Amount of contribution (\$)

75.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

N/A

Date

10/4/12

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

Adela Camacho

Contributor address; City; State; Zip Code

9900 McNeil Drive
Austin, TX 78750

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

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 SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:**2** FILER NAME**3** ACCOUNT # (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date**6** Full name of pledgor out-of-state PAC (ID#: _____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ | | \$ |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial Institution? Y N | 8 Lender address; City; State; Zip Code | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> none | | 15 Check if personal funds were deposited into political account <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial Institution? Y N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | Check if personal funds were deposited into political account <input type="checkbox"/> |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

| | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|---|--|
| 1 Total pages Schedule F: 4 | | 2 FILER NAME Raul "Roy" Camacho | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 8/20/12 | | 5 Payee name Vikas Mohite - 1000 Facebook Likes | | | |
| 6 Amount (\$) 14.99 | | 7 Payee address; City; State; Zip Code buylike.in@gmail.com | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Advertising expense | | (b) Description (If travel outside of Texas, complete Schedule T) | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Raul "Roy" Camacho | | Office sought Constable Pct. 2 | |
| Date 9/10/12 | | Payee name Raul "Roy" Camacho Magnets On the Cheap | | | |
| Amount (\$) 38.32 | | Payee address; City; State; Zip Code 1152B Stonehollow Drive Ste 220 Austin, TX 78758 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Raul "Roy" Camacho | | Office sought Constable Pct. 2 | |
| Date 9/14/12 | | Payee name Peel, Inc. | | | |
| Amount (\$) 210.00 | | Payee address; City; State; Zip Code 308 Meadowlark St. Lakeway, TX 78734 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Raul "Roy" Camacho | | Office sought Constable Pct. 2 | |
| Date 9/5/12 | | Payee name CONCORD Supplies | | | |
| Amount (\$) 141.89 | | Payee address; City; State; Zip Code PO BOX 360 Glen Ellyn, IL 60138 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Printing Expense | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Raul "Roy" Camacho | | Office sought Constable Pct. 2 | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--------------------------------|------------------------------------|--|
| 1 Total pages Schedule F: 4 | 2 FILER NAME Raul "Roy" Camacho | 3 ACCOUNT # (Ethics Commission Filers) |
|--------------------------------|------------------------------------|--|

| | |
|-------------------|----------------------------|
| 4 Date 8/15/12 | 5 Payee name Office Max |
|-------------------|----------------------------|

| | |
|------------------------|---|
| 6 Amount (\$) 11.92 | 7 Payee address; City; State; Zip Code Store # 291 |
|------------------------|---|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Printing Expense | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|--|---|

| | | | |
|---|---|-----------------------------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Raul "Roy" Camacho | Office sought Constable Pct. 2 | Office held |
|---|---|-----------------------------------|-------------|

| | |
|----------------|------------------------------|
| Date 9/7/12 | Payee name Flying Threads |
|----------------|------------------------------|

| | |
|----------------------|---|
| Amount (\$) 47.63 | Payee address; City; State; Zip Code 13450 Research Blvd Ste 227 Austin, TX 78750 |
|----------------------|---|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

| | | | |
|---|---|-----------------------------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Raul "Roy" Camacho | Office sought Constable Pct. 2 | Office held |
|---|---|-----------------------------------|-------------|

| | |
|----------------|--------------------------|
| Date 9/7/12 | Payee name Office Max |
|----------------|--------------------------|

| | |
|---------------------|---|
| Amount (\$) 4.72 | Payee address; City; State; Zip Code Store # 291 |
|---------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Printing Expense | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|---|------------------------------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Raul "Roy" Camacho | Office sought Constable Pct. 2. | Office held |
|---|---|------------------------------------|-------------|

| | |
|----------------|--------------------------|
| Date 9/8/12 | Payee name Office Max |
|----------------|--------------------------|

| | |
|----------------------|---|
| Amount (\$) 39.35 | Payee address; City; State; Zip Code Store # 478 |
|----------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Printing Expense | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|---|-----------------------------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Raul "Roy" Camacho | Office sought Constable Pct. 2 | Office held |
|---|---|-----------------------------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

| | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|---|--|
| 1 Total pages Schedule F: 4 | | 2 FILER NAME Raul "Roy" Camacho | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 9/24/12 | | 5 Payee name Office Depot | | | |
| 6 Amount (\$) 1.50 | | 7 Payee address; City; State; Zip Code Store # 2784 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Advertising Expense | | (b) Description (If travel outside of Texas, complete Schedule T) | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Raul "Roy" Camacho | | Office sought Constable Pct. 2 | |
| Date 9/25/12 | | Payee name Home Depot | | | |
| Amount (\$) 40.62 | | Payee address; City; State; Zip Code 7900 Ranch Road 620 N Austin, TX 78726 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Raul "Roy" Camacho | | Office sought Constable Pct. 2 | |
| Date 9/26/12 | | Payee name Lowe's | | | |
| Amount (\$) 29.74 | | Payee address; City; State; Zip Code 13000 N I 35 Austin, TX 78753 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Raul "Roy" Camacho | | Office sought Constable Pct. 2 | |
| Date 9/28/12 | | Payee name Walmart | | | |
| Amount (\$) 2.36 | | Payee address; City; State; Zip Code Store # 3569 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Raul "Roy" Camacho | | Office sought Constable Pct. 2 | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|---|--|
| 1 Total pages Schedule F: 4 | | 2 FILER NAME Raul "Roy" Camacho | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 10/2/12 | | 5 Payee name Home Depot | | | |
| 6 Amount (\$) 8.09 | | 7 Payee address; City; State; Zip Code 7900 Ranch Road 620 N Austin, TX 78726 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Advertising Expense | | (b) Description (If travel outside of Texas, complete Schedule T) | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Raul "Roy" Camacho | | Office sought Constable Pct. 2 | |
| Date 10/6/12 | | Payee name Home Depot | | | |
| Amount (\$) 16.50 | | Payee address; City; State; Zip Code 7900 Ranch Road 620 N Austin, TX 78726 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Raul "Roy" Camacho | | Office sought Constable Pct. 2 | |
| Date 9/13/12 | | Payee name The Sign Chef | | | |
| Amount (\$) 580.00 | | Payee address; City; State; Zip Code 7360 Cross County Rd North Charleston, SC 29418 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Raul "Roy" Camacho | | Office sought Constable Pct. 2 | |
| Date 9/19/12 | | Payee name AdJavon Marketing and Consulting | | | |
| Amount (\$) 72.00 | | Payee address; City; State; Zip Code 916 Rochester Castle Way Pflugerville, TX 78660 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Raul "Roy" Camacho | | Office sought Constable Pct. 2 | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------------|---|---|
| 1 Total pages Schedule G: | 2 FILER NAME Raul "Roy" Camacho | 3 ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|---|---|

| | |
|--------------------------|---|
| 4 Date 9/30/12 | 5 Payee name Raul "Roy" Camacho - Exxon Gas |
|--------------------------|---|

| | |
|--|---|
| 6 Amount (\$) 60.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 9900 McNeill DR Box 88 Austin, TX 78750 |
|--|---|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Transportation Equipment and Related Expense | (b) Description (If travel outside of Texas, complete Schedule T) |
|---------------------------------|---|--|

| | |
|-----------------|--|
| Date 10/4/12 | Payee name Raul "Roy" Camacho - HEB Gas |
|-----------------|--|

| | |
|---|---|
| Amount (\$) 60.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code same as above |
|---|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Transportation Equipment and Related Expense | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | |
|----------------|----------------------------------|
| Date 9/1/12 | Payee name Raul "Roy" Camacho |
|----------------|----------------------------------|

| | |
|---|---|
| Amount (\$) 1100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code same as above |
|---|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Contribution / Donations made by Candidate | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|---|--------------------------------------|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------|--|--|
| 1 Total pages Schedule H: | 2 FILER NAME Raul "Roy" Camacho | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|--|--|

| | |
|----------------------|---|
| 4 Date 7/3/12 | 5 Business name Libetarian BOOSTER PAC |
|----------------------|---|

| | |
|-----------------------------|---|
| 6 Amount (\$) 542.65 | 7 Business address; City; State; Zip Code PO BOX 49054 Austin, TX 78765 |
|-----------------------------|---|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Advertising Expense | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|--|---|

| | | | |
|---|--|--|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Raul "Roy" Camacho | Office sought Constable Pct. 2 | Office held |
|---|--|--|-------------|

| | |
|---------------------|---|
| Date 8/29/12 | Business name Libetarian BOOSTER PAC |
|---------------------|---|

| | |
|---------------------------|---|
| Amount (\$) 945.80 | Business address; City; State; Zip Code PO BOX 49054 Austin, TX 78765 |
|---------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|--|--|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Raul "Roy" Camacho | Office sought Constable Pct. 2 | Office held |
|---|--|--|-------------|

| | |
|------|---------------|
| Date | Business name |
|------|---------------|

| | |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------|---------------|
| Date | Business name |
|------|---------------|

| | |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------------|---|---|
| 1 Total pages Schedule I: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required.) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

.....
6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

.....
Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

.....
Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

.....
Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule T: |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| 5 Contribution / Expenditure reported on: | | |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| 6 Dates of travel | 7 Name of person(s) traveling | |
| | 8 Departure city or name of departure location | |
| | 9 Destination city or name of destination location | |
| 10 Means of transportation | 11 Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: | | |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: | | |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: | | |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder