

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 15

13 C / OH NAME Ramos, Misael D.	14 Filer ID (Ethics Commission Filers) 00090898
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15 NOTICE FROM POLITICAL COMMITTEE(S) <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.											
<table border="1" style="width:100%"> <tr> <td style="width:20%">COMMITTEE TYPE</td> <td style="width:80%">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS				
	COMMITTEE TYPE	COMMITTEE NAME										
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
	<input type="checkbox"/> SPECIFIC											
COMMITTEE CAMPAIGN TREASURER NAME												
COMMITTEE CAMPAIGN TREASURER ADDRESS												

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,890.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	11,281.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,409.30
OUTSTANDING LOAN TOTALS	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.

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.

Signature of officer administering Printed name of officer administering Title of officer administering oath

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

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18 FILER NAME Ramos, Misael D.	19 Filer ID (Ethics Commission Filers) 00090898
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,890.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6,328.39
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4,953.39
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/15
2 FILER NAME Ramos, Misael D.		3 Filer ID (Ethics Commission Filers) 00090898
4 Date 10/24/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collier, Chelsea <hr/> 6 Contributor address; City; State; Zip Code 2803 Sol Wilson Austin, TX 78702	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self employed
Date 10/24/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotera, Martha <hr/> Contributor address; City; State; Zip Code 1502 Norris Dr. Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Roxanne <hr/> Contributor address; City; State; Zip Code 7300 Meadowood Drive Austin, TX 78723	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PR Specialist		Employer (See Instructions) Retired
Date 10/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Barry <hr/> Contributor address; City; State; Zip Code 15000 Hog Eye Road Manor, TX 78653	Amount of Contribution (\$) \$450.00
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) self employed
Date 10/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Marie <hr/> Contributor address; City; State; Zip Code 15000 Hog Eye Road Manor, TX 78653	Amount of Contribution (\$) \$450.00
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/15
2 FILER NAME Ramos, Misael D.		3 Filer ID (Ethics Commission Filers) 00090898
4 Date 10/09/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilliland, Douglas <hr/> 6 Contributor address; City; State; Zip Code 55 Main St. STE 300 Colleyville, TX 76034	7 Amount of Contribution (\$) \$450.00
8 Principal occupation / Job title (See Instructions) Managing Director		9 Employer (See Instructions) Taurus Investment Holdings
Date 10/21/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Andrew <hr/> Contributor address; City; State; Zip Code 5804 Gloucester Ln. Austin, TX 78723	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Eva <hr/> Contributor address; City; State; Zip Code 6809 Citadel Cove Austin, TX 78723	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Gina <hr/> Contributor address; City; State; Zip Code 2207 E. 22nd St Austin, TX 78722	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, David <hr/> Contributor address; City; State; Zip Code 1808 Kerr Street Austin, TX 78704	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/15
2 FILER NAME Ramos, Misael D.		3 Filer ID (Ethics Commission Filers) 00090898
4 Date 10/17/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Carolyn <hr/> 6 Contributor address; City; State; Zip Code 101 Colorado St. Apt 3208 Austin, TX 78701	7 Amount of Contribution (\$) \$450.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Katherine <hr/> Contributor address; City; State; Zip Code 2507 Weber Ave Austin, TX 78722	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Matthew <hr/> Contributor address; City; State; Zip Code 914 E. 37th St. Austin, TX 78705	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pregner, Tony <hr/> Contributor address; City; State; Zip Code 1602 Chestnut Ave. Unit A Austin, TX 78702	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Elijah <hr/> Contributor address; City; State; Zip Code 2240 Tarpley Rd. #284 Carrollton, TX 75006	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/15
2 FILER NAME Ramos, Misael D.		3 Filer ID (Ethics Commission Filers) 00090898
4 Date 10/24/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Gilberto <hr/> 6 Contributor address; City; State; Zip Code 1000 Glen Oaks Ct. Austin, TX 78702	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Jane <hr/> Contributor address; City; State; Zip Code 1000 Glen Oaks Ct. Austin, TX 78702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Searle, Michael <hr/> Contributor address; City; State; Zip Code 2509 Lazy Oaks Drive Austin, TX 78745	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Aro Group, LLC
Date 10/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidenberg, Rob <hr/> Contributor address; City; State; Zip Code 1001 East 13th St. Austin, TX 78702	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seufert, Eric <hr/> Contributor address; City; State; Zip Code 15819 Cottage Ivy Circle Tomball, TX 77377	Amount of Contribution (\$) \$450.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/15
2 FILER NAME Ramos, Misael D.		3 Filer ID (Ethics Commission Filers) 00090898
4 Date 10/24/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stonewall Democrats of Austin <hr/> 6 Contributor address; City; State; Zip Code PO Box 40898 Austin, TX 78704	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/03/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Megan <hr/> Contributor address; City; State; Zip Code 1604 New York Avenue Austin, TX 78702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendler, Lara <hr/> Contributor address; City; State; Zip Code 2314 E 11th St. Austin, TX 78702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Chief of staff		Employer (See Instructions) Texas Senate
Date 10/07/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Ellen <hr/> Contributor address; City; State; Zip Code 5002 Sevan Cove Austin, TX 78731	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) vcfo
Date 10/21/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynd, Jasmin <hr/> Contributor address; City; State; Zip Code 2912 E. 12th Austin, TX 78702	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Strategy and Ops Lead		Employer (See Instructions) Google

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 9/15	2 FILER NAME Ramos, Misael D.	3 Filer ID (Ethics Commission Filers) 00090898
4 Date 10/28/2022	5 Payee name Chase	
6 Amount (\$) \$4,953.39	7 Payee address; City; State; Zip Code P.O. Box 6185 Westerville, OH 43086	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for credit card expenditures
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2022	Payee name Jackson, Mark	
Amount (\$) \$150.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign placement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2022	Payee name Robinson, Leenolia	
Amount (\$) \$350.00	Payee address; City; State; Zip Code PO Box 774 Ingram, TX 78025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field director salary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: Sch: 2/2 Rpt: 10/15	2 FILER NAME Ramos, Misael D.	3 Filer ID (Ethics Commission Filers) 00090898
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4 Date 10/17/2022	5 Payee name Robinson, Leenolia
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6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code PO Box 774 Ingram, TX 78025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field director payment
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/21/2022	Payee name Robinson, Leenolia
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Amount (\$) \$475.00	Payee address; City; State; Zip Code PO Box 774 Ingram, TX 78025
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field director payment
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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.

1 Total pages Schedule F4: Sch: 1/5 Rpt: 11/15	2 FILER NAME Ramos, Misael D.	3 Filer ID (Ethics Commission Filers) 00090898
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/13/2022	6 Payee name AMPRO Productions
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7 Amount (\$) \$756.67	8 Payee address; City; State; Zip Code 7202 Smokey Hill Rd, Austin, TX 78736
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Large campaign signs
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/04/2022	Payee name Austin Texas Print
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Amount (\$) \$411.35	Payee address; City; State; Zip Code 6448 E Hwy 290 c102 Austin, TX 78723
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Doorhangers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/5 Rpt: 12/15	2 FILER NAME Ramos, Misael D.	3 Filer ID (Ethics Commission Filers) 00090898
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/20/2022	6 Payee name Campaign Verify
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7 Amount (\$) \$95.00	8 Payee address; City; State; Zip Code 1215 31st Street NW PO Box 3554 Washington, DC 20007
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text campaign
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/06/2022	Payee name Fedex
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Amount (\$) \$13.53	Payee address; City; State; Zip Code 2406 W Parmer Lane Suite 94 Austin, TX 78727
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business cards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/5 Rpt: 13/15	2 FILER NAME Ramos, Misael D.	3 Filer ID (Ethics Commission Filers) 00090898
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/12/2022	6 Payee name Fedex
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7 Amount (\$) \$160.00	8 Payee address; City; State; Zip Code 2406 W Parmer Lane Suite 94 Austin, TX 78727
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fliers
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/05/2022	Payee name Texas Democrats
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Amount (\$) \$540.00	Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VAN data
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/5 Rpt: 14/15	2 FILER NAME Ramos, Misael D.	3 Filer ID (Ethics Commission Filers) 00090898
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/11/2022	6 Payee name Vistaprint
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7 Amount (\$) \$460.51	8 Payee address; City; State; Zip Code 275 Wyman Street Waltham, ME 02451
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door hangers
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/23/2022	Payee name Vistaprint
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Amount (\$) \$273.29	Payee address; City; State; Zip Code 275 Wyman Street Waltham, ME 02451
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door hangers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/5 Rpt: 15/15	2 FILER NAME Ramos, Misael D.	3 Filer ID (Ethics Commission Filers) 00090898
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/20/2022	6 Payee name Vistaprint
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7 Amount (\$) \$370.04	8 Payee address; City; State; Zip Code 275 Wyman Street Waltham, ME 02451
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailers
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/13/2022	Payee name Vistaprint
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Amount (\$) \$1,873.00	Payee address; City; State; Zip Code 275 Wyman Street Walt Waltham, ME 02451
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailers
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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