

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

|   |   |   |                             |
|---|---|---|-----------------------------|
| The C/OH Instruction Guide explains how to complete this form.                                  |   | <b>1 ACCOUNT #</b><br>(Ethics Commission Filers)  | <b>2 Total pages filed:</b> |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR: <b>MR.</b> FIRST: <b>Eleazar</b> MI: _____<br>NICKNAME: <b>"JUNEBUG"</b> LAST: <b>Carrillo</b> SUFFIX: <b>Je.</b>  | <b>OFFICE USE ONLY</b><br>Date Received: _____<br>Date Hand Delivered for Postmark: _____<br>Receipt #: _____ Amount: _____<br>Date Processed: _____<br>Date Imaged: _____  |                             |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> change of address | ADDRESS / PO BOX: <b>1100 Crowell Rd.</b> APT / SUITE #: _____ CITY: <b>Kaufman</b> STATE: <b>Tx</b> ZIP CODE: <b>75142</b>   | <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">                 BY: _____<br/>                 LAURA A. HUBBARD<br/>                 COUNTY CLERK<br/>                 2012 JAN 18 PM 4:04<br/>                 FILED FOR RECORD<br/>                 KAUFMAN CO. TEXAS             </div> |                             |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE: <b>(214)</b> PHONE NUMBER: <b>457-3368</b> EXTENSION: _____  |   |                             |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR: <b>MRS.</b> FIRST: <b>Tanya</b> MI: <b>G.</b><br>NICKNAME: _____ LAST: <b>Carrillo</b> SUFFIX: _____   |   |                             |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(residence or business)                                  | STREET ADDRESS (NO PO BOX PLEASE): <b>1100 Crowell Rd.</b> APT / SUITE #: _____ CITY: <b>Kaufman, Tx</b> STATE: _____ ZIP CODE: <b>75142</b>  |   |                             |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE: <b>(214)</b> PHONE NUMBER: <b>282-6205</b> EXTENSION: _____  |   |                             |
| <b>9 REPORT TYPE</b>  | <input checked="" 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)<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) |   |                             |
| <b>10 PERIOD COVERED</b>  | Month: <b>08</b> Day: <b>07</b> Year: <b>15</b> / <b>2011</b> THROUGH Month: <b>01</b> Day: <b>15</b> Year: <b>2012</b>   |   |                             |
| <b>11 ELECTION</b>  | ELECTION DATE: Month: <b>04</b> Day: <b>03</b> Year: <b>2012</b>  | ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special  |                             |
| <b>12 OFFICE</b>  | OFFICE HELD (if any): _____   | <b>13 OFFICE SOUGHT (if known)</b><br><b>Kaufman County Constable's Office Pct 1</b>  |                             |
| <b>GO TO PAGE 2</b>   |   |   |                             |

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Eleazar "JUNEBUG" Carrillo Jr.

15 ACCOUNT # (Ethics Commission Filers)

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

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

\$ 1,521.<sup>00</sup>

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2041.<sup>00</sup>

EXPENDITURE  
TOTALS

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

\$ 205.<sup>06</sup>

4. TOTAL POLITICAL EXPENDITURES

\$ 3,457.<sup>20</sup>

CONTRIBUTION  
BALANCE

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

\$ 1,116.<sup>46</sup>

OUTSTANDING  
LOAN TOTALS

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

\$ 0

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.

*Eleazar Carrillo Jr.*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Eleazar Carrillo, this the 13<sup>th</sup> day of January, 2012, to certify which, witness my hand and seal of office.

*Cynthia Ramirez*

Signature of officer administering oath

Cynthia Ramirez

Printed name of officer administering oath

deputy clerk

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:  |  |
| 2 FILER NAME<br><i>Eleanor "JUNEBUG" Carrillo, JR.</i>                                |   | 3 ACCOUNT # (Ethics Commission Filers)                                     |  |
| 4 Date<br><i>10/14/2011</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>David Thompson</i>              | 7 Amount of contribution (\$)<br><i>\$100<sup>00</sup></i>                 | 8 In-kind contribution description (if applicable) |
|   | 6 Contributor address City; State; Zip Code<br><i>6341 FM 2965<br/>Wills Point, TX 75169</i>                            | (If travel outside of Texas, complete Schedule T)                          |  |
| 9 Principal occupation / Job title (See instructions)<br><i>Retired Peace Officer</i> |   | 10 Employer (See Instructions)<br><i>-</i>                                 |  |
| Date<br><i>10/14/2011</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Gerald Don &amp; Lonnie Moore</i> | Amount of contribution (\$)<br><i>\$100<sup>00</sup></i>                   | In-kind contribution description (if applicable)   |
|   | Contributor address; City; State; Zip Code<br><i>Box 8000 FM 1388<br/>Kaufman, TX 75142</i>                             | (If travel outside of Texas, complete Schedule T)                          |  |
| Principal occupation / Job title (See Instructions)<br><i>Retired Peace Officer</i>   |   | Employer (See Instructions)<br><i>-</i>                                    |  |
| Date<br><i>10/14/2011</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Randy &amp; Kathy Moore</i>       | Amount of contribution (\$)<br><i>\$60<sup>00</sup></i>                    | In-kind contribution description (if applicable)   |
|   | Contributor address; City; State; Zip Code<br><i>700 5th Street<br/>Terrell, TX 75160</i>                               | (If travel outside of Texas, complete Schedule T)                          |  |
| Principal occupation / Job title (See instructions)<br><i>Self employed</i>           |   | Employer (See Instructions)  |  |
| Date<br><i>10/14/2011</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Jeffrey Hubbard</i>               | Amount of contribution (\$)<br><i>\$60<sup>00</sup></i>                    | In-kind contribution description (if applicable)   |
|   | Contributor address; City; State; Zip Code<br><i>412 Conger Drive<br/>Mesquite, TX 75149</i>                            | (If travel outside of Texas, complete Schedule T)                          |  |
| Principal occupation / Job title (See Instructions)<br><i>Peace Officer</i>           |   | Employer (See Instructions)<br><i>Dallas City Constables Office Per 2.</i> |  |
| Date<br><i>10/14/2011</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>John Blasky</i>                   | Amount of contribution (\$)<br><i>\$200<sup>00</sup></i>                   | In-kind contribution description (if applicable)   |
|   | Contributor address; City; State; Zip Code<br><i>403 Cooper Street<br/>Ross, TX 75157</i>                               | (If travel outside of Texas, complete Schedule T)                          |  |
| Principal occupation / Job title (See Instructions)<br><i>Insurance</i>               |   | 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.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

|                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>1</b> Total pages Schedule F:<br>1 / 2                    |  | <b>2</b> FILER NAME<br>Ekaazur "JUNEBUG" Carrillo, Jr.                              |  | <b>3</b> ACCOUNT # (Ethics Commission Filers)  |  |
| <b>4</b> Date<br>9/19/2011                                   |  | <b>5</b> Payee name<br>Shift Camp   |  |  |  |
| <b>6</b> Amount (\$)<br>\$172.65                             |  | <b>7</b> Payee address; City; State; Zip Code<br>Shiftcamp.com                      |  |  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              |  | <b>(a)</b> Category (See categories listed at the top of this schedule)             |  | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br>T-Shirt purchase for advertisement |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought Office held  |  |
| Date<br>10/14/2011   |  | Payee name<br>Maple's Hall  |  |  |  |
| Amount (\$)<br>\$700.00                                      |  | Payee address; City; State; Zip Code<br>114 N. Washington Street Kaufman, TX 75142  |  |  |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br>Event Expense       |  | Description (If travel outside of Texas, complete Schedule T)<br>Event Hall & Food                             |  |
| Complete ONLY if direct expenditure to benefit C/OH          |  | Candidate / Officeholder name   |  | Office sought Office held  |  |
| Date<br>10/15/2011   |  | Payee name<br>Church of Christ / Kaufman  |  |  |  |
| Amount (\$)<br>\$175.00                                      |  | Payee address; City; State; Zip Code<br>27 Oak Creek Drive Kaufman, TX 75142        |  |  |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br>Event Expense       |  | Description (If travel outside of Texas, complete Schedule T)<br>Fundraiser Event Rental                       |  |
| Complete ONLY if direct expenditure to benefit C/OH          |  | Candidate / Officeholder name   |  | Office sought Office held  |  |
| Date<br>10/24/2011   |  | Payee name<br>Magnets for cheap   |  |  |  |
| Amount (\$)<br>\$142.77                                      |  | Payee address; City; State; Zip Code<br>Magnetsforcheap.com                         |  |  |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br>Advertising Expense |  | Description (If travel outside of Texas, complete Schedule T)<br>Car/Truck Magnets                             |  |
| Complete ONLY if direct expenditure to benefit C/OH          |  | Candidate / Officeholder name   |  | Office sought Office held  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

|                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F:<br>2 / 2 | <b>2</b> FILER NAME<br>Eleazar "Junabug" Carrillo, Jr. | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|---|--|---|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>11/28/2011 | <b>5</b> Payee name<br>Kaufman County Republican Party |
|-----------------------------|--|

|   |   |
|---|---|
| <b>6</b> Amount (\$)<br>\$375 <sup>00</sup> | <b>7</b> Payee address; City; State; Zip Code<br>104 W. Grove Kaufman, TX 75142 |
|---|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br>Polling Expense | (b) Description (If travel outside of Texas, complete Schedule T) |
|---------------------------------|---|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                   |                          |
|-------------------|--------------------------|
| Date<br>11/2/2012 | Payee name<br>Home Depot |
|-------------------|--------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$394.56 | Payee address; City; State; Zip Code<br>151 Windsor Ave Terrell, TX 75160 |
|-------------------------|---|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br>Advertising Expense | Description (If travel outside of Texas, complete Schedule T)<br>TPost Purchase |
|------------------------|---|---|

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

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

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

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule I:<br>111 | <b>2</b> FILER NAME<br>Eleazar "JUNEBUG" Carrillo Jr. | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|---|---|---|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>11/13/2011 | <b>5</b> Payee name<br>United Way / Kaufman Fire Department Fundraiser (chili supper) |
|-----------------------------|---|

|  |   |
|--|---|
| <b>6</b> Amount (\$)<br>\$50 <sup>00</sup> | <b>7</b> Payee address; City; State; Zip Code |
|--|---|

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br>Donation | (b) Description (See instructions regarding type of information required.)<br>LIMITED WAY<br>Donation to LIMITED WAY |
|---------------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required.) |
|------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required.) |
|------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required.) |
|------------------------|--|--|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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" \*\*

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Filers)

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