P.O. Box 12070

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GO TO PAGE 2	additional pages	Apr. / State it; City: State: Zigr Code	

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPOR	I & TOTAL	LS	COVER SHEET PG 2
14 C/OH NAME			15 ACCOUNT #(Ethics Commission filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for may have been mad this information only	otice of political expenditures by political committees to support the candid the without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures. ••	date / officeholder. These expenditures tes and officeholders are required to report
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	- Check here if r	no reportable activity occurred during this reporting period. (Sign affidavit belo	w and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE		\$
ii .	4. TOTAL	POLITICAL EXPENDITURES	\$ 00.00
OUTSTANDING LOAN TOTALS	5. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$
19 AFFIDAVIT			
		is true and conject and includes all info me under Title 15, Election Code. Signature of Candida	rmation required to be reported by
AFFIX NOTARY STAMP /	SEAL ABOVE	in the state of th	
Swom to and subscribe of July, 20	d before me, by the	e said <u>Eddie Orredondo</u> , which, witness my hand and seal of office.	this the <u>13 th</u> day
Minuy Signature of officer admi	K. Can	Printed name of officer administering oath Title of	Motassy forficer administering cath

POLITICAL EXPENDITURES						
SCHEDULE F						
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Schedule F:			
2 FILERNAME EDUARDO ARREDONDO			3 ACCOUNT # (Ethics Commission filers)			
4 Date	5 Payee name					
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2005	6 Payee address; City; State; Zip Code MARBLE FALLS		· ·			
8 Purpose of pay required.)	ment (See instructions regarding type of information	Ta				
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