CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | Guide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
|---|---|--|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MB FIRST CORTER NICKNAME LAST | MI SUFFIX JR | OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTION VOTER REGISTRATION |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX: APT / SUITE #: 136 CALLE HERMO BAYVIEW TX | | G'.330 JUL 1 5 2015 |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (956) 489.1878 | EXTENSION | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST CARLOS NICKNAME LAST WALTERS | MI M suffix | Receipt # Amount \$ Date Processed Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / 5577 MYSTIC | BEND | ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (956) 543, 4746 | EXTENSION | |
| 9 REPORT TYPE | July 15 30th day before | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year 01 / 09 / 2015 | THROUGH O6 | Day Year / 2015 |
| 11 ELECTION | ELECTION DATE Month Day Year Primar 03 / 01 / 2016 General | Description | : |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (IF KNOW) CAMERON SHERI | County ff |
| | GO TO | D PAGE 2 | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | | 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 I 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 | | | |
| | | | , | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$500- | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ | | | | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$2115,99 | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 3384.01 | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 2884.01 | | | | |
| 18 AFFIDAVIT | | | | | |
| | | I swear, or affirm, under penalty of perj | | | |
| | | true and correct and includes all inform under Title 15, Election Code. | nation required to be reported by me | | |
| JAN Notory | ET YVONNE RIVERA Public, State of Text | | | | |
| BESSEL TRANSPORT | Ommission Expires | lost, h | | | |
| William IV | arch 05, 2016 | Signature of Candid | ate or Officeholder | | |
| AFFIX NOTARY STAM | | | | | |
| • | | Vial 1 I | 15 | | |
| Sworn to and subsc | 16 | • | , this the | | |
| day of July | , 20 <u>/</u> / | to certify which, witness my hand and seal of office. | | | |
| fanet 15 | Tilk | Sanet Y. Rivera N. | stary Public | | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | |

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

| 19 FILER NAME 20 Filer ID | (Ethics Commission Filers) |
|--|----------------------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. SCHEDULE E: LOANS | \$ |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ 2115.99 |
| 9. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 10. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION | vs \$ |
| 11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Victor Cortez Jr 4 Date 5 Full name of contributor □ out-of-state PAC (ID#: 5/2/2015 GUADALUPE FLORES 6 Contributor address; City; State; Zip Code PO BOX 451 241 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) ANALYST Full name of contributor out-of-state PAC (ID#;_ Date Amount of contribution (\$) City; State; Zip Code Contributor address; 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 (\$) City; State; Zip Code Contributor address: 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: | | | |
|---|---|-------------|--|--|--|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRIE | BUTIONS | \$ | | | |
| 5 Date | 6 Full name of contributor |) | 8 Amount of 9 In-kind contribution Contribution \$ description | | | |
| | 7 Contributor address; City; State; Zip Cod | | Charle & have booking of Tours consolide Cabadula T | | | |
| | | | Check if travel outside of Texas, complete Schedule T | | | |
| | eupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | er (FOR NON-JUDICIAL)(See Instructions) | | | |
| | principal occupation (FOR JUDICIAL) | 13 Contribu | utor's job title (FOR JUDICIAL)(See Instructions) | | | |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firn | n of contributor's spouse (if any) (FOR JUDICIAL) | | | |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |
| Date | Date Full name of contributor | | Amount of . In-kind contribution Contribution \$. description | | | |
| | Contributor address; Clty; State; Zip Co | | : | | | |
| | | | Check if travel outside of Texas, complete Schedule T | | | |
| Principal occ | supation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe | er (FOR NON-JUDICIAL)(See Instructions) | | | |
| Contributor's | principal occupation (FOR JUDICIAL) | Contribu | outor's job title (FOR JUDICIAL)(See Instructions) | | | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firn | n of contributor's spouse (if any) (FOR JUDICIAL) | | | |
| If contributor | r is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 14 | ATTACH ADDITIONAL COPIES OF 1 | | | | | |

