CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / FIRST МІ OFFICE USE ONLY **OFFICEHOLDER** Ms Christina NAME Date Received NICKNAME LAST SUFFIX Ubando APT / SUITE #; 4 CANDIDATE / ADDRESS / PO BOX: STATE: CITY; ZIP CODE OFFICEHOLDER 1609 Cloud St, San Angelo, TX 76905 MAILING FEB **2 2 2022 ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (325 6596553 **PHONE** Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN MI TREASURER Christina Ms. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Ubando STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; **CAMPAIGN** CITY: STATE; ZIP CODE TREASURER 1609 Cloud St, San Angelo, TX 76905 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE *(* 325 3747476 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 22 / 22 30 / **THROUGH** ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Month Day Year Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Coult Clerk County Clerk 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TO PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		HER THAN		\$	500.00	
		DLITICAL CONTRIBU HAN PLEDGES, LOANS	JTIONS S, OR GUARANTEES C	OF LOANS)		\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.			\$			
	4. TOTAL PO	DLITICAL EXPENDIT	URES			\$	415.68
CONTRIBUTION BALANCE		LITICAL CONTRIBUTION	DNS MAINTAINED AS C	OF THE LAS	T DAY	\$	857.02
OUTSTANDING LOAN TOTALS		INCIPAL AMOUNT OF A	ALL OUTSTANDING LC PERIOD	ANS AS OF	THE	\$	500.00
	wear, or affirm, under uired to be reported by			eport is true	and cor	rect and inc	cludes all information
			Signa	iture of Car	ndidate c	or Officehol	der
		Please comple	ete either optio	n below	r :		
		. iouoo oompio		50.0	•		
(1) Affidavit							
NOTARY STAMP/SEAL							
Sworn to and subscribed before me by this the day of, 20, to certify which, witness my hand and seal of office.							
, to certify	willon, withess my hand	rana searoromoc.					
Signature of officer administer	ring oath	Printed name of office	r administering oath			Title of offic	er administering oath
(0) 11		(OR .				
(2) Unsworn Declaration	. 7.	he .			٧.	11-8	·U
My name is (MISTING UBANU), and my date of birth is 8-11-84 My address is 1609 Cloud, San Angrels, Th., 7690S, Ton Green							
My address is _/	(street)		, <u>Soin Ang c</u> (city)	(s		(zip code)	(country)
Executed in Tom Green County, State of Texas, on the day of Tomury, 20 2. (year)							
			Signature	e of Candid	late/Office	eholder (De	clarant)

www.ethics.state.tx.us

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co.			n Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	415.68
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.						
The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1: 1			
² FILER NAME Christina	Jbando		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID# Koonce	7 Amount of contribution (\$)				
02/15/2022	6 Contributor address; City; S PO BOX 61714 San Angelo, TX 7	500.00				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)						
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of contribution (\$)			
	Contributor address; City; S	1				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of contribution (\$)			
	Contributor address; City; S	State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date	Full name of contributor out-of-state PAC (ID:	<i>‡</i> :)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ons)			
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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Trayel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a catego	ny not issled above)		
1 Total pages Schedule F1:	2 FILER NAME Christina Ubando		3 Filer ID (Ethics	Commission Filers)		
4 Date 01/31/2022	5 Payee name Best Texas Tees & The Sign Shop		1			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
108.25	2403 W. Ave N San Angelo, TX 76904					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Printing Expense	Banners				
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name			The second of th		
02/14/2022	Best Texas Tees & The Sign Shop					
Amount (\$)	Payee address;	City;	State;	Zip Code		
97.43	2403 W. Ave N San Angelo, TX 76904					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	Printing Expense	Banners				
EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
02/19/2022	Madre Designs					
Amount (\$)	Payee address;	City;	State;	Zip Code		
210.00	3612 Rock Brook DR San A	Angelo, Texas	76904			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Printing Expense	T-Shirts				
	Check if travel outside of Texas. Complete Schedule T.	l outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED			