

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> M. FIRST Miguel NICKNAME Ancira LAST Ancira SUFFIX	OFFICE USE ONLY Date Received 2014 JUL 14 PM 12:37 AUSTIN CITY CLERK RECEIVED Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512) PHONE NUMBER 284-5674 EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> D. FIRST David NICKNAME Ramos LAST Ramos SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) 1515 W 6th St APT / SUITE # Austin, TX CITY 78703 STATE 78703 ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512) PHONE NUMBER 474-1818 EXTENSION		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 05 / 01 / 14 THROUGH Month Day Year 07 / 15 / 14		
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 14 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) City Council Dist. 3	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Miguel M. Ancira

15 ACCOUNT # (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

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 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)

\$

875.00

EXPENDITURE
TOTALS

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

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

1,438.54

CONTRIBUTION
BALANCE

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

\$

0

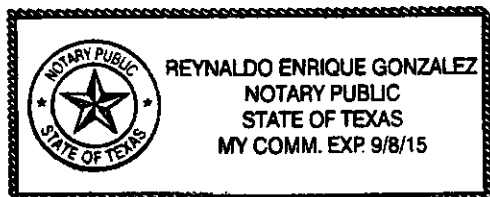
OUTSTANDING
LOAN TOTALS

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

\$

0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Miguel M. Ancira
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Miguel M. Ancira, this the 14th day of July, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Reynaldo E. Gonzalez

Notary Public.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **2**

2 FILER NAME

Miguel Ancira

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/30/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Reynaldo Gonzalez

6 Contributor address; City; State; Zip Code

10701 S I H 35 Apt 2125

Austin, TX 78747

7 Amount of contribution (\$)

\$25.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Banker

10 Employer (See Instructions)

Capital One Bank

Date

5/30/14

Full name of contributor

☐ out-of-state PAC (ID#)

Edwin Aguilar

Contributor address; City; State; Zip Code

10701 S I H 35 Apt 2125

Austin, TX 78747

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Capital One Bank

Date

5/30/14

Full name of contributor

☐ out-of-state PAC (ID#)

Yusef Habib

Contributor address; City; State; Zip Code

7233 Manchaca Rd #5

Austin, TX 78745

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Comerica Bank

Date

5/30/14

Full name of contributor

☐ out-of-state PAC (ID#)

Armando Medina

Contributor address; City; State; Zip Code

7707 S I H 35 #212

Austin, TX 78744

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

General Manager

Employer (See Instructions)

TriColor Auto

Date

5/31/14

Full name of contributor

☐ out-of-state PAC (ID#)

Oscar Talamas Beltran

Contributor address; City; State; Zip Code

7233 Manchaca Rd 5

Austin, TX 78745

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Restaurant owner

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **2**

2 FILER NAME

Miguel Ancira

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/17/14

5 Full name of contributor ☐ out-of-state PAC (ID#)

Franz Flores

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code

**9307 Independence Loop
Austin, TX 78748**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

RN

10 Employer (See Instructions)

Self

Date

5/30/14

Full name of contributor ☐ out-of-state PAC (ID#)

Emmanuel Loo

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

**1906 Autumn Run Ln
Round Rock, TX 78665**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Accountant

Employer (See Instructions)

AM PM

Date

5/23/14

Full name of contributor ☐ out-of-state PAC (ID#)

Jonathan Loo

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

**1906 Autumn Run Ln
Round Rock, TX 78665**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Medical Industry

Employer (See Instructions)

Self

Date

6/10/14

Full name of contributor ☐ out-of-state PAC (ID#)

Carlos Zamudio

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

**2124 Burton Dr
Austin, TX 78741**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Premier Car Service

Date

5/28/14

Full name of contributor ☐ out-of-state PAC (ID#)

Texas Democratic Party

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

Van Access

Contributor address, City, State, Zip Code

**4818 E Ben White Blvd 104
Austin, TX 78741**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Political Party

Employer (See Instructions)

Van Access

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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>4</u>	2 FILER NAME <u>Miguel Ancira</u>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <u>5/3/14</u>	5 Payee name <u>Office Depot 304</u>	
6 Amount (\$) <u>\$96.45</u>	7 Payee address; City; State; Zip Code <u>2101 S Laman Blvd Austin, TX 78704</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Printing Expense</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>Signs</u>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>5/15/14</u>	Payee name <u>The Home Depot</u>	
Amount (\$) <u>\$42.19</u>	Payee address; City; State; Zip Code <u>8801 S 1-35 Austin, TX 78744</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>Paint</u>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>5/18/14</u>	Payee name <u>Facebook Inc</u>	
Amount (\$) <u>\$250.00</u>	Payee address; City; State; Zip Code <u>1 Hacker Way Menlo Park, CA 94025</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>Ads</u>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>5/28/14</u>	Payee name <u>Texas Democratic Party</u>	
Amount (\$) <u>\$550.00</u>	Payee address; City; State; Zip Code <u>4818 E Ben White Blvd Austin, TX 78741</u> <u>104</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Consulting Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>Van Access</u>
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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel in District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4		2 FILER NAME Miguel M. Ancira		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/8/14		5 Payee name Austin Parking Meters			
6 Amount (\$) \$2.00		7 Payee address; City; State; Zip Code P.O. Box 1088 Austin, TX 78767			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Travel in District		(b) Description (If travel outside of Texas, complete Schedule T) Parking	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/12/14		Payee name Austin Parking Meters			
Amount (\$) \$8.00		Payee address; City; State; Zip Code P.O. Box 1088 Austin, TX 78767			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Travel in District		Description (If travel outside of Texas, complete Schedule T) Parking	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/9/14		Payee name Summer moon Coffee Bar			
Amount (\$) \$4.84		Payee address; City; State; Zip Code 3115 S 1st St Austin, TX 78704 #1B			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Meet & Greet	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/29/14		Payee name Office Max 1287			
Amount (\$) \$5.50		Payee address; City; State; Zip Code 9600 S IH 35 Austin, TX 78748 SB			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Laminating	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 4		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/27/14		5 Payee name Walgreens 13444			
6 Amount (\$) \$3-78		7 Payee address: City: State: Zip Code 120 W Slaughter Austin, TX 78748			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Photos	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/7/14		Payee name Office Depot 304			
Amount (\$) \$76.25		Payee address: City: State: Zip Code 2101 S Lamar Blvd Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Cards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/28/14		Payee name Paypal Inc.			
Amount (\$) \$12.85		Payee address: City: State: Zip Code 2211 North First St San Jose, CA 95131			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting / Banking		Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/1/14		Payee name Sam's Club 8259			
Amount (\$) \$83.23		Payee address: City: State: Zip Code 9900 S I H 35 Austin, TX 78744			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Travel In District		Description (If travel outside of Texas, complete Schedule T) Gas	
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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <div style="text-align: center;">4</div>	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/13/14	5 Payee name Sam's Club 8259	
6 Amount (\$) \$85.55	7 Payee address; City, State, Zip Code 9900 S I H 35 Austin, TX 78744	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel In District	(b) Description (If travel outside of Texas, complete Schedule T) Gas
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 5/24/14	Payee name Sam's Club 8259	
Amount (\$) \$78.60	Payee address; City, State, Zip Code 9900 S I H 35 Austin, TX 78744	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel In District	Description (If travel outside of Texas, complete Schedule T) Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 7/15/14	Payee name Sam's Club 8259	
Amount (\$) \$76.28	Payee address; City, State, Zip Code 9900 S I H 35 Austin, TX 78744	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel In District	Description (If travel outside of Texas, complete Schedule T) Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 7/11/14	Payee name Sam's Club 8259	
Amount (\$) \$63.02	Payee address; City, State, Zip Code 9900 S I H 35 Austin, TX 78744	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel In District	Description (If travel outside of Texas, complete Schedule T) Gas
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

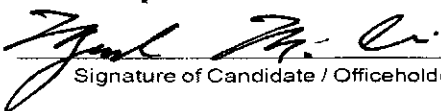
CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

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
Miguel M. Ancira
2 ACCOUNT # (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