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor ☐ out-of-state PAC (ID#:_ Amount . 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code __ Check if travel outside of Texas, complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor ____ out-of-state PAC (ID#:_ of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas, complete Schedule T Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution Full name of pledgor ut-of-state PAC (ID#: Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas, complete Schedule T Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Date Full name of pledgor ut-of-state PAC (ID#:_ description Pledge \$ Pledgor address; City; State; Zip Code Check if travel outside of Texas, complete Schedule T 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.

| LOANS | | | SCHEDULE E |
|--|--|--|---------------------------------------|
| The | Instruction Guide explains how to compl | ete this form. | 1 Total pages Schedule E: |
| 2 FILER NAME | CORTEZ JA | | 3 Filer ID (Ethics Commission Filers) |
| • | IITEMIZED LOANS | | \$5,000 |
| 5 Date of loan 4/10 / 15 | 7 Name of lender ☐ out-of-state I | PAC (ID#:) | 9 Loan Amount (\$) 5,000 |
| 6 Is lender a financial Institution? | _ | State; Zip Code | 10 Interest rate |
| Y (N) | BAYVIEW, TX 78 | 566 | 11 Maturity date |
| 12 Principal occupation | on / Job title (See Instructions) | 13 Employer (See Instructions) | |
| 14 Description of Coll | | 15 Check if personal funds were account (See Instructions) | deposited into political |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | | 19 Amount Guaranteed (\$) |
| not applicable | 18 Guarantor address; City; S | | |
| 20 Principal Occupat | ion (See Instructions) | 21 Employer (See Instructions) | |
| Date of loan | Name of lender | PAC (ID#:) | Loan Amount (\$) |
| ls lender a financial Institution? | Lender address; City; | State; Zip Code | Interest rate |
| Y N | | | Maturity date |
| Principal occupation | on / Job title (See Instructions) | Employer (See Instructions) | |
| Description of Coll | ateral | Check if personal funds were account (See Instructions) | deposited into political |
| GUARANTOR INFORMATION | Name of guarantor | | Amount Guaranteed (\$) |
| | Guarantor address; City; | State; Zip Code | |
| not applicable | | 1 | |
| Principal Occupation (See Instructions) Employer (See Instructions) | | | |
| lf l | ATTACH ADDITIONAL CO ender is out-of-state PAC, please see in | PIES OF THIS SCHEDULE AS NE struction guide for additional re | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics | У | rocoriseverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai | _ | se s/Contract Labor | Travel In District Travel Out Of District Other (enter a categor | y not listed above) |
|---|--------------|---|--------------|------------------------|--|---------------------|
| 1 Total pages Schedule F1: | 2 FILER NA | ME | | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee nan | пе | | | | |
| 6 Amount (\$) | 7 Payee add | ress; City; State; A | Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | See categories listed at the top of this | schedule) (I | | outside of Texas, comple TX, officeholder living e | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | | te / Officeholder name | | Office sought | (| Office held |
| Date | Payee nan | ne | | | | |
| Amount (\$) | Payee add | ress; City; State; 2 | Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (| See categories listed at the top of this | schedule) | [] | utside of Texas, complet TX, officeholder living ex | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | e / Officeholder name | | Office sought | . 0 | Office held |
| Date | Payee nar | ne | | | | - |
| · Amount (\$) | Payee add | ress; City; State; 2 | Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (| See categories listed at the top of this : | schedule) | | utside of Texas, complete | |
| Complete ONLY if direct expenditure to benefit C/OH | | e / Officeholder name | | Office sought | | Office held |
| | ATTA | ACH ADDITIONAL COPIES | OF THIS SC | HEDULE AS NEED | DED | |

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District 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) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code 9 TYPE OF Non-Political Political **EXPENDITURE** 10 (a) Category (See categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas, complete Schedule T OF __ Check if Austin, TX, officeholder living expense **EXPENDITURE** 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political **EXPENDITURE** Category (See categories listed at the top of this schedule) __Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

| Т | he Instruction Guide explains how to complete this form. | 1 Total pages Schedule F3: |
|--------------|---|---------------------------------------|
| 2 FILER NAME | | 3 Filer !D (Ethics Commission Filers) |
| 4 Date | 5 Name of person from whom investment is purchased | |
| | 6 Address of person from whom investment is purchased; City | ; State; Zip Code |
| | 7 Description of investment | |
| | 8 Amount of investment (\$) | |
| Date | Name of person from whom investment is purchased | |
| | Address of person from whom investment is purchased; City; | State; Zip Code |
| | Description of investment | |
| | Amount of investment (\$) | |
| | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE | AS NEEDED |

