

**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:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <u>(C)</u> FIRST LAST SUFFIX <u>Richard Uribe</u>	<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>2822 N. 12th St. Harlingen, TX 78550</u>	Date Received <u>Harlingen City Secretary's Office</u>  <b>APR 26 2019</b> Received by: <u>all</u>	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <u>(956) 200-2574</u>	Date Hand-delivered or Date Postmarked <u>4-26-19</u>	
<b>6 CAMPAIGN TREASURER NAME</b>	MS (MRS) MR FIRST LAST SUFFIX <u>Ida Ambri z</u>	Receipt #	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #. CITY: STATE: ZIP CODE <u>2309 N. Blake Harlingen, TX 78550</u>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <u>(956) 343-3835</u>		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C.OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year      THROUGH      Month Day Year <u>4 / 4 / 2019</u> <u>4 / 26 / 19</u>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <u>5 / 4 / 2019</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <u>City Commissioner Pct. 1</u>	<b>13 OFFICE SOUGHT (if known)</b> <u>City Commissioner Pct 1</u>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Richard Uribe

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1650.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 2888.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 150.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -

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.

Richard Uribe

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard Uribe, this the 29<sup>th</sup> day of April, 2019, to certify which, witness my hand and seal of office.

Amanda C. Elizondo      Amanda C. Elizondo      City Secy  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1 of 2</b>
2 FILER NAME <b>Richard Urbe</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-8-19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Victor D. Leal</b>	7 Amount of contribution (\$) <b>\$200</b>
6 Contributor address; City; State; Zip Code <b>2226 W. Arbor Harlingen TX 78550</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4-8-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Robert &amp; Ruth Ewers</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>1006 British Blvd. Grand Prairie, TX 75050</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-8-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Christopher T. Hamby</b>	Amount of contribution (\$) <b>\$150</b>
Contributor address; City; State; Zip Code <b>P.O. Box 532845 Harlingen TX 78553</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-8-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Joshua M. Fields</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>2632 Clifford Dr. Harlingen TX 78550</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2 of 4

2 FILER NAME Richard Urbe

3 Filer ID (Ethics Commission Filers)

4 Date 4-5-19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Ezequiel y Livia Reyna

7 Amount of contribution (\$)

6 Contributor address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
1901 Club de Amistad Weslaco, TX 78596

\$ 500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 4-5-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Welester y Iris Guerra

Amount of contribution (\$)

Contributor address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
3408 S. Bridge Ave. Weslaco, TX 78596

\$ 500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 4-5-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Ann y Bob Dunkin

Amount of contribution (\$)

Contributor address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Harlingen TX 78550

\$ 100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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