Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

RECEIVED CITY OF SAN ANTONIO CITY CLERK 01 APR 27 PM 2:04

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 1

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mr. FIRST: Raul MI: F

NICKNAME: LAST: Quiroga SUFFIX: Jr.

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 219 APT / SUITE #: Laddie CITY: San Antonio STATE: TX ZIP CODE: 78201

5 CAMPAIGN TREASURER NAME

TITLE: Ms. FIRST: Irene MI: Davis

NICKNAME: LAST: Lipsett SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 155 De Chante Rd APT / SUITE #: Apt. 304 CITY: SA STATE: TX ZIP CODE: 78201

7 CAMPAIGN TREASURER PHONE

AREA CODE: (210) PHONE NUMBER: 734-8504 EXTENSION:

8 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)

9 PERIOD COVERED

Month Day Year: 02/26/01 THROUGH Month Day Year: 04/27/01

10 ELECTION

ELECTION DATE Month Day Year: 05/05/01

ELECTION TYPE: ☑ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): City Council District 7

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• 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

☐ additional pages

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CITY SECRETARY 01 APR 27 PM 2:04

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 expenditures 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 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 8,246.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 9,072.49
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

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.

Signature of Candidate or Officeholder

AVA LEE HELMS NOTARY PUBLIC STATE OF TEXAS EXPIRES 11/4/01

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Raul G. Quiroga Jr. this the 27th day of April, 20 01, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

RECEIVED CITY OF SAN ANTONIO CITY CLERK 01 APR 27 PM 2:05

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 3

2 FILER NAME

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)
02/26/01 thru 05/05/01	Mary Oviedo 1136 W. Woodlawn SA TX 78201	$4,999	Office space for 9 weeks with all utilities, maintenance, phones per month 2,222

9 Principal occupation (Optional)

10 Employer (Optional)

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)
2/26/01	Mary Oviedo 1136 W. Woodlawn SA TX 78201	$664	Cash contribution

Principal occupation (Optional)

Employer (Optional)

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)
2/26/01 thru 05/05/01	Mary Oviedo 1136 W. Woodlawn SA TX 78201	1,000	Secretarial support to office

Principal occupation (Optional)

Employer (Optional)

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)
March 10, 01	Martha C. Quiroga 3530 San Fernando SA TX 78207	$100.00	

Principal occupation (Optional)

Employer (Optional)

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)
March 10, 01	Martha C. Quiroga 3530 San Fernando	$200.00	Quiroga T-Shirts

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Raul F. Quiroga Jr

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)
March 19	Martha C. Quiroga 3530 San Fernando St.	150.00	300 woodstakes/ Lake

9 Principal occupation (Optional)	10 Employer (Optional)

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)
Feb 26 '01 to April 15, 01	Family Members, Friends 219 Ladd (backyard)	600.00	20 - 4X8 plywood signs painted plywood signs made - it costs that is value added.

Principal occupation (Optional)	Employer (Optional)

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)
March 27, 01	Rosalinda Elizondo 13259 Hunters View San TX 78230	100.00	

Principal occupation (Optional)	Employer (Optional)

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)
March 27, 01	Bernard L. Gilchrist 215 W. Travis St. San TX 78205	100.00	

Principal occupation (Optional)	Employer (Optional)

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)
April 1 '01	Ernest G. Inman 24 Courthouse Square #306 Rockville Maryland 20850	200.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

01 APR 27 PM 2:

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1: 03

2 FILER NAME: Raul F. Quiroga Jr.

3 ACCOUNT # (Ethics Commission filer)

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)
April 17, 01	Jess Ramos 3246 Stonehaven Rd.	25.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

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)
April 13, 01	Raymond R. Gonzales 503 W. Quill	50.00	

Principal occupation (Optional) | Employer (Optional)

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)
April 21, 01	Larry Ricketts 12290 Hwy 81 #62 San Tx 78223	50.00	

Principal occupation (Optional) | Employer (Optional)

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)

Principal occupation (Optional) | Employer (Optional)

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)

Principal occupation (Optional) | Employer (Optional)

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

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POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED CITY OF SAN ANTONIO CITY CLERK 01 FEB 27 PM 2:05

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5

2 FILER NAME Raul F Quiroga Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
Feb 26, 01	City of San Antonio	100.00

8 Purpose of payment (See instructions regarding type of information required.): Application Fee

9 •• 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 ($)
Feb 26, 01	Mangia Printers Buena Vista San Tx 78207	66.89

Purpose of payment (See instructions regarding type of information required.): business cards

•• 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 ($)
March 5, 01	Carlos Leon - Mariachi Leon	75.00

Purpose of payment (See instructions regarding type of information required.): Down payment for Mariachis

•• 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 ($)
March 19, 01	Carlos Leon - Mariachi	75.00

Purpose of payment (See instructions regarding type of information required.): Official announcement Party Mariachis

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

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POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
01 APR 27 PM 2:05

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME Raul F. Quiroga Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/26/01 to May 5, 01	Mary Oviedo 1136 W. Woodlawn SA TX 78201	in kind value $4,999.00

8 Purpose of payment (See instructions regarding type of information required.)
In kind rent, maintenance, phones etc

9 •• 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 ($)
2/26/01 to May 5, 01	Mary Oviedo 1136 W. Woodlawn SA TX 78201	$1,000.00

Purpose of payment (See instructions regarding type of information required.) Secretarial Support

•• 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 ($)
March 7, 01	Election Support Services 4958 W Military Drive SA TX 78242	$24.85

Purpose of payment (See instructions regarding type of information required.)
Walk List

•• 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 ($)
March 8, 01	Election Support Services 4958 W. Military Drive West SA TX 78242	28.74

Purpose of payment (See instructions regarding type of information required.)
Walk List

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

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POLITICAL EXPENDITURES

SCHEDULE F

CITY RECEIVED
CITY CLERK
01 APR 27 PM 2:

The INSTRUCTION GUIDE explains how to complete this form.

10 Total pages Schedule F: 5

2 FILER NAME: Raul F. Quiroga Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
April 3, 01	Elizondo's Print Shop 4418 S. Presa SA TX 78223	$ 283.50

8 Purpose of payment (See instructions regarding type of information required.): Postcards

9 ** 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 ($)
April 2, 01	Elizondo's Print Shop 4418 S. Presa SA TX 78223	$ 37.75

Purpose of payment (See instructions regarding type of information required.): Push Cards

** 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 ($)
April 3, 01	Myco S. Presa SA TX 78223	$ 512.40

Purpose of payment (See instructions regarding type of information required.): 18"x18" Political Signs

** 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 ($)
April 6, 01	Elizondo's Print Shop 4418 S. Presa SA TX 78223	$ 84.44

Purpose of payment (See instructions regarding type of information required.): Push Cards

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

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Printed on recycled paper

Revised 04/04/2000

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POLITICAL EXPENDITURES

RECEIVED CITY OF SAN ANTONIO CITY CLERK 01 APR 27 PM 2:05

SCHEDULE F

The instructions guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Raul F. Quiroga Jr.

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
April 7, 01	Election Support Services 4958 W. Military Drive SATX 78242	$ 24.85

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Walk List	

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
April 9, 01	Election Support Services 4958 W. Military Drive SATX 78242	$ 1,325.78

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Mailout	

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
April 16, 01	U.S. Postmaster Vance Jackson 78201	$ 68.89

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Small mailout	

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
April 18, 01	U.S. Postmaster Vance Jackson 78201	$ 68.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Small mailout	

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POLITICAL EXPENDITURES

CITY OF SAN ANTONIO
CITY CLERK
01 APR 27 PM 2:05

SCHEDULE F

The Instructions Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission form)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
April 20, 01	Election Support Services 4958 W. Military Dr. 78242	$ 27.00

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Labels	

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
April 20, 01	U.S. Postmaster Vance Jackson 78201	$ 170.00

Purpose of payment (See instructions regarding type of information required.)	-- 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 ($)
April 27, 01	Alberto Luis Carrillo	100.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Dress up some pretincts	

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held

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