

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed: <u>7</u></p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI <u>Jo Anne Marie</u> NICKNAME LAST SUFFIX <u>Prado</u></p>		<p><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <p><b>RECEIVED</b></p> <p><b>JAN 15 2016</b></p> <p><b>ELECTION OFFICE</b></p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>
	<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>725 Mountain View Dr</u> <u>San Marcos, Tx 78666</u></p> <p><input type="checkbox"/> Change of Address</p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION <u>(512) 738-7288</u></p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI <u>David Gil</u> NICKNAME LAST SUFFIX <u>Prado</u></p>		
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>725 Mountain View Dr</u> <u>San Marcos, Tx 78666</u></p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION <u>(512) 644-9715</u></p>		
<p>9 REPORT TYPE</p>	<p> <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)         </p>		
<p>10 PERIOD COVERED</p>	<p>           Month Day Year    Month Day Year  <u>7 / 1 / 15</u>    THROUGH    <u>12 / 31 / 15</u> </p>		
<p>11 ELECTION</p>	<p>           ELECTION DATE    ELECTION TYPE            Month Day Year    <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <u>3 / 1 / 16</u>    <input type="checkbox"/> General    <input type="checkbox"/> Special         </p>		
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)    OFFICE SOUGHT (if known)</p> <p><u>Justice Peace</u>    <u>Justice Peace</u> <u>1-1</u>    <u>1-1</u></p>		

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14 C/OH NAME**

Jo Anne Prado

**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

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

\$

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

\$ 350.00

**EXPENDITURE  
TOTALS**

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2945.00

**CONTRIBUTION  
BALANCE**

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

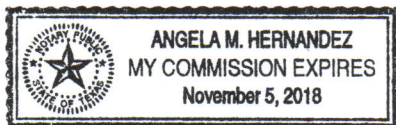
\$ - 0 -

**OUTSTANDING  
LOAN TOTALS**

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

\$

**18 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Jo Anne Prado

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jo Anne Prado, this the 15  
day of January, 2016, to certify which, witness my hand and seal of office.

Angela M. Hernandez

Signature of officer administering oath

Angela M. Hernandez

Printed name of officer administering oath

Court Administrator

Title of officer administering oath



**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> <i>Jo Anne Prado</i>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>350.00</i>	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>350.00</i>	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>2570.00</i>	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jo Anne Prado</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-21-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill Rugetey</i>	7 Amount of contribution (\$) <i>150.00</i>
6 Contributor address; City; State; Zip Code <i>120 W. Hopkins, San Marcos, TX</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions)
Date <i>10-21-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leon Breedon</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>120 W. Hopkins, San Marcos, TX</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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 (\$)
Contributor address; City; State; Zip Code		
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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Jo Anne Prado</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>11-15-16</i>	<b>5</b> Payee name <i>Mays County Democratic Party</i>	
<b>6</b> Amount (\$) <i>375.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>125 N. Guadalupe San Marcos, Tx 78666</i>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <i>Filing Fee</i>	<b>(b)</b> Description  <input type="checkbox"/> Check 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 <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description  <input type="checkbox"/> Check 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 <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description  <input type="checkbox"/> Check 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 <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description  <input type="checkbox"/> Check 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 <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME <b>Jo Anne Prado</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>1-1-16</b>		5 Payee name <b>McLoys Corp</b>			
6 Amount (\$) <b>120.00</b> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>110 Wonder World San Marcos, TX 78666</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Stakes</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Jo Anne Prado</b>		Office sought Office held	
Date <b>12-15-16</b>		Payee name <b>Johnny Diaz - Sign Arts</b>			
Amount (\$) <b>2000.00</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>205 Cheatham St San Marcos, TX 78666</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Signs</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Jo Anne Prado</b>		Office sought Office held	
Date <b>12-12-15</b>		Payee name <b>Lowes</b>			
Amount (\$) <b>130.00</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>2211 FM 35 S San Marcos, TX 78666</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Stakes</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>Jo Anne Prado</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1-12-15</b>	5 Payee name <b>Rick Martinez</b>	
6 Amount (\$) <b>200.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>Rick Martinez San Marcos, TX 78666</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Flyers</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date <b>11-1-15 thru 1-4-16</b>	Payee name <b>Sac n Pac</b>	
Amount (\$) <b>120.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>2050 S IH 35 San Marcos, TX 78666</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>gas</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

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)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

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