CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR CANDIDATÉ/ OFFICE USE ONLY **OFFICEHOLDER** ERIC NAME Date Received CANDIDATE / **OFFICEHOLDER** P.O. BOX 1051 ROSENBERS TX 17471 MAILING JAN 18 2022 RCVD **ADDRESS** Change of Address AREA CODE PHONE NUMBER CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER (832) 955-3584 PHONE MS / MRS / MR CAMPAIGN TREASURER HEETARA Date Processed NAME NICKNAME Date Imaged MYLES STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE CAMPAIGN TREASURER 215 N. PEACH ST. ANGLETON TX. 77515 **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN EXTENSION TREASURER (281) 615-4874 PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) Juty 15 8th day before election Reporting Limit 10 PERIOD Month COVERED 12/31/2021 THROUGH ELECTION TYPE **ELECTION DATE** 11 ELECTION Primary Runoff Day Month General 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) FORT BEND CO. COMMISSIONER PCT. 2 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 OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE.ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

LOANS SCHEDULE E

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

If the requested information is not applic		i morado uma pago m um		·	
The Instruction Guide explains	how to compl	ete this form.	1 Total pa	ges Schedule E:	
2 FILER NAME	. ,	. :	3 Filer ID	(Ethics Commission	Filers)
ERIC RAMIREZ CAMPAI	s N	2.13		٠.	
TOTAL OF UNITEMIZED LOANS	VV		\$ 4,	000	
5 Date of loan 7 Name of lender	out-of-state	PAC (ID#:	_) 9 Loan A	mount (\$)	
12/6/21 ERIC RAMINEZ A	·		4,	000	· · · · · ·
6 Is lender 8 Lender address; a financial Institution?	City;	State; Zip Cod			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Y 1031	SOSEN	ISERU IX. 717	// 11 Maturit	y date	
12 Principal occupation / Job title (See Instructions	s)	13 Employer (See Instruction			
Owner		TURF MASTE	es usa		
14 Description of Collateral		Check if personal account (See In		osited into political	
16 GUARANTOR 17 Name of guarantor			19 Amour	it Guaranteed (\$)	
INFORMATION	et jara Ester			N.	
18 Guarantor address;	City;	State; Zip Coo	de		
not applicable	; 'Y.		:	•	
20 Principal Occupation (See Instructions)		21 Employer (See Instruction	ons)	.:	
	* - 2 * * - 2 *			· ·	
Date of loan Name of lender	out-of-state	PAC (ID#:	_) Loan A	mount (\$)	
Is lender Lender address;	City;	State; Zip Cod	de Interes	t rate	
Institution?		* 6	Maturi	v date	
Y N		e e	1710.011		
Principal occupation / Job title (See Instructions	s)	Employer (See Instruction	ons)		
Description of Collateral		Charle is access	al funda wass des	politod into politicat	 :
none		Check if person account (See In		osited into political	
GUARANTOR Name of guarantor INFORMATION			Amour	nt Guaranteed (\$)	
Guarantor address;	City;	State; Zip Coo	ie		
not applicable				•.	,
Principal Occupation (See Instructions)		Employer (See Instruction	one)		
Cooperation (See Instructions)		Employer (See instruction	J. 13)	•	
		<u> </u>	·		
		IES OF THIS SCHEDULE A			
If lender is out-of-state PAC,	please see In	struction guide for addition	nal reporting red	uirements.	

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/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)

Credit Cald Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME ERIC RAMIREZ CAMPAIG		3 Filer ID (Ethics Commission Filers)	
4 Date 12/7/21	5 Payee name INTREPID SIGNS			
6 Amount (\$) \$ 32.48	7 Payee address; 1700 WALGER AVE. STE. E,	City: ROSENBERG	State: Zip Code , Ty. 77471	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) MARKETING	(b) Description MAGNE	TS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin. Office sought	TX. officeholder living expense Office held	
Date 12/7/21	Payee name UZ MARKETING			
Amount (\$)	Payee address: 5900 BINGLE RD. HOUSTON	Tx. 776	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description YARD Side	nns /4x4 SIGNS	
	Check if travel outside of Texas. Complete Schedule T.	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 12/7/21	Payee name INTREPID SIGNS			
Amount (\$) # 235.99	Payee address: 1700 WALGER AVE. STE.E	city: =, Rosenber	State: Zip Code 24 Tx. 77471	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) MARKETING	Business (GARDS & POST CARDS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 7	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 NEED	ED	

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 FO	R BOX 8(a)	
AdvertIsIng Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Overthe Food/Beverage Expense Polling Expen Gift/Awards/Memorials Expense Printing Expen	ad/Rental Expense Transportation E Travel In Distriction E Travel Out Of D Cother (enter a co	
1 Total pages Schedule F1:	2 FILER NAME		thics Commission Filers)
4 Date	FRIC RAMIREZ CAMPAIG	<u>N</u>	
12/9/21	NATIONAL PEN CO.		
6 Amount (\$)	7 Payee address;	City: State	
\$ 249.45	1212 SCRIPPS SUMMIT D	DR. STE. 200, SAND	1EGO, CA. 92131-460
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	0/001-00-10	\mathcal{D}_{-}	
EXPENDITURE	MARKETING	Pens	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	living expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/15/21	JAMES PRESSLER CONSUL	TANTS	
Amount (\$)	Payee address;	City; State	; Zip Code
\$ 500.°	8035 CROSS TRAIL DR. SU	IGARLAND TY.	77479
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	POLITICAL CONSULTANT	CONSULTANT	•
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholde	r living expense
Complete ONLY if direct	Candidate / Officeholder name		
		Office sought	Office held
expenditure to benefit C/OI		Office sought	Office held
expenditure to benefit C/Ol Date		Office sought	Office held
	н		Office held
Date	Payee name		
Date 12/20/21	Payee name NEEDVILLE CHAMBER OF C	OMMERCE City; State	
Date 12/20/21	Payee name NEEDVILLE CHAMBER OF C Payee address;	OMMERCE City; State	
Date 12/20/21	Payee name NEEDVILLE CHAMBER OF C Payee address; 9022 MAIN ST, NEEDVILLE	OMMERCE City; State , TX. 77461	
Date 2 20 2 Amount (\$) # 25.00 PURPOSE OF	Payee name NEEDVILLE CHAMBETZ OF C Payee address; 9022 MAIN ST, NEEDVILLE Category (See Categories listed at the top of this schedule)	OMMERCE City; State , TX. 77461 Description MEMBERSHIP	≘; Zip Code
Date 2 20 2 Amount (\$) # 25.00 PURPOSE OF	Payee name NEEDVILLE CHAMBER OF C Payee address; 9022 MAIN ST, NEEDVILLE Category (See Categories listed at the top of this schedule) ADVECTISING Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	City; State TX. 77461 Description	≘; Zip Code

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITU	RE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials cal Committee Legal Services	Loan Rep Office Ov e Polling E Expense Printing 6	payment/Reirnbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics	Commission Filers)
	ERIC RAMIRE	CAMPAIG	N	- Ther 15 (Edited	Commission Thers
11/10/21	5 Payee name DyLAN GLASS	CONSULTIN	a Agency		
6 Amount (\$) \$ 2.50. ** Reimbursement from political contributions intended.	7 Payeé address: 10427 HARDEN	WELL CRE	city: SPR	ING T_X .	zip Code 77379
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at t		(b) Description WEB R	EIMBURSEME	TNT .
: •	(c) Check if travel outside of Texa	s. Complete Schedule T.	Check if Aust	in, TX, officeholder living e	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Office sought		Office held
Date ⁻	Payee name				
* 1. *1.				1.	
Amount (\$)	Payee address;	•	City;	State;	Zip Code
Reimbursement from political contributions intended		\$ -			
PURPOSE OF	Category (See Categories listed at t	he top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texe	Complete Schoolule T	Check if Aust	tin, TX, officeholder living e	
				in, 1X, officendider living (Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder na PH	ame .	Office sought		Office held
					:
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
		• • •			
Reimbursement from political contributions intended					14. 31.
	Category (See Categories listed at t	ne top of this schedule)	Description		····
PURPOSE OF					
EXPENDITURE	Check if travel outside of Texa	s. Complete Schedule T.	Check if Aust	in. TX. officeholder living e	xpense
· ;	Candidate / Officeholder na	<u>.</u>	Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeriolder in		Cinco sought		
	ATTACH ADDITIONAL (OPIES OF THIS S	CHEDULE AS NEE	DED	• • • • • • • • • • • • • • • • • • • •

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Comr	nission Filers)
ERIC RAMIREZ CAMPAIGN	•	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ \$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ Ø
4. SCHEDULE E: LOANS		\$ 4000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 3780.94
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ \$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	11 11 11 11 11 11 11 11 11 11 11 11 11	\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ \$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ Ø
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$ Ø