

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST <i>Ribow</i> NICKNAME LAST <i>DelosRios</i> SUFFIX	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>813 America St. Weslaco TX. 78596</i>	Date Received <b>RECEIVED JAN 14 2016</b> <i>3:08 PM.</i> <i>Ribow</i>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 373-0189</i>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <i>Ribow</i> NICKNAME LAST <i>DelosRios</i> SUFFIX	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>813 America St. Weslaco, TX 78596.</i>	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 373-0189</i>	Date Imaged	
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month Day Year    Month Day Year <i>10 / 08 / 15</i> THROUGH <i>12 / 31 / 15</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>03 / 01 / 2016</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Constable Hidalgo County Precinct-1</i>	

GO TO PAGE 2

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G:	2 FILER NAME <i>Ruben DeLosRios</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12-14-15</i>	5 Payee name <i>Hidalgo County Democratic Party</i>
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6 Amount (\$) <i>\$1,000<sup>00</sup></i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>3307 N. MCCOLL RD. McALLEN, TX. 78504</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>fees to enter race</i>	(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 <i>Ruben DeLosRios</i>	Office sought <i>Constable</i>	Office held <i>Hidalgo County Precinct-1</i>
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Date <i>02-13-15</i>	Payee name <i>Beto's Screen Printing</i>
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Amount (\$) <i>\$1,472.20</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>110 West. 4th St. San Juan, TX. 78589</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Signs-</i>	(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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Ruben DeLosRios</i>	Office sought <i>Constable</i>	Office held <i>Hidalgo County Precinct-1</i>
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Date <i>10-08-15</i>	Payee name <i>Beto's Screen Printing</i>
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Amount (\$) <i>900<sup>00</sup></i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>110 West. St. San Juan, TX. 78589.</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Signs</i>	(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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Ruben DeLosRios</i>	Office sought <i>Constable</i>	Office held <i>Hidalgo County Precinct-1</i>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*Rubén De Los Ríos*

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

*N/A*

SPECIFIC

COMMITTEE ADDRESS

*N/A*

COMMITTEE CAMPAIGN TREASURER NAME

*N/A*

COMMITTEE CAMPAIGN TREASURER ADDRESS

*N/A*

Additional Pages

17 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 \$100 OR LESS, UNLESS ITEMIZED

\$ *— 0 —*

4. TOTAL POLITICAL EXPENDITURES

\$ *3372 <sup>24</sup>/<sub>1000</sub>*

CONTRIBUTION  
BALANCE

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

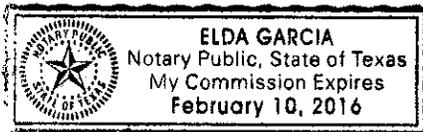
\$ *— 0 —*

OUTSTANDING  
LOAN TOTALS

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

\$ *— 0 —*

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.

*Rubén De Los Ríos*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Rubén de los Ríos*, this the *14<sup>th</sup>* day of *January*, 20 *16*, to certify which, witness my hand and seal of office.

*Elda Garcia*

Signature of officer administering oath

*Elda Garcia*

Printed name of officer administering oath

*Notary Public*

Title of officer administering oath