

# 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)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX
	Mr. Esteban Rangel		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	2705 Pecan Laredo Tx 78046		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(950) 433-9909		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX
	Mr. Oscar Gomez		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	4621 Cassata Laredo Tx 78046		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(950) 206-4169		
9 REPORT TYPE	<input checked="" 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 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
	07	08	15
THROUGH		Month	Day
		12	31
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
	/ /		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	City Council Dist 2		

**OFFICE USE ONLY**

Date Received

2016 MAR 11 PM 2:40

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

CITY SECRETARY'S OFFICE

RECEIVED

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

Esteban Rangel

COMMITTEE ADDRESS

2705 Pecan

COMMITTEE CAMPAIGN TREASURER NAME

Oscar Gomez

COMMITTEE CAMPAIGN TREASURER ADDRESS

4621 Cassata

additional pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,500.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 937.41

4. TOTAL POLITICAL EXPENDITURES

\$ 1,431.62

CONTRIBUTION  
BALANCE

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

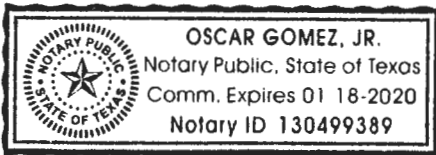
\$ 271.60

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Esteban Rangel, this the 28 day of Feb, 20 16, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Oscar Gomez  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# 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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>Estesan Rangel</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>7-10-15</i>	<b>5</b> Payee name <i>Perla Gomez</i>	
<b>6</b> Amount (\$) <i>200.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>Laredo Tx</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Donation</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>7-14-15</i>	Payee name <i>Pablo Lopez</i>	
Amount (\$) <i>150.00</i>	Payee address; City; State; Zip Code <i>Laredo Tx</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Donation</i>	Description (If travel outside of Texas, complete Schedule T) <i>Medical</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>7-16-15</i>	Payee name <i>H-E-B</i>	
Amount (\$) <i>143.51</i>	Payee address; City; State; Zip Code <i>Laredo</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Food - event</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>8-13-15</i>	Payee name <i>Pizza Hut</i>	
Amount (\$) <i>136.25</i>	Payee address; City; State; Zip Code <i>Laredo Tx</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>event - meeting</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ 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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>Esteban Rangel</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>8-13-15</i>	<b>5</b> Payee name <i>Maria Garza</i>
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<b>6</b> Amount (\$) <i>150.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>Laredo</i>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Donation</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Plate Sale</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-21-15</i>	Payee name <i>All star Academy</i>
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Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>Laredo TX</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-30-15</i>	Payee name <i>H-E-B</i>
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Amount (\$) <i>136.51</i>	Payee address; City; State; Zip Code <i>Laredo</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food for event</i>	Description (If travel outside of Texas, complete Schedule T) <i>meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-15-15</i>	Payee name <i>Sam's Club</i>
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Amount (\$) <i>215.35</i>	Payee address; City; State; Zip Code <i>Laredo</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>event Candy</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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 <b>Eotaban Rangel</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>07-25-15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Louis H Jones</b>	7 Amount of contribution (\$) <b>2,500.00</b>	8 In-kind contribution description (if applicable) <b>Donation</b>
6 Contributor address; City; State; Zip Code <b>Laredo Tx</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>8-16-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patrick Farrell</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable) <b>Donation</b>
Contributor address; City; State; Zip Code <b>Laredo Tx</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8-17-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brian Pheneger</b>	Amount of contribution (\$) <b>1,500.00</b>	In-kind contribution description (if applicable) <b>Donation</b>
Contributor address; City; State; Zip Code <b>Laredo Tx</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>N/A</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>N/A</b>		(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.