CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.	**1** Filer ID (Ethics Commission Filers)
	2 Total pages filed:

3 CANDIDATE/ OFFICEHOLDER NAME

MS / MRS / (MR)   FIRST *Carlos*   MI *A.*

NICKNAME *Charlie*   LAST *San Miguel*   SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED

4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE

2819 Anejo Dr.
Laredo, Tx. 78045

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE   PHONE NUMBER   EXTENSION

(956) 324-5678

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / (MRS) / MR   FIRST *Myrna*   MI *G.*

NICKNAME *Gaby*   LAST *San Miguel*   SUFFIX

Receipt #	Amount $
Date Processed	
Date Imaged	

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);   APT / SUITE #;   CITY;   STATE;   ZIP CODE

2819 Anejo Dr.
Laredo, Tx. 78045

8 CAMPAIGN TREASURER PHONE

AREA CODE   PHONE NUMBER   EXTENSION

(956) 645-4320

9 REPORT TYPE

☐ January 15   ☐ 30th day before election   ☐ Runoff   ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☑ July 15   ☐ 8th day before election   ☐ Exceeded $500 limit   ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month *1* / Day *1* / Year *18*   THROUGH   Month *6* / Day *30* / Year *18*

11 ELECTION

ELECTION DATE
Month   Day   Year

ELECTION TYPE
☐ Primary   ☐ Runoff   ☐ Other Description
☐ General   ☐ Special

12 OFFICE

OFFICE HELD (if any) *Council Member District VI*

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

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

14 C/OH NAME	Charlie San Miguel	15 Filer ID (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	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
☐ Additional Pages		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	$	N/A
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$	N/A
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$	N/A
	4.	**TOTAL POLITICAL EXPENDITURES**	$	7,650.
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$	2,350.
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$	10,300.

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me. by the said Charlie San Miguel , this the 23rd

day of July , 20 18 , to certify which, witness my hand and seal of office.

_____	Karina Elizondo	Deputy City Secretary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ MA
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ N/A
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ N/A
4.	☑ SCHEDULE E: LOANS	$ 10,300.⁰⁰
5.	☑ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 7,650.⁰⁰
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ N/A
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ N/A
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ N/A
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ N/A
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ N/A
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ N/A
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ N/A

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME Carlos A. "Charlie" San Miguel

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

$ 10,300.⁰⁰

5 Date of loan 4-30-18	**7** Name of lender Myrna G. San Miguel ☐ out-of-state PAC (ID#:_____)	**9** Loan Amount ($) $7,300.⁰⁰
6 Is lender a financial Institution? Y Ⓝ	**8** Lender address; City; State; Zip Code 2819 Anejo Dr. Laredo, Tx. 78045	**10** Interest rate N/A
		11 Maturity date N/A

12 Principal occupation / Job title (See Instructions) Elementary Schol Teacher

13 Employer (See Instructions) U.I.S.D.

14 Description of Collateral ☑ none

15 Check if personal funds were deposited into political account (See Instructions) ☑

16 GUARANTOR INFORMATION	**17** Name of guarantor	**19** Amount Guaranteed ($)
☑ not applicable	**18** Guarantor address; City; State; Zip Code	

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan 6/28/18	Name of lender Myrna G. San Miguel ☐ out-of-state PAC (ID#:_____)	Loan Amount ($) $3,000.⁰⁰
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code 2819 Anejo Dr. Laredo, Tx. 78045	Interest rate
		Maturity date

Principal occupation / Job title (See Instructions) Elementary Schol Teacher

Employer (See Instructions) U.I.S.D.

Description of Collateral ☑ none

Check if personal funds were deposited into political account (See Instructions) ☑

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
☑ not applicable	Guarantor address; City; State; Zip Code	

Principal Occupation (See Instructions)

Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1 of 3	Carlos A. "Charlie San Miguel	

4 Date 5/1/18

5 Payee name Caso la Esperanza

6 Amount ($) 500⁰⁰

7 Payee address; City; State; Zip Code
1903 Victoria
Laredo, TX. 78045

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Donation

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date 5/1/18

Payee name G + G

Amount ($) 2,400⁰⁰

Payee address; City; State; Zip Code
6402 N. Bartlett
Laredo, TX. 78045

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertisment

Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date 5/23/18

Payee name LRD of Texas Medic Group

Amount ($) 2,500

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertisment

Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

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 MADE
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2 of 3	Carlos A. "Charlie San Miguel"	

4 Date

5 Payee name

The Giving Tree of South Texas Foundation

6 Amount ($)

150⁰⁰

7 Payee address;   City;   State;   Zip Code

8

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Donation

(b) Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date

6/1/2018

Payee name

Pro Mega Signs

Amount ($)

750⁰⁰

Payee address;   City;   State;   Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Advertisment

Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date

5/15/18

Payee name

L P O A

Amount ($)

150⁰⁰

Payee address;   City;   State;   Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Donation

Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

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 MADE
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
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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: 3 of 3	**2** FILER NAME Carlos A. "Charlie San Miguel	**3** Filer ID (Ethics Commission Filers)
4 Date	**5** Payee name Guerra Communications	
6 Amount ($) 1,2000	**7** Payee address; City; State; Zip Code 6402 N. Bartlett Laredo, TX. 78045	

8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) Advertisment	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense

9 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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense

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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense

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

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