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 ilsted above)

| | The Instruction Guide explains how t | o complete this form. |
|--|---|---|
| 1 Total pages Schedule G: | Victor Cortez Jr. | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
| 5.29.15 | SOLICE | |
| 5,29.15 6 Amount (\$) 7300 | 7 Payee address; City; State; Zip Code 7200 Bowham RD. | |
| Reimbursement from political contributions intended | BAOWWS VI/IF TX 785 (a) Category (See categories listed at the top of this schedule) | 21 |
| 8 PURPOSE | (a) Category (See categories listed at the top of this schedule) | ! <u> </u> |
| OF EXPENDITURE | ADV. | Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct | 1 77 | Office sought Office held |
| expenditure to benefit C/ | Victor Cortez Ir | |
| Date | Payee name | |
| 5.30.15 | Payee address; City; State; Zip Code | |
| 43= | Payee address; City; State; Zip Code 247 N. Ex PRESS WRY | , 83 suite A |
| Reimbursement from political contributions intended | BROWNSUILLE TX 7 | |
| PURPOSE | Category (See categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | 20.4 | Check if travel outside of Texas, complete Schedule T |
| | ADV | Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/ | Candidate / Officeholder name OH ///cfon Confez J2 | Office sought Office held CC Sheriff — |
| Date | Payee name | |
| 6.03.15 | SOLICE | |
| Amount (\$) | SOLICE Payee address; City; State; Zip Code 7200 Rowhww RD | |
| 65 | 7200 BONHAM RD. | |
| Reimbursement from political contributions intended | | 521 |
| PURPOSE | Category (See categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | 1011 | Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct | MDU. Candidate / Officeholder name | |
| expenditure to benefit C/ | | Office sought Office held CC Sheriff — |
| | VICITIA CORVEE ON | CC ONEKII) |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEEDED |

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enters extension not listed abovie)

| Contributions/Donations Made B Candidate/Officeholder/Politica | y Gift/Awards/Memorials Expense Prin | ting Expense | Travel Out Of District Other (enter a category not listed abovë). |
|---|--|------------------------|--|
| | The Instruction Guide explains ho | | outer (office a dategory not asted above). |
| 1 Total pages Schedule H: | 2 FILER NAME | 3 | Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Business name | | · · · · · · · · · · · · · · · · · · · |
| 6 Amount (\$) | 7 Business address; City; State; Zip Co | de . | |
| 8 (PURPOSE OF EXPENDITURE | a) Category (See categories listed at the top of this schedule | | of Texas, complete Schedule T ceholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Business name | | |
| Amount (\$) | Business address; City; State; Zip Co | de . | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule | | of Texas, complete Schedule T ceholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Business name | | |
| Amount (\$) | Business address; City; State; Zip Co. | de | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | I — | f Texas, complete Schedule T caholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF TH | IIS SCHEDULE AS NEEDEI | D |

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense 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)

