

# 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: <b>3</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <b>Mr.</b> FIRST: <b>Frank</b> MI: NICKNAME: LAST: <b>Puente</b> SUFFIX: <b>Jr.</b>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>OFFICE USE ONLY</b>  <b>SECRETARY'S OFFICE</b>  <b>Received</b>  <b>MAY 3 2013</b> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>HARLINGEN, TX</b>                  Date Handled, Forwarded or Postmarked:                  Receipt #      Amount                  Date Processed                  Date Imaged             </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: <b>114 E. LEE</b> APT / SUITE #: CITY: <b>Harlingen</b> STATE: <b>Tx.</b> ZIP CODE: <b>78550</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <b>(956)</b> PHONE NUMBER: <b>365.4357</b> EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <b>Mr.</b> FIRST: <b>Frank</b> MI: NICKNAME: LAST: <b>Puente</b> SUFFIX: <b>Jr.</b>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <b>114 E. LEE</b> APT / SUITE #: CITY: <b>Harlingen, TX</b> STATE: ZIP CODE: <b>78550</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <b>(956)</b> PHONE NUMBER: <b>365.4357</b> 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <b>04 / 12 / 13</b> <b>05 / 06 / 13</b>		
11 ELECTION	ELECTION DATE Month      Day      Year <b>05 / 11 / 13</b>	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)	13 OFFICE SOUGHT (if known) <b>Harlingen City Commissioner District 2</b>	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Frank Puente, Jr 15 ACCOUNT #, (Ethics Commission Filers) N/A

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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1225.17</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>251.27</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>251.27</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5.89</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 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.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said FRANK PUENTE, this the 3 day of May, 20 12, to certify which, witness my hand and seal of office.

Amanda C. Elizondo      Amanda C. Elizondo      City Secy  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <u>Frank Puente, Jr</u>		3 ACCOUNT # (Ethics Commission Filers) <u>N/A</u>	
4 Date <u>4/15/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John Cavazos</u>	7 Amount of contribution (\$) <u>\$300.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>2 west point Dr Missouri City, TX. 77459</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>physician</u>		10 Employer (See Instructions)	
Date <u>4/20/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rick Monates</u>	Amount of contribution (\$) <u>\$595.38</u>	In-kind contribution description (if applicable) <u>signs</u>
Contributor address; City; State; Zip Code <u>3101 Banyon Circle Harlingen, TX 78552</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4/26/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jose Munoz</u>	Amount of contribution (\$) <u>\$129.79</u>	In-kind contribution description (if applicable) <u>push cards</u>
Contributor address; City; State; Zip Code <u>2020 E. Expressway 83 st. 1 Mercedes, Tx. 78570</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4/27/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Alex Trejo, Jr.</u>	Amount of contribution (\$) <u>\$200.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>22893 Stuart Place Road Primavera, TX. 78552</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.