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: 8

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST BERTHA	MI PAOLA	**OFFICE USE ONLY**
	VELASCO			
	NICKNAME PAOLA	LAST VELASCO	SUFFIX	

Date Received
04/03/25
City Sec. Office
AFM

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4210 THUNDER BAY DR., PASADENA, TX 77504

5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 443-9727

Date Hand-delivered or Date Postmarked

Receipt #	Amount $

6 CAMPAIGN TREASURER NAME	MS / MRS / MR VELASCO	FIRST CARLOS	MI A
	NICKNAME	LAST	SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4210 THUNDER BAY DR., PASADENA, TX 77504

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 320-2944

9 REPORT TYPE	☐ January 15	☒ 30th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (Officeholder Only)
	☐ July 15	☐ 8th day before election	☐ Exceeded Modified Reporting Limit	☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED	Month 1 / Day 1 / Year 25 THROUGH Month 3 / Day 24 / Year 25

11 ELECTION	ELECTION DATE Month 5 / Day 3 / Year 25	ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special

12 OFFICE	OFFICE HELD (if any)	**13** OFFICE SOUGHT (if known) CITY COUNCIL DISTRICT G

14 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.
☐ Additional Pages	COMMITTEE TYPE / COMMITTEE NAME ☐ GENERAL / COMMITTEE ADDRESS ☐ SPECIFIC / COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)	
BERTHA PAOLA VELASCO				

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 100.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1,535.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 322.02
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 424.85
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1,235.15
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

18 SIGNATURE   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.

_____
Signature of Candidate or Officeholder

Please complete either option below:

(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.

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

OR

(2) Unsworn Declaration

My name is __BERTHA PAOLA VELASCO_____ , and my date of birth is ██████████ .

My address is __4210 THUNDER BAY DR_____ , __PASADENA__ , __TX__ , __77504__ , __USA__ .

    (street)   (city)   (state)   (zip code)   (country)

Executed in __HARRIS_____ County, State of __TEXAS__ , on the __3RD__ day of __APRIL__ , 20 __25__ .

                                                 (month)   (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
BERTHA PAOLA VELASCO	

21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1,635.00
2.	[ ]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	[X]	SCHEDULE E: LOANS	$ 25.00
5.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 102.38
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.	[X]	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 77.83
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 form.	**1** Total pages Schedule A1: 2

2 FILER NAME BERTHA PAOLA VELASCO	**3** Filer ID (Ethics Commission Filers)

4 Date 2/4/25	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____) ALVINA DAY	**7** Amount of contribution ($) $35.00
	6 Contributor address; City; State; Zip Code 4218 THUNDER BAY DR PASADENA TX 77504	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date 2/4/25	Full name of contributor ☐ out-of-state PAC (ID#:_____) KAREN BROTHERTON	Amount of contribution ($) $250.00
	Contributor address; City; State; Zip Code 6807 CEDAR POINT DR PASADENA TX 77505	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date 2/12/25	Full name of contributor ☐ out-of-state PAC (ID#:_____) BERTHA PAOLA VELASCO	Amount of contribution ($) $ 25.00
	Contributor address; City; State; Zip Code 4210 THUNDER BAY DR PASADENA TX 77504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date 2/24/25	Full name of contributor ☐ out-of-state PAC (ID#:_____) REX TETER	Amount of contribution ($) $ 50.00
	Contributor address; City; State; Zip Code 411 YORKSHIRE AVE PASADENA TX 77503	

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

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

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1: 2

2 FILER NAME
BERTHA PAOLA VELASCO

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
2/27/25	ALMA ROSA CHAVEZ	$200.00
	6 Contributor address; City; State; Zip Code 126 SPRINGWOOD N PALACIOS TX 77465	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
3/10/25	PASADENA POLICE OFFICERS UNION LOCAL PAC 1114	$1,000.00
	Contributor address; City; State; Zip Code P.O. BOX 34287 HOUSTON TX 77234	

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)

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)

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LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule E: 1

2 FILER NAME BERTHA PAOLA VELASCO	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS	$

5 Date of loan 2/12/25	**7** Name of lender ☐ out-of-state PAC (ID#:_____) BERTHA PAOLA VELASCO	**9** Loan Amount ($) $ 25.00
6 Is lender a financial Institution? Y ⊗	**8** Lender address; City; State; Zip Code 4210 THUNDER BAY DR PASADENA TX 77504	**10** Interest rate **11** Maturity date

12 Principal occupation / Job title (See Instructions)	**13** Employer (See Instructions)

14 Description of Collateral ☒ none	**15** ☒ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION ☒ not applicable	**17** Name of guarantor **18** Guarantor address; City; State; Zip Code	**19** Amount Guaranteed ($)

20 Principal Occupation (See Instructions)	**21** Employer (See Instructions)

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Description of Collateral ☐ none	☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed ($)

Principal Occupation (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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	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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	BERTHA PAOLA VELASCO	

4 Date	5 Payee name
3/14/25	BERTHA PAOLA VELASCO

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$25.00	4210 THUNDER BAY DR	PASADENA	TX	77504

8 **PURPOSE OF EXPENDITURE**	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	LOAN REPAYMENT	VISTA PRINT

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
3/14/25	BERTHA PAOLA VELASCO

Amount ($)	Payee address;	City;	State;	Zip Code
$77.83	4210 THUNDER BAY DR	PASADENA	TX	77504

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	REIMBURSEMENT	QUEENSBORO

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE **G**

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
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.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	BERTHA PAOLA VELASCO	

4 Date	5 Payee name
2/14/25	QUEENSBORO INDUSTRIES

6 Amount ($)	7 Payee address;	City;	State; Zip Code
$77.83	1400 MARSTELLAR STREET	WILMINGTON	NC 28401
[X] Reimbursement from political contributions intended			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	PRINTING EXPENSE	SHIRTS
	(c) [ ] Check if travel outside of Texas. Complete Schedule T.	[ ] Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($)	Payee address;	City;	State; Zip Code
[ ] Reimbursement from political contributions intended			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	[ ] Check if travel outside of Texas. Complete Schedule T.	[ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($)	Payee address;	City;	State; Zip Code
[ ] Reimbursement from political contributions intended			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	[ ] Check if travel outside of Texas. Complete Schedule T.	[ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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