CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8283

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: 5

OFFICE USE ONLY

Date Received

FILED FOR RECORD 2014 JAN 27 PM Dana DeBeauvoir County Clerk Travis County, Texas

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Dolores | MI

NICKNAME | LAST: ORTEGA CARTER | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ change of address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 4703 GANYMEDE DR Austin 78727

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (512) PHONE NUMBER: 801-3555 EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Ms | FIRST: Mary | MI: J

NICKNAME: MaryJane | LAST: Rodriguez | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 3300 Peddle | APT / SUITE #: Path | CITY: Austin | STATE: Tx | ZIP CODE: 78159

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 835-4603 EXTENSION

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: 01/01/2014 THROUGH Month Day Year: 01/23/2014

11 ELECTION

ELECTION DATE Month Day Year: 3/04/2014

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): TRAVIS County TREASURER

13 OFFICE SOUGHT (if known): TRAVIS County TREASURER

GO TO PAGE 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
Dolores Ortega Carter	

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.

COMMITTEE TYPE

☐ GENERAL

☐ *SPECIFIC*

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 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)	$ 730.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 0
	4. **TOTAL POLITICAL EXPENDITURES**	$ 662.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 478.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

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.

RHONDA AMBROSE
MY COMMISSION EXPIRES
February 18, 2014

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 27th day of January, 20 14, to certify which, witness my hand and seal of office.

Rhonda Ambrose	Rhonda Ambrose	Notary Public
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: 1

2 FILER NAME: Dolores Ortega Carter

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/16/2014	Susan Spataro 6626 Haswell Lane Austin, TX 78749	400.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
Retired	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)
1/19/2014	Bonita Zimmerman 3300 Peddle Patt Austin TX 78759	$5.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Baker's Assistant	Anne's Kitchen

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)
1/22/2014	Kevin D'Souza 1736 Gaylord Dr Austin TX 78728	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Accounting Clerk	Travis County

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)
01/21/2014	Jim Kaishim 98 San Jacinto Blvd Suite 370 Austin, TX 78701	75.00	

(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)
1/9/2014	Law office Eve Schatelowitz Alcantar PLLC 3700 IH 35 North Austin, TX 78705	$150.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
attorney	self employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 1	2 FILER NAME Dolores Ortega Carter	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1/21/2014	5 Payee name Pay Pal	
6 Amount ($) 0.33	7 Payee address; City; State; Zip Code 2211 North 1st San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Exp.	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 1/21 2014	Payee name Evite Inc.	
Amount ($) 35.00	Payee address; City; State; Zip Code 310 360 2339 CA	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	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 1/13/2014	Payee name Con mi Madre	
Amount ($) 75.00	Payee address; City; State; Zip Code 1925 San Jacinto Blvd Austin, TX 78712	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	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	Payee name	
Amount ($)	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)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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	3 ACCOUNT # (Ethics Commission Filers)
1	DOLORES ORTEGA CARTER	

4 Date	5 Payee name
1/10/2014	LA VOZ / ALFREDO SANTOS

6 Amount ($)	7 Payee address; City; State; Zip Code
$ 375.00 ☐ Reimbursement from political contributions intended	P.O. BOX 19457 AUSTIN TX 78760

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

Date	Payee name
1/9/2014	CAPITOL AREA DEMOCRATIC WOMEN

Amount ($)	Payee address; City; State; Zip Code
32.00 ☐ Reimbursement from political contributions intended	P.O. BOX 2211 Austin TX 78768-2211

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Food/Beverage Exp	Meals for 2 people

Date	Payee name
1/14/2014	Central Texas Democratic Forum

Amount ($)	Payee address; City; State; Zip Code
$ 120.00 ☐ Reimbursement from political contributions intended	816 Congress Austin TX 78701

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Food/Beverage	Meal for 16 people

Date	Payee name
1/23/2014	Liberal Austin Democrats

Amount ($)	Payee address; City; State; Zip Code
$ 25.00 ☐ Reimbursement from political contributions intended	Austin TX

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

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