| Contributions/Donations Made Candidate/Officeholder/Politic | | Gift/Awards/Memorials Expense Legal Services | Printing Expense Salaries/Wages/Contract Labor | Travel In District Travel Out Of District Other (enter a category not listed above) |
|--|------------------|---|--|---|
| | | | ns how to complete this form. | Tallot (Tallot a tallogory not listed assoc) |
| Total pages Schedule G: | | e CORTEZ JA | | 3 Filer ID (Ethics Commission Filers) |
| Date | 5 Payee name | CORTEE | <u> </u> | |
| 4.16.15 | 1BC | ess; City; State; Z | | |
| Amount (\$) | 7 Payee addre | ess; City; State; Z | ip Code | |
| 4 | 1600 | RubEN TORNES | 5 KIVP | |
| Reimbursement from political contributions intended | BROWN | SUITE, TX | 78526 | |
| PURPOSE | (a) Category (Se | ee categories listed at the top of this so | · [] | utside of Texas, complete Schedule T |
| OF EXPENDITURE | 1. 1 | · 10 11. | F==== | TX, officeholder living expense |
| Complete ONLY if direct | Candidat | e / Officeholder name | Office sought | Office held |
| expenditure to benefit C/0 | OH Victo | OR CORTEZ In | CC. She | oiff — |
| Date | Payee name | | C.C. Onc | <u> </u> |
| | · · | | | |
| 5. 18. 15 Amount (\$) | Payee addre | NNSTER ess; City; State; Z | ip Code | |
| +50- | | EXPRESSWAY | 83 | |
| Reimbursement from political contributions intended | OLMit | io. Tx z | B 5 7 5 | |
| PURPOSE | Category (Se | e calegories listed at the top of this so | thedule) (b) Description | |
| OF EXPENDITURE | 00 | | | utside of Texas, complete Schedule T |
| | | X BENTAL | | TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/0 | DH . | e / Officeholder name | Office sought | Office held |
| | Victo | n Contez Ja | ac. Sheriff | |
| Date | Payee name | | | |
| 5.22.15 Amount (\$) | SOLIC | | | |
| | | ess; City; State; Z BONHAM RD | ip Code | |
| Reimbursement from | 4200 | BONNAM KD | | |
| political contributions intended | BROWNS | VILLE, TX | 78521 | |
| PURPOSE | | e categories listed at the top of this so | 1 | |
| OF EXPENDITURE | 100 | | | utside of Texas, complete Schedule T TX, officeholder living expense |
| | ADV. | . / Officeholder name | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | | o / Officeholder name R CORFEZ J | Office sought | Office held |
| | ATTAC | H ADDITIONAL COPIES C | OF THIS SCHEDULE AS NEED | DED |

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Exp

| Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor | | 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 H: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date | 5 Business name | | | | |
| 6 Amount (\$) | 7 Business address; City; State; | Zip Code | | | |
| | | 1 | | | |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this | <u> </u> | ide of Texas, complete Schedule T | | |
| EXPENDITURE | | Check if Austin, TX | , officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/Oi | Candidate / Officeholder name H | Office sought | Office held | | |
| Date | Business name | | | | |
| Amount (\$) | Business address; City; State; | Zip Code | | | |
| | | · . | · · · · · · · · · · · · · · · · · · · | | |
| | Category (See categories listed at the top of this | | | | |
| PURPOSE OF | | | ide of Texas, complete Schedule T | | |
| EXPENDITURE | | Check if Austin, 1X | , officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name H | Öffice sought | Office held | | |
| Date | Business name | | | | |
| Amount (\$) | Business address; City; State; | Zip Code | | | |
| | | | | | |
| | Category (See categories listed at the top of this | | | | |
| PURPOSE OF | | | ide of Texas, complete Schedule T | | |
| EXPENDITURE | | LI Check if Austin, TX | , officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

SCHEDULE G

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|---|--|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic | | 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 ex | plains how to complete this form. | | | |
| 1 Total pages Schedule G: | 2 FILER NAME VICTOR CORTER | z Ja | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 6.25.15 | 5 Payee name COLICE MELIS | SSA LANDIN | | | |
| 6 Amount (\$) | 7 Payee address; City; State; | Zin Code | | | |
| 30- | 7200 BONHAM | • | | | |
| Reimbursement from political contributions intended | BROWNSUILLE, 7. | | | | |
| 8 PURPOSE | (a) Category (See categories listed at the top of the | | | | |
| OF | | | utside of Texas, complete Schedule T | | |
| EXPENDITURE | EVENT | L Check if Austin, | TX, officeholder living expense | | |
| 9 Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | | |
| expenditure to benefit C/C | Victor Contez | Jz. CC ShER | iff — | | |
| Date | Payee name | | | | |
| 6.25,15 | COBBLEHEADS | BAR + GRill | | | |
| Amount (\$) 462.19 | Payee address; City; State; 3154 CENTMAL B | ; Zip Code 3LVO. | | | |
| Reimbursement from political contributions intended | BROWNSUILE, 7 | X 78520 | | | |
| PURPOSE | Category (See categories listed at the top of the | · · | utside of Texas, complete Schedule T | | |
| OF EXPENDITURE | FOOD/BEVERAGES | | TX, officeholder living expense | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | | |
| expenditure to benefit C/C | Victor Confez | JR. CC ShERI | ff | | |
| Date | Payee name | | | | |
| 6.26.15 | SOLICE | | | | |
| Amount (\$) 266 — | Payee address; City; State; 7200 Bowham M | • | | | |
| Reimbursement from political contributions intended | BROWNSUILLE, A | TX 78521 | | | |
| PURPOSE | Category (See categories listed at the top of the | · - | | | |
| OF | | <u></u> | outside of Texas, complete Schedule T | | |
| EXPENDITURE | ADV | Check if Austin, | TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/0 | Candidate / Officeholder name | Office sought | Office held | | |
| | VICTOR LORKEZ | In cc sher | (1) | | |
| | ATTACH ADDITIONAL COPIE | ES OF THIS SCHEDULE AS NEE | DED | | |
| | | | | | |

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officebooker/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (externory not listed above)

| Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic | | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Expense Printing Expense Salaries/Wages/Contract Labor | Travel In District Travel Out Of District Other (enter a category not listed above) |
|--|-------------|---|--|---|
| | | ** | ins how to complete this form | |
| Total pages Schedule G: | 2 FILER NA | ME Contract | | 3 Filer ID (Ethics Commission Filers) |
| Date 4 | 5 Payee nam | or cories sk | | |
| 6.28.15 | Vista | Mobile | | |
| / | 7 Payee add | or CORTEE JR ne ne ne nobile tress; City; State; Z OVIDENCIA CO | ip Code OURT SuitE 2 | |
| Reimbursement from political contributions intended | BROWN | suille, Tx | 78520 | |
| PURPOSE | | See categories listed at the top of this s | chedule) (b) Description | |
| OF EXPENDITURE | 18. | , | | el outside of Texas, complete Schedule T tin, TX, officeholder living expense |
| | ADV | . | | |
| Complete ONLY if direct expenditure to benefit C/C | NH. | ate / Officeholder name | Office sought | Office held |
| | <u> </u> | | VR. C.C. 3/10 | EX1 7 |
| Date | Payee nan | ne | | |
| Amount (\$) | Payee add | dress; City; State; Z | lip Code | |
| Reirnbursement from political contributions intended | | | | |
| PURPOSE | Category (| See categories listed at the top of this s | chedule) (b) Description | |
| OF EXPENDITURE | | | | el outside of Texas, complete Schedule T tin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/C | | ate / Officeholder name | Office sought | Office held |
| Date | Payee nan | ne | | |
| Amount (\$) | Payee add | dress; City; State; 2 | Zip Code | |
| Reimbursement from political contributions intended | | | | |
| PURPOSE OF | Category (| (See categories listed at the top of this s | | el outside of Texas, complete Schedule T |
| EXPENDITURE | | | Check if Aus | tin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ate / Officeholder name | Office sought | Office held |
| | ATTA | CH ADDITIONAL COPIES | OF THIS SCHEDULE AS N | EEDED |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

| The Instruction Guide explains how to complete this form. | | | | | |
|---|--|---|--|--|--|
| 1 Total pages Schedule I: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date | 5 Payee name | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See instructions regarding type of information required.) | | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) | | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) | | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| PURPOSE OF EXPENDITURE | OF (equilibrity) | | | | |
| | | CONTRACTOR | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| The | ule K: | | | |
|---|--|--------------------------------|--------------------|--|
| 2 FILER NAME | • | 3 Filer ID (Ethics | Commission Filers) | |
| 4 Date | 5 Name of person from whom amount is received | | 8 Amount (\$) | |
| | 6 Address of person from whom amount is received; City; State; | Zip Code | | |
| | 7 Purpose for which amount is received Check if | political contribution r | returned to filer | |
| Date | Name of person from whom amount is received | - | Amount (\$) | |
| | Address of person from whom amount is received; City; State | , , , , , , , , , ;;; Zip Code | | |
| | Purpose for which amount is received Check if | political contribution r | returned to filer | |
| Date | Name of person from whom amount is received | | Amount (\$) | |
| | Address of person from whom amount is received; City; State; | Zip Code | | |
| | Purpose for which amount is received Check if | political contribution i | returned to filer | |
| Date | Name of person from whom amount is received | | Amount (\$) | |
| | Address of person from whom amount is received; City; State | ; Zip Code | | |
| | Purpose for which amount is received Check if | political contribution | returned to filer | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

| The Instruction Guide explains how to complete this form. | | | | 1 Total pages Schedule T: | | |
|---|---|--------------|-------------------------|---------------------------------------|------------------------------|--|
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Name of Contributor / | 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | | | | |
| 5 Contribution / Expend | liture reported | on: | | | | |
| Schedule A2 | □ scher | dule B | Schedule B(J) | Schedule C2 | Schedule D Schedule F1 | |
| | | aule B | Contended B(J) | | ☐ Scriedule D ☐ Scriedule F1 | |
| Schedule F2 | nedule F2 Schedule G Schedule H Schedule COH-UC Schedule B-SS | | | | | |
| 6 Dates of travel | 7 Name of person(s) traveling | | | | | |
| | 8 Departur | e city or na | ame of departure locat | ion | | |
| | 9 Destination city or name of destination location | | | | | |
| | | | | | | |
| 10 Means of transportation | | | | | | |
| Name of Contributor | / Corporation o | or Labor O | rganization / Pledgor / | Payee | | |
| Contribution / Expend | diture reported | on: | | | | |
| Schedule A2 | _ | dule B | Schedule B(J) | Schedule C2 | Schedule D Schedule F1 | |
| | | | | _ | | |
| Schedule F2 | | dule G | ☐ Schedule H | Schedule COH-U | IC Schedule B-SS | |
| Dates of travel | Name of | r person(s |) traveling | | | |
| | Departur | e city or n | ame of departure locat | iion | | |
| | Destinati | on city or | name of destination lo | cation | | |
| Means of transportation Purpose of travel (including name of conference, seminar, or other event) | | | | | | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | | | | | |
| Contribution / Expend | diture reported | on: | | | | |
| Schedule A2 | Sched | dule B | Schedule B(J) | Schedule C2 | Schedule D Schedule F1 | |
| Schedule F2 | Sche | dule G | Schedule H | Schedule COH-U | C Schedule B-SS | |
| Dates of travel | Dates of travel Name of person(s) traveling | | | | | |
| | Departure city or name of departure location | | | | | |
| | | | | | | |
| | Destinati | on city or | name of destination lo | cation | | |
| Means of transporta | ation | Purpo | se of travel (including | name of conference, | seminar, or other event) | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | |

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

| | The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" •• | | | | | | |
|---|--|---|---|--|--|--|--|
| 1 | C/OH N | AME | 2 Filer ID (Ethics Commission Filers) | | | | |
| 3 | SIGNA | TURE | | | | | |
| | I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. | | | | | | |
| | Signature of Candidate / Officeholder | | | | | | |
| 4 | | FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder. •• | | | | | |
| | A. | CAMPAIGN FUNDS | | | | | |
| | Checi | conly one: | | | | | |
| | | I do not have unexpended contributions or unexpended interest or income earned fro | om political contributions. | | | | |
| | | I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. | | | | | |
| | B. | ASSETS | | | | | |
| | Check only one: | | | | | | |
| | | I do not retain assets purchased with political contributions or interest or other income from political contributions. | | | | | |
| | | I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204. | er income from political contributions to | | | | |
| | | | ignature of Candidate | | | | |
| 5 | | EHOLDER plete this section <i>only</i> if you are an officeholder •• | | | | | |
| | | I am aware that I remain subject to filing requirements applicable to an officeholder who difile. I am also aware that I will be required to file reports of unexpended contributions if, a officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions. | after filing the last required report as an | | | | |
| | | Siç | gnature of Officeholder | | | | |