

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Kara	MI
	NICKNAME	LAST Latimer	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 553 Tolle Rd Cibolo Tx 78108		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(210)	748 5567	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Kara	MI
	NICKNAME	LAST Latimer	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 553 Tolle Rd Cibolo Tx 78108		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(210)	748 5567	
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month Day Year 09/27/2019		Month Day Year 10/26/2019
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 11/05/2015	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Mayor	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Kara Latimer 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

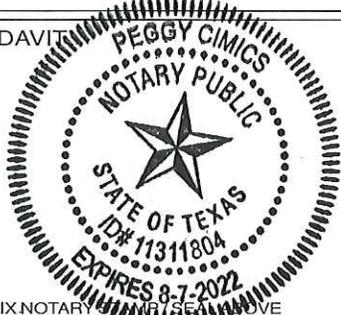
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 886.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT



AFFIX NOTARY SEAL ABOVE

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.

Kara Latimer
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kara Latimer, this the 28th day of October, 2019, to certify which, witness my hand and seal of office.

<u>Peggy Cimics</u>	<u>Peggy Cimics</u>	<u>City Secretary</u>
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

19 FILER NAME <i>Kara Latimer</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input 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 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>886.38</i>
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	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME Kara Latimer	3 Filer ID (Ethics Commission Filers)
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4 Date 10/3/2019	5 Payee name 1908 House of Wine & Ale
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6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 207 N Main St, Cibolo, Tx 78100
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense (Food Beverage)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Kara Latimer	Office sought Mayor	Office held
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Date 10/17/2019	Payee name Alphagraphics
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Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 16101 College Oak Dr. San Antonio, Tx 78249
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense Printing expense Postage Assn.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Kara Latimer	Office sought Mayor	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

1908 HOUSE OF WINE & ALE

1908 House of Wine & Ale
Dine In
Order #: 1002-7565
Meet the Candidate
17 Guests
Server: Bianca
Cashier: Hailey
Register: Receipt Bar (receipt4)
2019-10-03 22:04:31

1 Deviled Eggs	\$ 7.00
1 Garlic Parm Popcorn	\$ 5.00
1 Bread & Spread	\$ 8.00
1 Bread & Spread	\$ 8.00
1 Cheese Plate	\$ 22.00
- Redneck Cheddar - Goat Chevre - Hooks Cheddar	
1 Cheese Plate	\$ 22.00
- Wisconsin Sharp Cheddar - Brie	
1 Cheese Plate Extras	
- Add Jal Sausage - Add Salami	\$ 6.00
1 Listo Light	\$ 4.00
1 Listo Light	\$ 4.00
1 Sangria	\$ 5.00
1 Listo Light	\$ 4.00
1 Cranelake Cab	\$ 5.00
1 Cranelake Cab	\$ 5.00
1 Cranelake Cab	\$ 5.00
1 Sangria	\$ 5.00
1 Sangria	\$ 5.00
1 Sangria	\$ 8.00

Subtotal:	\$ 128.00
TX State Tax (8.25% of \$ 86.00):	\$ 7.10
Gratuity (22%):	\$ 29.73
Total:	\$ 164.83

Paid in cash: \$ 180.00

Change: \$ 15.17

Net Paid: \$ 164.83
Amount Due: \$ 0.00

1908 House of Wine
207 N Main St
Cibolo, TX 78108
USA
(210) 468-3887
www.1908houseofwine.com

16101 College Oak Drive
San Antonio, TX 78249
Phone: (210) 222-0580
us769.alphagraphics.com
Fed ID# 20-8186354



Invoice Number: **346574**

Bill To:
Kara Latimer
Kara Latimer for Mayor

Date: 10/17/19

P.O.:

Taken By: Mitch

Account Type: COD
Wanted: 10/16/19 4:00 PM

Postcards

Quantity	Description	Price
1,400	Postcards - print digital color on 4.25 x 6 100# gloss cover	\$ 200.00
1,400	postcards prepared for the mail stream - setup, address, sort, tray and deliver to US Post Office Postage	\$ 90.00 \$ 407.62
Subtotal		697.62
Tax		23.93
Shipping		0.00
Total		721.55
Deposit (-)		721.55
Amount Due		\$0.00



PAYMENT TERMS: I understand all charged invoices are payable 30 days after invoice date and that a service fee of 1.5% per month will be added to all past due accounts. In the event payment is not made and account is referred to a collection agency, or if legal action is required I will pay collection and/or attorney's fees resulting from such action.

CHECK ACCEPTANCE POLICY: My signature indicates I understand and authorize AlphaGraphics to electronically debit my account on all dishonored checks plus a processing fee and any applicable taxes. **ALL DISPUTES** must be addressed within 30 days of receipt of product. AlphaGraphics cannot research disputes on product older than 30 days.

CREDIT CARD ACCEPTANCE POLICY: Credit card payment may be accepted at the time of sale or within the first 30 days after release of merchandise. Credit card payments exempt from credit card payment without a processing fee.

Signature _____

Print Name _____

Time _____

Date _____