

# 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<br>(Ethics Commission Filers)<br>00090497 |   | 2 Total pages filed:<br>4              |  |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR FIRST MI<br>Ramesses II   |  | OFFICE USE ONLY<br>Date Received<br>ELECTRONICALLY FILED<br>10/06/2020  |  |  |
|   | NICKNAME LAST SUFFIX<br>Setepenre   |  |   |  |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>615 W Saint Johns Ave<br>APT 214<br>Austin , TX 78752  |  |   | Date Hand-delivered or Date Postmarked |  |
|   |   |  |   | Receipt # Amount                       |  |
|   |   |  |   | Date Processed                         |  |
|   |   |  |   | Date Imaged                            |  |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR FIRST MI<br>Ramesses II   |  |   |  |  |
|   | NICKNAME LAST SUFFIX<br>Setepenre   |  |   |  |  |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>615 W Saint Johns Ave<br>APT 214<br>Austin , TX 78752  |  |   |  |  |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE PHONE NUMBER EXTENSION<br>(737) 256-2246  |  |   |  |  |
| 8 REPORT<br>TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><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) |  |   |  |  |
| 9 PERIOD<br>COVERED   | Month Day Year    THROUGH    Month Day Year<br>07/01/2020    09/24/2020   |  |   |  |  |
| 10 ELECTION   | ELECTION DATE<br>Month Day Year<br>11/03/2020   |  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |  |
|   |   |  |   |  |  |
| 11 OFFICE   | OFFICE HELD (if any)  |  | 12 OFFICE SOUGHT (if known)<br>Council Member, District 4   |  |  |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

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|                       |                        |                    |  |
|-----------------------|------------------------|--------------------|--|
| <b>13 C / OH NAME</b> | Setepenre, Ramesses II | <b>14 Filer ID</b> | (Ethics Commission Filers)<br>00090497 |
|-----------------------|------------------------|--------------------|--|

|   |  |   |
|---|--|---|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |   |
|   | <b>COMMITTEE TYPE</b>  | <b>COMMITTEE NAME</b>                       |
|   | <input type="checkbox"/> GENERAL   | <b>COMMITTEE ADDRESS</b>                    |
|   | <input type="checkbox"/> SPECIFIC  | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>    |
|   |  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |

|                                |   |    |        |
|--------------------------------|---|----|--------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | 0.00   |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                           | \$ | 0.00   |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ | 0.00   |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 134.48 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$ | 0.00   |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ | 0.00   |

**17 AFFADAVIT**

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.

Ramesses II Setepenre  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

|   |  |  |
|---|--|--|
| _____<br>Signature of officer administering | _____<br>Printed name of officer administering | _____<br>Title of officer administering oath |
|---|--|--|

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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|  |   |   |        |
|--|---|---|--------|
| <b>18 FILER NAME</b><br>Setepenre, Ramesses II   |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00090497 |        |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   | SUBTOTAL AMOUNT   |        |
| 1.   | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$  |        |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |        |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |        |
| 4.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |        |
| 5.   | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$  |        |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |        |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$  |        |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |        |
| 9.   | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$  | 134.48 |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$  |        |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$  |        |
| 12.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$  |        |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/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)

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule G:<br>Sch: 1/1 Rpt: 4/4  | <b>2</b> FILER NAME<br>Setepenre, Ramesses II  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00090497   |
| <b>4</b> Date<br>09/18/2020  | <b>5</b> Payee name<br>UZ Marketing- Print Materials   |  |
| <b>6</b> Amount (\$)<br>\$134.48<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>5900 Bingle rd.<br><br>Houston , TX 77092     |  |
| <b>8</b> <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political yard signs. |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought      Office held   |