

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

Andy Olivo

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <u>Andy Ohio</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>5-8-15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>H. M. Billingsley</u>	7 Amount of contribution (\$) <u>250⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>6800 Windhave S-133, Colony, Tx 75066</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>SELF EMPLOYED</u>		10 Employer (See Instructions)	
Date <u>5-8-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lee Groves</u>	Amount of contribution (\$) <u>200⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2 Lost Valley DR, F.B., TX 75234</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>SELF EMPLOYED</u>		Employer (See Instructions)	
Date <u>5-8-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robin/B.LLY Rose</u>	Amount of contribution (\$) <u>25⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2979 Meadow Green, F.B., TX 75234</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>6-7-15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Andy Ohio</u>	Amount of contribution (\$) <u>3707.99</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2625 Farmer Branch, F.B., TX 75234</u>		(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.

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) |

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1 Total pages Schedule F:	2 FILER NAME <i>Andy OLIVO</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5-6-15</i>	5 Payee name <i>F. B. Senior Center</i>
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6 Amount (\$) <i>\$200</i>	7 Payee address; City; State; Zip Code <i>Farmers Branch Senior CTR, F.B, TX 75234</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Sponsor Function</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-14-15</i>	Payee name <i>Printing ETC</i>
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Amount (\$) <i>\$180</i>	Payee address; City; State; Zip Code <i>3141 Irvings Blvd, S-215, Dallas, TX 75247</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-21-15</i>	Payee name <i>U.S. Post</i>
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Amount (\$) <i>542.88</i>	Payee address; City; State; Zip Code <i>U.S. Post, Dallas, TX</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Postage</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-30-15</i>	Payee name <i>Printing ETC</i>
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Amount (\$) <i>\$2,000</i>	Payee address; City; State; Zip Code <i>3141 Irvings Blvd, S-215, Dallas, TX 75247</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

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1 Total pages Schedule F:	2 FILER NAME Andy OLIVO	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5-6-15	5 Payee name Printing ETC	
6 Amount (\$) 753. ⁸⁵	7 Payee address; City; State; Zip Code 3141 Irving Bld, S-215, DALLAS, TX 75247	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-8-15	Payee name Printing ETC	
Amount (\$) 38. ⁴⁷	Payee address; City; State; Zip Code 3141 Irving Bld, S-215, DALLAS, TX 75247	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6-2-15	Payee name Flexpress	
Amount (\$) 167. ⁷⁹	Payee address; City; State; Zip Code 4410 Spring Valley, DALLAS, TX 75244	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Yard signs	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6-7-15	Payee name Victoria's Mexican Restaurant	
Amount (\$) \$300	Payee address; City; State; Zip Code 13435 Bee, Farmers Branch, TX 75234	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Function	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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