

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: <div style="text-align: center; font-size: 24pt;">10</div>
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 11564 KILLEEN, TX 76547	Date Received: <div style="font-size: 24pt; text-align: center;">1/19/2022</div> <div style="font-size: 24pt; text-align: center;">Ch. Aldrich</div>	
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 (Residence or Business)		Date Processed	
8 CAMPAIGN TREASURER PHONE		Date Imaged	
9 REPORT TYPE		Receipt # Amount \$	
10 PERIOD COVERED		Date Processed	
11 ELECTION		Date Imaged	
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.

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 \$ 495.69

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 4,095.69

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 389.93

4. TOTAL POLITICAL EXPENDITURES \$ 3,905.67

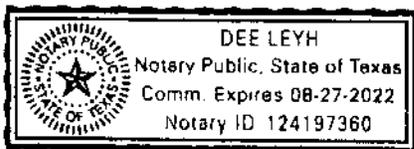
CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 190.02

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 19 day of January, 20 22, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

D. Leyh

Printed name of officer administering oath

Notary

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	\$ 3,600.00
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	\$ 3,516.74
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#: _____)

Tyrene 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)

Dalquir 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

Virginia Cloud

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

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

1703 S. WS Young Drive Killeen, TX 76543

8 Principal occupation / Job title (See Instructions)

Licensed Texas Realtor

9 Employer (See Instructions)

Cloud Real Estate

Date

04/13/2021

Full name of contributor

Matthew Huddleston

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

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

04/19/2021

Full name of contributor

Louie Minor

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

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

503 W. Avenue I Killeen, TX 76541

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

04/28/2021

Full name of contributor

Johnny Frederick

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

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1405 S 2nd St
Killeen, TX 76541

Principal occupation / Job title (See Instructions)

Business Owner

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/Rentals 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: 4	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 76549	
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 Expenses	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: 4	2 FILER NAME Ramon G. Alvarez	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 (\$) \$551.63	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 108 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 hangars)	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: 4	2 FILER NAME Ramon G. Alvarez	3 Filer ID (Ethics Commission Filers)
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4 Date 02/22/2021	5 Payee name Home Depot
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6 Amount (\$) \$54.93	7 Payee address; City; State; Zip Code 3201 E. Central Texas Expwy. Killeen, TX 76542
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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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/03/2021	Payee name Pluckers
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Amount (\$) \$240.00	Payee address; City; State; Zip Code 3000 E. Central Texas Expwy. Killeen, TX 76542
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food (Volunteer lunch)	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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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 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	Face	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: 4	2 FILER NAME Ramon G. Alvarez	3 Filer ID (Ethics Commission Filers)
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4 Date 04/12/2021	5 Payee name Eagle Express
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6 Amount (\$) \$449.24	7 Payee address; City; State; Zip Code 108 E. FM-2410 Ste. F Harker Heights, TX 78548
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (filers)	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/22/2021	Payee name Eagle Express
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Amount (\$) \$478.48	Payee address; City; State; Zip Code 108 E. FM-2410 Ste. F Harker Heights, TX 78548
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense (mailers)	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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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

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

RAMON G. ALVAREZ

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder