

# STATE CHAIR CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM SC C/OH**  
**COVER SHEET PG 1**

|   |   |  |  |
|---|---|--|--|
| <b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b> |   | <b>1 ACCOUNT #</b><br>(Ethics Commission filers)<br>00054915 | <b>2 Total pages this report:</b><br><br>1/6 |
| <b>3 NAME</b>   | TITLE FIRST MI<br>Mr. Richard E.<br>.....<br>NICKNAME LAST SUFFIX<br>Langlois   | <b>OFFICE USE ONLY</b>                                       |  |
|   |   | Date Received  |  |
| <b>4 ADDRESS</b>  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>217 Arden Grove<br>San Antonio TX 78215   | Date Hand-delivered or Date Postmarked                       |  |
|   | <input type="checkbox"/> Change of Address  |  |  |
| <b>5 CAMPAIGN TREASURER NAME</b>                                      | TITLE FIRST MI<br>Mr. Roy R.<br>.....<br>NICKNAME LAST SUFFIX<br>Barrera Jr.  | Receipt #  | Amount                                       |
|   |   | Date Processed   |  |
|   |   | Date Imaged  |  |
| <b>6 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or business)        | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>424 E. Nueva<br>San Antonio TX 78205   |  |  |
| <b>7 CAMPAIGN TREASURER PHONE</b>                                     | AREA CODE PHONE NUMBER EXTENSION<br>( 210 ) 224-5811  |  |  |
| <b>8 REPORT TYPE</b>  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election            |  |  |
| <b>9 PERIOD COVERED</b>   | Month Day Year      THROUGH      Month Day Year<br>07/01/0004      12/31/0004   |  |  |
| <b>10 CONVENTION DATE</b>   | Month Day Year<br>03/09/0004  |  |  |
| <b>11 POLITICAL PARTY</b>   | OTH   |  |  |
| <b>12 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  | .. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. |  |  |
|   | Name  |  |  |
|   | Address/PO Box; Apt. / Suite #; City; State; Zip Code   |  |  |
| <input type="checkbox"/> additional pages                             |   |  |  |

**GO TO PAGE 2**

# STATE CHAIR CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM SC C/OH COVER SHEET PG 2

**13 SC C/OH NAME**  
Mr. Richard E. Langlois

**14 ACCOUNT #** (Ethics Commission filers)  
00054915

**15 NOTICE FROM POLITICAL COMMITTEE(S)**

.. This listing includes political expenditures 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**

COMMITTEE NAME

**GENERAL**

COMMITTEE ADDRESS

**SPECIFIC**

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

**16 NO REPORTABLE ACTIVITY**

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**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) **\$ 500.00**

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$ 0.00**

4. **TOTAL POLITICAL EXPENDITURES** **\$ 2193.57**

**OUTSTANDING LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 5483.55**

**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 E. Langlois

\_\_\_\_\_  
Signature of Candidate or Officeholder

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH & SPAC)

|  |   |   |   |
|--|---|---|---|
| <b>The INSTRUCTION GUIDE explains how to complete this form.</b> |   | <b>1</b> Total pages this report:<br>3/6                  |   |
| <b>2</b> FILER NAME<br>Mr. Richard E. Langlois                   |   | <b>3</b> ACCOUNT # (Ethics Commission filers)<br>00054915 |   |
| <b>4</b> Date<br>07/06/0004                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Texans For Lamar Smith<br><b>6</b> Contributor address; City; State; Zip Code<br>San Antonio TX 78209 | <b>7</b> Amount of contribution (\$)<br>500.00            | <b>8</b> In-kind contribution description (if applicable) |
| <b>9</b> Principal occupation (Optional)                         |   | <b>10</b> Employer (Optional)                             |   |

# POLITICAL EXPENDITURES

# SCHEDULE F

|  |  |  |
|--|--|--|
| <b>The INSTRUCTION GUIDE explains how to complete this form.</b>                                   |  | <b>1</b> Total pages report:<br>4/6  |
| <b>2</b> FILER NAME<br>Mr. Richard E. Langlois   |  | <b>3</b> ACCOUNT # (Ethics Commission filers)<br>00054915  |
| <b>4</b> Date<br><br>07/12/0004  | <b>5</b> Payee name<br>Citizens State Bank<br>.....<br><b>6</b> Payee address; City; State; Zip Code<br>1300 W. Hildebrand<br><br>San Antonio TX 78201 | <b>7</b> Amount (\$)<br><br>365.62   |
| <b>8</b> Purpose of expenditure (See instructions regarding type of information required.)<br>Loan |  | <b>9</b> ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name      Office sought      Office held |
| Date<br><br>08/23/0004   | Payee name<br>Citizens State Bank<br>.....<br>Payee address; City; State; Zip Code<br>1300 W. Hildebrand<br><br>San Antonio TX 78201                   | Amount (\$)<br><br>365.57  |
| Purpose of expenditure (See instructions regarding type of information required.)<br>Loan          |  | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name      Office sought      Office held          |
| Date<br><br>09/16/0004   | Payee name<br>Citizens State Bank<br>.....<br>Payee address; City; State; Zip Code<br>1300 W. Hildebrand<br><br>San Antonio TX 78201                   | Amount (\$)<br><br>365.57  |
| Purpose of expenditure (See instructions regarding type of information required.)<br>Loan          |  | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name      Office sought      Office held          |
| Date<br><br>10/22/0004   | Payee name<br>Citizens State Bank<br>.....<br>Payee address; City; State; Zip Code<br>1300 W. Hildebrand<br><br>San Antonio TX 78201                   | Amount (\$)<br><br>365.62  |
| Purpose of expenditure (See instructions regarding type of information required.)<br>Loan          |  | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name      Office sought      Office held          |

# POLITICAL EXPENDITURES

# SCHEDULE F

|  |  |  |
|--|--|--|
| <b>The INSTRUCTION GUIDE explains how to complete this form.</b>                                   |  | <b>1</b> Total pages report:<br>5/6  |
| <b>2</b> FILER NAME<br>Mr. Richard E. Langlois   |  | <b>3</b> ACCOUNT # (Ethics Commission filers)<br>00054915  |
| <b>4</b> Date<br>12/20/0004  | <b>5</b> Payee name<br>Citizens State Bank<br>.....<br><b>6</b> Payee address; City; State; Zip Code<br>1300 W. Hildebrand<br>San Antonio TX 78201 | <b>7</b> Amount (\$)<br><br>365.62   |
| <b>8</b> Purpose of expenditure (See instructions regarding type of information required.)<br>Loan |  | <b>9</b> .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

|  |   |   |
|--|---|---|
| The I NSTRUCTION GUIDE explains how to complete this form. |   | 1 Total pages report:<br>6/6  |
| 2 FILER NAME<br>Mr. Richard E. Langlois                    |   | 3 ACCOUNT # (Ethics Commission filers)<br>00054915                                      |
| 4 Date<br>11/30/0004                                       | 5 Payee name<br>Citizens State Bank   | 8 Amount (\$)<br>365.57   |
|  | 6 Payee address; City; State; Zip Code<br>1300 W. Hildebrand<br>San Antonio TX 78201        |   |
|  | 7 Purpose of expenditure (See instructions regarding type of information required.)<br>Loan | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |