

# 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) 44444444		2 PAGE # 1 of 5	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Regina	MI	<b>OFFICE USE ONLY</b> Date Received  13 JUL 11 PM 12:12:15  Date Hand-delivered or Date Postmarked  Receipt #                  Amount Date Processed Date Imaged	
	NICKNAME Gina	LAST Hinojosa	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; 2220 Parkway Austin, TX 78703	APT / SUITE #;	CITY;	STATE;	ZIP CODE
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Gustavo	MI	Date Processed Date Imaged	
	NICKNAME Gus	LAST Garcia	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); P.O. Box 300718 Austin, TX 78703	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
8 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 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)	
9 PERIOD COVERED	Month          Day          Year	THROUGH		Month          Day          Year	
	01/01/2013			02/11/2013	
10 ELECTION	ELECTION DATE Month          Day          Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) AISD Trustee At Large	12 OFFICE SOUGHT (if known)			
<b>GO TO PAGE 2</b>					

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

13 C/OH NAME Hinojosa, Regina

14 ACCOUNT # (Ethics Commission filers)  
44444444

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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) \$ 100.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 3.00

4. TOTAL POLITICAL EXPENDITURES \$ 3,169.98

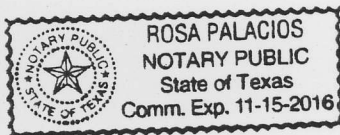
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

17 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.

*Regina Hinojosa*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Candidate, Regina Hinojosa this the 11<sup>th</sup> day of July, 2013, to certify which, witness my hand and seal of office.

*Rosa Palacios*  
Signature of officer administering oath

ROSA PALACIOS  
Print name of officer administering oath

Paralegal / Exec. Asst.  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 3/5
2 FILER NAME Hinojosa, Regina		3 ACCOUNT # (Ethics Commission filers) 44444444
4 Date  02/11/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weiser, David  6 Contributor address; City; State; Zip Code 3009 Glenview Ave Austin, TX 78703	7 Amount of contribution (\$)   8 In-kind contribution description (if applicable)   \$100.00     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial 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.

<b>1 PAGE #</b> Schedule: 1/1 Report: 4/5		<b>2 FILER NAME</b> Hinojosa, Regina		<b>3 ACCOUNT # (TEC filers)</b> 44444444	
<b>4 Date</b> 02/11/2013		<b>5 Payee name</b> Butts, David			
<b>6 Amount (\$)</b> \$1,500.00		<b>7 Payee address</b> City; State; Zip Code 1914 Patton Lane Austin, TX 78723			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Consulting Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> General consulting	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:	Office held:
Date 02/11/2013		Payee name Hinojosa, Gina			
Amount (\$) \$1,666.98		Payee address City; State; Zip Code 2220 Parkway Austin, TX 78703			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) OTHER - Schedule G reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement of Schedule G expenditures previously reported	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:	Office held:

# 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' \*\*

Page 5 of 5

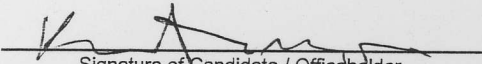
1 C/OH NAME Hinojosa, Regina

2 ACCOUNT # (Ethics Commission filers)

44444444

### 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