

# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

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

<b>The SC C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00087544		<b>2</b> Total pages filed:  5															
<b>3</b> CANDIDATE NAME	MS / MRS / MR Mr.	FIRST Carmen A.	MI MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 03/15/2025  Date Hand-delivered or Date Postmarked  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed		Date Imaged									
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Date Processed																			
Date Imaged																			
NICKNAME	LAST Calderone	SUFFIX Jr.																	
<b>4</b> CANDIDATE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7942 Lands End Dr.  Corpus Christi, TX 78414																		
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Marco E.	MI MI																
	NICKNAME	LAST Guerrero	SUFFIX																
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5220 River Oaks Dr.  Corpus Christi, TX 78413																		
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE (361) 779-9372	PHONE NUMBER	EXTENSION																
<b>8</b> REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before convention / election</td> <td><input type="checkbox"/> Runoff</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before convention / election</td> <td><input type="checkbox"/> Final report (Attach SC C/OH-FR)</td> </tr> </table>					<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before convention / election	<input type="checkbox"/> Runoff	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before convention / election	<input type="checkbox"/> Final report (Attach SC C/OH-FR)								
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<b>9</b> PERIOD COVERED	<table style="width: 100%;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>THROUGH</td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td></td> <td></td> <td>07/01/2024</td> <td></td> <td></td> <td></td> <td>12/31/2024</td> </tr> </table>					Month	Day	Year	THROUGH	Month	Day	Year			07/01/2024				12/31/2024
Month	Day	Year	THROUGH	Month	Day	Year													
		07/01/2024				12/31/2024													
<b>10</b> CONVENTION / ELECTION DATE	Month	Day	Year	<b>11</b> OFFICE SOUGHT	<input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR														
<b>12</b> POLITICAL PARTY	Republican  COUNTY (If Applicable) Nueces																		

**GO TO PAGE 2**

**STATE / COUNTY CHAIR  
CAMPAIGN FINANCE REPORT:  
SUPPORT & TOTALS**

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

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<b>13 CANDIDATE NAME</b> Calderone Jr., Carmen A. (Mr.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00087544
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may have been made without the candidate's knowledge or consent.</i> Candidates are required to report this information only if they receive notice of such expenditures.		
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	
	<input type="checkbox"/> SPECIFIC		
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		
<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>			

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	0.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFADAVIT**

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.

\_\_\_\_\_  
 Mr. Carmen A. Calderone Jr.  
 Signature of Candidate

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 - SC C/OH

## FORM SC C/OH COVER SHEET PG 3

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<b>18 CANDIDATE NAME</b> Calderone Jr., Carmen A. (Mr.)		<b>19 Filer ID</b> 00087544	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	0.00
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 4/5

2 FILER NAME

Calderone Jr., Carmen A. (Mr.)

3 Filer ID (Ethics Commission Filers)  
00087544

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Pledgor Address; City; State; Zip Code

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

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

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 5/5
<b>2</b> FILER NAME Calderone Jr., Carmen A. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087544
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)