

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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. RAMON G. <small>NICKNAME LAST SUFFIX</small> ALVAREZ	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 11584 KILLEEN, TX 76547	Date Received <i>4/1/2021</i> <i>Ch. Aldrich</i>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 458-4605	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. RAMON G. <small>NICKNAME LAST SUFFIX</small> ALVAREZ	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4317 HOPE LANE KILLEEN, TX 76542		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 458-4605		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 THROUGH Month Day Year / / / /		
11 ELECTION	ELECTION DATE Month Day Year 5 / 01 / 2021	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) KILLEEN CITY COUNCIL DISTRICT 3	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
RAMON G. ALVAREZ

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.

GENERAL

SPECIFIC

Additional Pages

COMMITTEE TYPE

COMMITTEE NAME

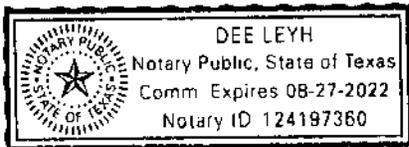
COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 495.69
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,245.69
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 249.75
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,350.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 895.67
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 Ramon Alvarez, this the 1 day of April, 2021, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Dee Leyh
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME RAMON G. ALVAREZ		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,750.00
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	\$ 2,350.02
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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

2 FILER NAME

RAMON G. ALVAREZ

3 Filer ID (Ethics Commission Filers)

4 Date

01/22/2021

5 Full name of contributor

out-of-state PAC (ID#: _____)

Kristin Grasso, Land Exchange Abstract & Title

6 Contributor address;

City; State; Zip Code

3201 E. Stan Schlueter Loop Killeen, TX 76542

7 Amount of contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)

Small Business Owner/Escrow Officer

9 Employer (See Instructions)

Land Exchange Abstract & Title

Date

02/05/2021

Full name of contributor

out-of-state PAC (ID#: _____)

Elizabeth & Antonia McDaniel

Contributor address;

City; State; Zip Code

1203 Dry Ridge Rd. Harker Heights, TX 76548

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Mortgage Banker/Police Officer

Employer (See Instructions)

Sente Mortgage/KPD

Date

02/22/2021

Full name of contributor

out-of-state PAC (ID#: _____)

Tyrone McLaurin

Contributor address;

City; State; Zip Code

412 N. Gray St. Killeen, TX 76541

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Small Business Owner

Employer (See Instructions)

Solutions One Industries

Date

03/19/2021

Full name of contributor

out-of-state PAC (ID#: _____)

Robert Cavazos

Contributor address;

City; State; Zip Code

1207 Fort Hood St. Killeen, TX 76542

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Small Business Owner

Employer (See Instructions)

Daiquiri Express/Boozy Beans Coffery

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Ramon G. Alvarez		3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virginia Cloud 6 Contributor address; City; State; Zip Code 1703 S. WS Young Drive Killeen, TX 76543	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Licensed Texas Realtor		9 Employer (See Instructions) Cloud Real Estate
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Ramon G. Alvarez	3 Filer ID (Ethics Commission Filers)
4 Date 01/26/2021	5 Payee name Ohana Ink, Co.	
6 Amount (\$) \$849.76	7 Payee address; City; State; Zip Code 2208 W. Stan Schlueter Loop Killeen, TX 78549	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense, (Signs)	(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 02/05/2021	Payee name Amazon	
Amount (\$) \$97.41	Payee address; City; State; Zip Code Seattle Washington	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies/Materials Stakes for yard signs	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 02/19/2021	Payee name Amazon	
Amount (\$) \$97.41	Payee address; City; State; Zip Code Seattle Washington	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies/Materials Stakes for yard signs	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 02/26/2021	5 Payee name Ohana Ink, Co.
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6 Amount (\$) \$551.53	7 Payee address; City; State; Zip Code 2206 W. Stan Schlueter Loop Killeen, TX 76549
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense, (Signs, Masks, Stickers)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/10/2021	Payee name Eagle Express
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Amount (\$) \$307.43	Payee address; City; State; Zip Code 106 E. FM-2410 Ste. F Harker Heights, TX 76548
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense, (Door hangers)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/26/2021	Payee name Ohana Ink, Co.
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Amount (\$) \$391.55	Payee address; City; State; Zip Code 2206 W. Stan Schlueter Loop Killeen, TX 76549
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense, (Additional shirts and signs)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 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.

1 Total pages Schedule F1: 3	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2021	5 Payee name Home Depot	
6 Amount (\$) \$54.93	7 Payee address; City; State; Zip Code 3201 E. Central Texas Expwy, Killeen, TX 76542	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other (equipment to install roadway signs).	(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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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
	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 <input type="checkbox"/> Check 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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
	Candidate / Officeholder name _____ Office sought _____ Office held _____	

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