CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) | | 2 Total pages filed: | | | |
|---|--|--|--|--|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR FIRST Cinia NICKNAME LAST MONTO 4 | SUFFIX | OFFICE USE ONLY Date Received FILED FOR RECORD AT | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE | ADDRESS / PO BOX: APT / SUITE #; 47 21 WOOLD RIDGE CORPUS CARISTI, AREA CODE PHONE NUMBER (361) 728-9862 | CITY; STATE: ZIP CODE TY 78413 EXTENSION | JAN 1 5 2016 KARA SANDS CLER DEPLOTE TO THE DEPLOTE TO THE DEPLOTE TO THE DEPLOTE TO THE POST TO THE | | |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR MIS. ASHLEY NICKNAME LAST SAN CHEZ | MI SUFFIX | Receipt # Amount \$ Date Processed Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / ST 230 CAPE COD COKPUS CHRISTI | UITE #; CITY; STATE; | ZIP CODE | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (361) 877-209 | extension 97 | | | |
| 9 REPORT TYPE | January 15 30th day before e | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year | THROUGH /2 | 73(/ 15 | | |
| 11 ELECTION | BLECTION DATE Month Day Year Primary O3 / O1 / 16 General | ELECTION TYPE Runoff Other Description Special | | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (If KNOWN) DEMOCKAT PARTY CH | | | |
| GO TO PAGE | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | INIA C | Montala | 15 Filer ID (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 | COMMITTEE NAME | | | |
| | GENERAL | | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| Additional Pages | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | | | |
| | 2. TOTAL (OTHER | \$ 0 | | | |
| EXPENDITURE TOTALS | 3. TOTAL F UNLESS | \$ | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 0 | | |
| CONTRIBUTION BALANCE | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ | | | | |
| 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 Signature of | | | | | |
| AFFIX NOTARY STAMP/SEALABOVE | | | | | |
| Sworm to and subscribed before me, by the said CiNia Clarich Montoya, this the | | | | | |
| day of | | | | | |
| Yolanda Duajardo Notary | | | | | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | |