

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR  
Mr.

FIRST  
Armando

MI

NICKNAME

LAST  
Barrera

SUFFIX

Jr.

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX.

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1506 Bluebonnet

Edinburg TX 78540

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956 ) 289-7455

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

Mr.  
Mrs.

FIRST  
Jessie  
Ana

MI

NICKNAME

LAST  
Trevino  
Verly

SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE).

APT / SUITE #:

CITY:

STATE:

ZIP CODE

803 N. Main St.  
703 Steamboat

McAllen TX 78501  
Edinburg, TX 89539

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956 ) 687-7271  
(956 ) 204-1464

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 \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year  
01 / 01 / 2010

THROUGH

Month Day Year  
07 / 15 / 2010

11 ELECTION

ELECTION DATE  
Month Day Year  
11 / 04 / 2008

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

Tax Assessor/Collector

13 OFFICE SOUGHT (if known)

Tax Assessor/Collector

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

additional pages

GO TO PAGE 2

OFFICE USE ONLY

Date Received

010 JUL 15 AM 11:30

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

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

\$ -0-

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ -0-

CONTRIBUTION BALANCE

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

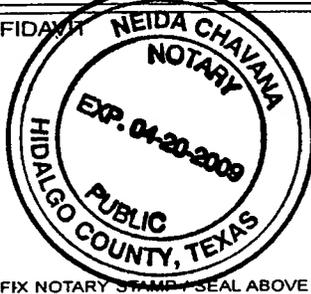
\$ -0-

OUTSTANDING LOAN TOTALS

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

\$ 11,200.00

19 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.

*Armando Barrera Jr.*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Armando Barrera Jr., this the 15th day of July, 2010, to certify which, witness my hand and seal of office.

*Neida Chavana*

Neida Chavana

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath