

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 # <small>(Ethics Commission Filers)</small>	2 Total pages filed: 3
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR: Mr. FIRST: Frank MI: NICKNAME: LAST: Puente SUFFIX: Jr.	SECRETARY'S OFFICE USE ONLY Date Received: APR 11 2013 4:48 p.m. HARLINGEN, TX ace Date Hand-delivered or Postmarked: Receipt #: Amount: Date Processed: Date Imaged:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: 114 E. LEE APT/SUITE #: CITY: Harlingen, TX STATE: ZIP CODE: 78550		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (956) PHONE NUMBER: 365-4357 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR: Mr. FIRST: Frank MI: NICKNAME: LAST: Puente SUFFIX: Jr.		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 114 E. LEE APT / SUITE #: CITY: Harlingen, TX. STATE: ZIP CODE: 78550		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (956) PHONE NUMBER: 365-4357 EXTENSION:		
9 REPORT 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) <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)		
10 PERIOD COVERED	Month: 03 Day: 20 Year: 13 THROUGH Month: 04 Day: 11 Year: 13		
11 ELECTION	ELECTION DATE: Month: 05 Day: 11 Year: 13 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) Harlingen City Commissioner District 2	
GO TO PAGE 2			

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>375.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>218.46</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>218.46</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>8.88</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, Jr., this the 11 day of April, 20 13, to certify which, witness my hand and seal of office.

Amanda C. Elizondo Amanda C. Elizondo City Secip.
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 <div style="text-align: right; font-size: 2em;">1</div>	
2 FILER NAME <div style="font-size: 1.5em;">Frank Puente, Jr</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <div style="font-size: 1.2em;">3.27.13</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.2em;">Heriberto Medrano</div>	7 Amount of contribution (\$) <div style="font-size: 1.5em;">200⁰⁰</div>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">2009 E. Harrison Ave. Ste. B Harlingen, TX 78550</div>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">Attorney</div>		10 Employer (See Instructions)	
Date <div style="font-size: 1.2em;">3.30.13</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.2em;">Angie Gonzalez</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">100⁰⁰</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">101 W. Harrison Harlingen, TX 78550</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">Business Owner</div>		Employer (See Instructions)	
Date <div style="font-size: 1.2em;">4.9.13</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.2em;">David Lamar Garcia</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">75⁰⁰</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">PO Box 532 Harlingen, TX 78553</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">Business Owner</div>		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)	
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.