

# 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: 2

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <u>Cynthia</u> FIRST NICKNAME <u>Cyndi</u> LAST <u>Ramirez</u> MI <u>A</u> SUFFIX	<b>OFFICE USE ONLY</b>
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>144 Kontiki Pt San Antonio, TX 78242</u>	Date Received
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <u>(210) 288-8209</u>	Date Hand-delivered or Date Postmarked
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <u>Miss</u> FIRST <u>Adrienne</u> MI <u>R</u> NICKNAME <u>Becky</u> LAST <u>Gonzalez</u> SUFFIX	Receipt # Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1523 Beverly Ann San Antonio, TX 78224</u>	Date Processed
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <u>(210) 363-4538</u>	Date Imaged
<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 (Officerholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year <u>July / 1 / 2023</u> <u>December / 31 / 2023</u>	
<b>11 ELECTION</b>	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <u>Trustee, District 6 SSAISD</u>	<b>13 OFFICE SOUGHT</b> (if known)
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS <u>NA</u>

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REGISTRATION CARD  
FOR THE 1968 ELECTIONS

REGISTRATION CARD  
FOR THE 1968 ELECTIONS

<p>1. NAME (Last, First, Middle Initial) <i>John William Hoover</i></p>	<p>2. ADDRESS (Street, City, State, Zip) <i>1234 Main St, Washington, DC 20505</i></p>	<p>3. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>4. OCCUPATION <i>Director</i></p>	<p>5. POLITICAL PARTY <i>Republican</i></p>	<p>6. DATE OF BIRTH <i>11/15/1918</i></p>
<p>7. EDUCATION <i>High School Graduate</i></p>	<p>8. CITIZENSHIP <input checked="" type="checkbox"/> Naturalized <input type="checkbox"/> Born in U.S.</p>	<p>9. VOTER REGISTRATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. SIGNATURE <i>John W. Hoover</i></p>	<p>11. DATE <i>11/15/1967</i></p>	<p>12. COUNTY <i>Washington</i></p>
<p>13. COMMENTS <i>None</i></p>	<p>14. SIGNATURE OF REGISTRAR <i>[Signature]</i></p>	<p>15. OFFICIAL SEAL <i>[Seal]</i></p>

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

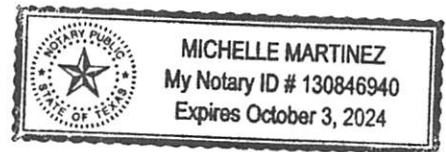
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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.

*Cynthia Ramirez*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Cynthia Ramirez this the 16<sup>th</sup> day of January, 2024, to certify which, witness my hand and seal of office.

*Michelle Martinez*  
Signature of officer administering oath

Michelle Martinez  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)