CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)	2 Total pages filed
N/A	n

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR. FIRST: RAMON MI: G

NICKNAME: LAST: ALVAREZ SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE

☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR. FIRST: RAMON MI: G.

NICKNAME: LAST: SUFFIX:

ALVAREZ

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE (254) PHONE NUMBER 458-4605 EXTENSION

OFFICE USE ONLY

RECEIVED

APR 0 2 2024
@ 12:07 a.m.
City of Killeen
By: Laura J. Calcote
City Secretary

Date Hand-delivered or Date Postmarked: emailed

Receipt #: Amount $:

Date Processed: 04/02/2024

Date Imaged: 04/02/2024

9 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 01 / Day 17 / Year 2024 THROUGH Month 04 / Day 04 / Year 2024

11 ELECTION

ELECTION DATE: Month 05 / Day 04 / Year 2024

ELECTION TYPE:
☐ Primary ☐ Runoff ☐ Other Description
☒ General ☐ Special

12 OFFICE HELD (if any)

KILLEEN CITY COUNCIL AT-LARGE

13 OFFICE SOUGHT (if known)

KILLEEN CITY COUNCIL AT-LARGE

14 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

☐ GENERAL ☐ SPECIFIC ☐ Additional Pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

| 15 C/OH NAME			16 Filer ID (Ethics Commission Filers)	
	RAMON ALVAREZ			
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$	1,000.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$	1,000.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$	0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$	1,710.35
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$	0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$	710.35

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL
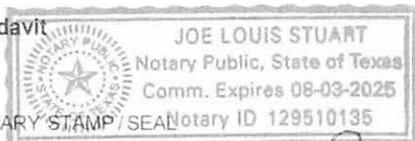
Sworn to and subscribed before me by Ramon Alvarez this the 1st day of April

20 24 , to certify which, witness my hand and seal of office.

_____   Jie L. Stuart IV   Notary Public
Signature of officer administering oath   Printed name of officer administering oath   Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
RAMON ALVAREZ	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. [X]	SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	$ 1.000.00
2. [ ]	SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3. [ ]	SCHEDULE B PLEDGED CONTRIBUTIONS	$
4. [X]	SCHEDULE E LOANS	$ 1,210.35
5. [X]	SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 1,710.35
6. [ ]	SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	$
7. [ ]	SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8. [ ]	SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	$
9. [ ]	SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10 [ ]	SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11. [ ]	SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12. [ ]	SCHEDULE K INTEREST. CREDITS. GAINS. REFUNDS. AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1: 1

2 FILER NAME	**3** Filer ID (Ethics Commission Filers)
RAMON ALVAREZ	

4 Date	**5** Full name of contributor ☐ out-of-state PAC ID# _____	**7** Amount of contribution ($)
3/05/2024	KRISTIN WILLIAMS	$500.00
	6 Contributor address City State Zip Code ████████████	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC ID# _____	Amount of contribution ($)
2/20/2024	LAWRENCE PASSARIELLO	$500.00
	Contributor address City State Zip Code ████████████	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ 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 ☐ 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.

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule E
	1

2 FILER NAME	**3** Filer ID (Ethics Commission Filers)
RAMON ALVAREZ	

4 TOTAL OF UNITEMIZED LOANS	$ 1,710.35

5 Date of loan	**7** Name of lender ☐ out-of-state PAC ID# _____	**9** Loan Amount ($)
2/27/2024	RAMON ALVAREZ	$1,710.35

6 Is lender a financial Institution?	**8** Lender address, City, State, Zip Code	**10** Interest rate
Y N X	███████████████████████████	N/A
		11 Maturity date
		N/A

12 Principal occupation / Job title (See Instructions)	**13** Employer (See Instructions)
SMALL BUSINESS OWNER	SELF-EMPLOYED

14 Description of Collateral	**15**
☒ none	☐ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION	**17** Name of guarantor	**19** Amount Guaranteed ($)
	18 Guarantor address City, State, Zip Code	
☐ not applicable		

20 Principal Occupation (See Instructions)	**21** Employer (See Instructions)

Date of loan	Name of lender ☐ out-of-state PAC ID# _____	Loan Amount ($)

Is lender a financial Institution?	Lender address, City, State, Zip Code	Interest rate
Y N		
		Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Description of Collateral	
☐ none	☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
	Guarantor address, City, State, Zip Code	
☐ not applicable		

Principal Occupation (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	RAMON ALVAREZ	

4 Date	5 Payee name	
2/27/2024	OHANA INK	

6 Amount ($)	7 Payee address.	City.	State.	Zip Code
$1,710.35	███████████████			

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
ADVERTISING EXPENSE	CAMPAIGN SIGNAGE

(c) ☐ Check if travel outside of Texas. Complete Schedule T   ☐ Check if Austin, TX officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name	
3/13/2024	RAMON ALVAREZ	

Amount ($)	Payee address.	City.	State.	Zip Code
$1,000.00	███████████████			

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
LOAN REIMBURSEMENT	LOAN REIMBURSEMENT FROM RAMON ALVAREZ

☐ Check if travel outside of Texas. Complete Schedule T   ☐ Check if Austin, TX officeholder living expense

Complete ONLY 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

☐ Check if travel outside of Texas. Complete Schedule T   ☐ Check if Austin, Tx officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED