

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="font-family: cursive; font-size: 1.2em;">Lydia Caballero</div>		<b>OFFICE USE ONLY</b>  <b>RECEIVED BY</b> <b>CITY SECRETARY</b>  <div style="font-size: 1.5em; margin: 10px 0;">OCT - 5 2020</div> <b>CITY OF SOUTH PADRE ISLAND</b>  Date Hand-delivered or Date Postmarked  <div style="display: flex; justify-content: space-between;"> <span>Receipt #</span> <span>Amount \$</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Date Processed</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Date Imaged</span> </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <span>ADDRESS / PO BOX</span> <span>APT / SUITE #</span> <span>CITY</span> <span>STATE</span> <span>ZIP CODE</span> </div> <div style="font-family: cursive; font-size: 1.2em;">PO Box 2864 South Padre Island, TX 78597</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="font-family: cursive; font-size: 1.2em;">(956) 648-1805</div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="font-family: cursive; font-size: 1.2em;">Jennifer Sohns</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <span>STREET ADDRESS (NO PO BOX PLEASE)</span> <span>APT / SUITE #</span> <span>CITY</span> <span>STATE</span> <span>ZIP CODE</span> </div> <div style="font-family: cursive; font-size: 1.2em;">415 Harbor Light St. Port Isabel, TX 78578</div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="font-family: cursive; font-size: 1.2em;">(512) 595-1673</div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month   Day   Year  <div style="font-family: cursive; font-size: 1.2em;">7 / 28 / 2020</div> </div> <div>THROUGH</div> <div> Month   Day   Year  <div style="font-family: cursive; font-size: 1.2em;">10 / 4 / 2020</div> </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month   Day   Year  <div style="font-family: cursive; font-size: 1.2em;">11 / 3 / 2020</div> </div> <div> ELECTION TYPE  <input type="checkbox"/> Primary   <input type="checkbox"/> Runoff   <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General   <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		<div style="font-family: cursive; font-size: 1.2em;">South Padre Island City Counsel Place 4</div>	

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**FORM C/OH**  
**COVER SHEET PG 2**

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.

Sydia E. Caballero  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

Lydia Caballero

3 Filer ID (Ethics Commission Filers)

4 Date

8/19/20

5 Full name of contributor

Sally Serrano

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

PO Box 2927 SPI TX 78597

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

8/19/20

Full name of contributor

Patrick Bayle

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$150.00  
~~\$100.00~~

Contributor address;

City;

State;

Zip Code

PO Box 3413 SPI TX 78597

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8/19/20

Full name of contributor

Bob Huff

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

PO Box 2927 SPI TX 78597

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9/15/20

Full name of contributor

William Everett

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

PO Box 40217 SPI TX 78597

Principal occupation / Job title (See Instructions)

Owner - Small Business

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

Lydia Caballero

3 Filer ID (Ethics Commission Filers)

4 Date

9/15/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

Placido Salazar

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

214 Parkview

City;

Universal City

State;

Zip Code

78148

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/21/20

Full name of contributor

☐ out-of-state PAC (ID#:

Griff Mangum

Amount of contribution (\$)

\$60.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/20

Full name of contributor

☐ out-of-state PAC (ID#:

Kevin Milones

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/20

Full name of contributor

☐ out-of-state PAC (ID#:

Royal Hale

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

10328 Ramona Dr Spring Hill CA 91977

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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>Lydia Caballero</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/26/20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Tom &amp; Jerry's Inc.</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>3212 Padre Blvd SPT TX 78597</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>9/26/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Joni Montoya</b>	Amount of contribution (\$) <b>\$150.00</b>
Contributor address; City; State; Zip Code <b>5505 Padre Blvd SPT TX 78597</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/26/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Charles Flowers</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>418 Wimbledon Dr Westaco, TX 78596</b>		
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 (\$)
	Contributor address; City; State; Zip Code	
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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

6 Full name of contributor

☐ out-of-state PAC (ID#)

8 Amount of Contribution \$

9 In-kind contribution description

8/25/20

Alex Avalos

204.29

Push Cards

7 Contributor address;

City;

State;

Zip Code

PO Box 2867

SP

TX

78597

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Printer

11 Employer (FOR NON-JUDICIAL) (See Instructions)

AA Printing Company

12 Contributor's principal occupation (FOR JUDICIAL)

Printer

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of Contribution \$

In-kind contribution description

Contributor address;

City;

State;

Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>1</u>		<b>2</b> FILER NAME <u>Lydia Caballero</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>9/18/2020</u>		<b>5</b> Payee name <u>Alex Avalos Printing Company</u>			
<b>6</b> Amount (\$) <u>1385.60</u>		<b>7</b> Payee address; City; State; Zip Code <u>PO Box 2867</u> <u>SPT, TX 78597</u>			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Yard Signs</u> <u>Printing Expenses</u>		<b>(b)</b> Description <u>Yard Signs</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>9/20/2020</u>		Payee name <u>Wells Fargo</u>			
Amount (\$) <u>20.00</u>		Payee address; City; State; Zip Code <u>1800 State Hwy 100</u> <u>Port Isabel TX 78578</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Accounting/Banking</u>		Description <u>Checks</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED