CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)					
OFFICE HOLDER NAME Roe North Suffix Cavazos ADDRESS / PO BOX: APT / SUTE 8: CITY: STATE: ZIP CODE ADDRESS / PO BOX: APT / SUTE 8: CITY: STATE: ZIP CODE ADDRESS CANDIDATE/ OFFICEHOLDER MAILING ADDRESS PO BOX: APT / SUTE 8: CITY: STATE: ZIP CODE CAMPAIGN TREASURER NAME AREA CODE PHONE NUMBER CAMPAIGN TREASURER NAME NICKMANE TREASURER ADDRESS NO PO BOX PLEASE; APT / SUTE 8: CITY: STATE; ZIP CODE STREET ADDRESS Amount \$ Date Processed Date Hand delivered or Date Postmanare Date Processed Date Imaged TREASURER ADDRESS NO PO BOX PLEASE; APT / SUTE 8: CITY: STATE; Residence or Business STREET ADDRESS (NO PO BOX PLEASE): APT / SUTE 8: CITY: STATE; RESIDENCE OFFICE HOLDER PHONE AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE TREASURER TREASURER PHONE TREASURER TREASURER PHONE TREASURER TREASURER TREASURER TREASURER TREASURER TREASURER TREASURER TREASURER TRE	The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed:
A CANDIDATE / OFFICEHOLDER MAILING ADDRESS / PO BOX APT / SUITE 9: CITY: STATE; ZIP CODE ADDRESS / PO BOX APT / SUITE 9: CITY: STATE; ZIP CODE JAN 1 4 2016 JAN 1 4 201	OFFICEHOLDER	O 1	MI	OFFICE	USE ONLY
OFFICEHOLDER MAILING ADDRESS Change of Address I 24 Chapman St San Benito TX 78584 AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmator OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmator	NAME	NICKNAME LAST	SUFFIX	CAM DEPARTME	ENT OF ELECTION
AREA CODE PHONE NUMBER SCANDIDATE/ OFFICEHOLDER PHONE AREA CODE PHONE NUMBER (954) 559 - 6593 MS / MRS /	OFFICEHOLDER MAILING		· · · · · · · · · · · · · · · · · · ·	JA	N 1 4 2016
AREA CODE PHONE NUMBER PHONE 6 CAMPAIGN TREASURER NAME 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER PHONE NO PO BOX PLEASE): APT / SUITE #; CITY; STATE: PHONE AREA CODE PHONE NUMBER C COVAZOS 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE TREASURER PHONE TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE TREASURER AREA CODE PHONE NUMBER EXTENSION TREASURER T	Change of Address			DVA	NEGENEE
TREASURER NAME NICRNAME CONCLOS TREASURER TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY: STATE; ZIP CODE TREASURER ADDRESS (Residence or Business) AREA CODE PHONE NUMBER EXTENSION PHONE AREA CODE PHONE NUMBER EXTENSION PHONE PHONE AREA CODE PHONE NUMBER EXTENSION PROOF Glicholder Coly) Glicholder Coly) Final Report (Atlach CIOH - FR) TREASURER PHONE PHONE AREA CODE PHONE NUMBER EXTENSION Runoff Streed About the day after campaign treasurer appointment (Cithcolder Coly) Cithcolder Coly) Final Report (Atlach CIOH - FR) THROUGH December THROUGH Day Year THROUGH December THROUGH THROUGH CONSTITUTE Month Day Year Primary Runoff Description THROUGH COPFICE HELD (If any) COPFICE HELD (If any) COPPICE NOTES SOUGHT (If known) CAMPAIGN TREASURER CITY: STATE: ZIP CODE TROUGH TISH day after campaign treasurer appointment (Cithcolder Coly) THROUGH Day Year THROUGH	OFFICEHOLDER	V 10 ALECTRON CONTROL	EXTENSION		or Date Postmarked
TREASURER ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE January 15 Soft day before election July 15 Soft day before election Exceeded \$500 limit Final Report (Attach C/OH - FR) TO PERIOD COVERED Month Day Year JONY Sepecial Date Imaged The Code Transport (Attach Croh - FR) The Ugh Date Imaged The Code The Code The Code Date Imaged The Code The Code The Code The Code The Code Date Imaged Date Imaged The Code The	TREASURER		MI	•	Amount \$
TREASURER ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE January 15 30th day before election Exceeded \$500 limit Final Report (Attach C/OH - PR) 10 PERIOD COVERED Month Day Year THROUGH Primary Runoff ELECTION DATE Month Day Year Primary Runoff ELECTION TYPE Month Day Year Primary Special 2 OFFICE OFFICE HELD (If any) Cameron County Constable STATE; ZIP CODE THROUGH EXTENSION TISH day after campaign treasurer appointment (Officeholder Coly) Tish day after campaign treasurer appointment (Officeholder Coly) Through Throug	NAME		SUFFIX	Date Processed	
Residence or Business) 124 Chapman St San Benito TX 78586 Residence or Business Residence or Bu	.0	Cavazos		Date Imaged	
TREASURER PHONE (956) 564 - 3173 9 REPORT TYPE January 15 30th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) 10 PERIOD COVERED Month Day Year JULY 1 st 2016 THROUGH Primary Runoff Exceeded \$500 limit Final Report (Attach C/OH-FR) 10 PERIOD THROUGH Primary Runoff Day Year JULY 1 st 2016 THROUGH Primary Runoff Day Year JULY General Special 2 OFFICE OFFICE HELD (if any) Cameron County Constable	TREASURER ADDRESS			ZIP CODE	* * * * * * * * * * * * * * * * * * *
January 15 January 15 January 15 John day before election Runoff Runoff Runoff Isth day after campaign treasurer appointment (Office-holder Only) Day 15 Sth day before election Exceeded \$500 limit Final Report (Attach C/OH - FR) Month Day Year THROUGH Primary Runoff Runoff Day Year Joly Special Primary Runoff Other Description Pescription Pescription Other Description Pescription Special OFFICE HELD (if any) Comeron County Constable THROUGH OFFICE SOUGHT (if known)	TREASURER	k-A.	EXTENSION		i i i i i i i i i i i i i i i i i i i
January 15 January 15 January 15 John day before election Runoff Runoff Runoff Isth day after campaign treasurer appointment (Office-holder Only) Day 15 Sth day before election Exceeded \$500 limit Final Report (Attach C/OH - FR) Month Day Year THROUGH Primary Runoff Runoff Day Year Joly Special Primary Runoff Other Description Pescription Pescription Other Description Pescription Special OFFICE HELD (if any) Comeron County Constable THROUGH OFFICE SOUGHT (if known)			538 T F 40 . F		
Month Day Year JULY 1st 2016 THROUGH BLECTION DATE Month Day Year THROUGH BLECTION TYPE Month Day Year Primary Runoff Description OFFICE HELD (if any) Cameron County Constable Month Day Year Primary Special 13 OFFICE SOUGHT (if known)	9 REPORT TYPE			treasurer app	ointment
COVERED JULY 1st 2016 THROUGH BLECTION DATE Month Day Year Primary Runoff Description OFFICE HELD (if any) Cameron County Constable December 31 / 2015 THROUGH BLECTION TYPE Special 13 OFFICE SOUGHT (if known)		July 15 8th day before elect	tion Exceeded \$500 limit	Final Report (Attach C/OH - FR)
Month Day Year Primary Runoff Other Description 11 / 8 / 16 General Special OFFICE HELD (if any) Cameron County Constable 13 OFFICE SOUGHT (if known)			December	Exita Basical property at 2008.1	5
Description 11 / 8 / 16 General Special 2 OFFICE OFFICE HELD (if any) Cameron County Constable 13 OFFICE SOUGHT (if known)	11 ELECTION	ELECTION DATE	ELECTION TYPE	TATE OF	
OFFICE OFFICE HELD (if any) Cameron County Constable 13 OFFICE SOUGHT (if known)		Month Day Year Primary			
Cameron County Constable		11 / 8 / 16 General	The Aller of the Control of the Cont	Evosébe (UEV goritanie)	reconsoled 1
Precinct 3	2 OFFICE	Cameron County Constable			Samp
		Precinct 3	A Jones)		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

GO TO PAGE 2

Revised 9/8/2015

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Roel Ca	444705	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.					
	COMMITTEE TYPE	COMMITTEE NAME // /A				
· (4.27)	SPECIFIC	COMMITTEE ADDRESS	en e			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				
		N/A MARKANIA				
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$ 200.00			
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ -0-			
	4. TOTAL	POLITICAL EXPENDITURES	\$ \$ 570.08			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ -0			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$ -G-			
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. NOTARY PUPLIC STATE OF TEXAS MY COMM. EXP. 03/21/17 Signature of candidate or Officeholder						
AFFIX NOTARY STAMP		LON L	- 147			
Sworp te and subscri	y,20 (6, t	o certify which, witness my hand and seal of office.	Jolany ablie			
Signature J of officer ac	aministering oath	Printed name of officer administering oath	Title of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	ommission Filers)	
,	Roel Carazos	e .
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 200.
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ - 0 -
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$-0-
4.	SCHEDULE E: LOANS	\$ -0-
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 200,00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-1
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 370.08
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

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) Roel Cavazos 4 Date 7 Amount of contribution (\$) Luis Flores 11-14-15 **6** Contributor address; City; State; Zip Code 21551 Gonzalez Road Harlingen TX 78500 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Home Builder out-of-state PAC (ID#:____ Date Full name of contributor 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) 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) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Forms provided by Texas Ethics Commission

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	E	in.	3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	JUTIONS	\$
5 Date	6 Full name of contributor)	8 Amount of . 9 In-kind contribution Contribution \$. description
	7 Contributor address; City; State; Zip Coc		<u> </u>
			Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	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	Full name of contributor)	Amount of . In-kind contribution Contribution \$. description .
	Contributor address; City; State; Zip Cod	de	Charle if travel outside of Tayon Complete Cabadula T
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas. Complete Schedule T. r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTA OLI ADDITIONAL GODING OF TH	110 0011ED11	LEAGNEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 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 Full name of pledgor ut-of-state PAC (ID#: In-kind contribution 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 Full name of pledgor out-of-state PAC (ID#:_ Amount of In-kind contribution 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 Full name of pledgor In-kind contribution out-of-state PAC (ID#:_ Amount 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) 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	lete this form.	1 Total pages Schedule E:
2 FILER NAME	Λ /	/ <i>A</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS	1/11/11/2019	\$
5 Date of loan	7 Name of lender out-of-state is	PAC, (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y	8 Lender address; City; S	State; Zip Code	10 Interest rate 11 Maturity date
	· · · · · · · · · · · · · · · · · · ·	13 Employer (See Instructions)	
12 Principal occupation	ion / Job title (See Instructions)		
14 Description of Coll	lateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable 20 Principal Occupat	,	State; Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City; S		Interest rate
Institution? Y			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; S	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If I	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE	

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1	2 FILER NAME Roel Cavazos	3 Filer ID (Ethics Commission Filers)
4 Date //-25-/5	5 Payee name San Benito News	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$ 200.00	356 N. Sam Houston Sa	n Benito TX 78586
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisin Expense Political Announcer +	(b) Description 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/O	Candidate / Officeholder name	Office sought Office held Cameron County Constable
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
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 S	CHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATE	EGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor hins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
d Table 50	O FILEDALANAT		C Files ID (Fibire Commission Filess)
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBL	IGATIONS	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of t	this schedule) (b) Description	on
PURPOSE		Checki	if travel outside of Texas. Complete Schedule T.
OF			
EXPENDITURE		Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF	Category (See Categories listed at the top of the	Check if	travel outside of Texas, Complete Schedule T.
EXPENDITURE		LJCheck i	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

PURCHASE OF INVESTMENTS MADE 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 ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City	y; 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Loan Repayment/Reimbursement **Event Expense** Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGE 5 Date 6 Payee name 8 Payee address; City; State; Zip Code 7 Amount (\$) TYPE OF Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE __ Check if travel outside of Texas. Complete Schedule T. 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 Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit	-	Food/Bevera Gift/Awards/I Legal Service	Memorials Expense	Printin	Expense g Expense s/Wages/Contract La	Trav	el In District el Out Of District er (enter a category not listed ab	ove)
Credit Card Payment		The Instru	uction Guide exp	olains how t	o complete this f	orm.		
1 Total pages Schedule G:		Roel	Cavazo	7 S		3 Fi	ler ID (Ethics Commission	Filers)
12-4-15	5 Payee nar		Lustom City; State;	Spor	~ts			
Amount (\$) \$ 313.93 Reimbursement from political contributions intended	160 E.	Steng	er St.	San í	Benito T	X 7858	6	
PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/6	Adver Camp Candida	tising aign S ate / Officeh	Expeas Dians nolder name			avel outside of Texas	c. Complete Schedule T. nolder living expense Office held	
	<u> </u>	er co	vazo s				Constable	hC+.
Date	Payee nan							
12-5-15	Mca	sy's	Buildin City; State;	a Su	vlag			
Amount (\$)	Payee add	lress;	City; State;	Zip Code	1 1			
\$ 56.15 Reimbursement from political contributions intended	1701 In	dustria	.I way	San [Benito T	¥ 78 <i>5</i> 8	6	
PURPOSE OF EXPENDITURE	l	_	listed at the top of this	,		avel outside of Texas	. Complete Schedule T. older living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	^{DH}	oel (older name \ .GV GZ 0 S		Office sought		Constable	
Date	Payee nam	ie						
Amount (\$) Reimbursement from political contributions	Payee add	ress;	City; State;	Zip Code	•			
intended								
PURPOSE OF EXPENDITURE	Category (s	See Categories li	isted at the top of this	schedule)			Complete Schedule T.	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		te / Officeho	older name		Office sought		Office held	
	ATTAC	CH ADDITIC	DNAL COPIES	OF THIS S	SCHEDULE AS	NEEDED		

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi		Printing Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	•	outs (orns, dodlogel,
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	p Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this set	Check if travel outside	le of Texas. Complete Schedule T. X, 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	o Code.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Check if travel outside	e of Texas. Complete Schedule T. (, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip	Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school	Check if travel outside	of Texas. Complete Schedule T. , 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 NEE	DED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	<u>.</u>
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	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	,	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 Filer ID (Ethic	s 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	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 p	political contribution	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 p	olitical contribution r	eturned 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 po	Ditical contribution re	eturned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED	

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

SCHEDULE T

The Instru	uction Guide expl	ains how to complete th	nis form.	1 Total pages Schedule T:							
2 FILER NAME				3 Filer ID (Ethics Commission Filers)							
4 Name of Contributor	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee										
5 Contribution / Expend Schedule A2 Schedule F2 6 Dates of travel	diture reported on: Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Name of person(s) traveling B Departure city or name of departure location 9 Destination city or name of destination location										
10 Means of transportation											
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee											
Contribution / Expend Schedule A2 Schedule F2	liture reported on: Schedule E		Schedule C2	Schedule D Schedule F1							
Dates of travel	Name of pers	on(s) traveling									
	Departure city or name of departure location										
	Destination city or name of destination location										
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)									
Name of Contributor /	Corporation or Lab	oor Organization / Pledgor	/ Payee								
Contribution / Expend	liture reported on:										
Schedule A2	Schedule E	Schedule B(J)	Schedule C2	Schedule D Schedule F1							
Schedule F2	Schedule	54 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS							
Dates of travel	Name of person(s) traveling										
	Departure city or name of departure location										
	Destination city or name of destination location										
Means of transportati	on P	urpose of travel (including	name of conference, s	eminar, or other event)							
	ATTACI	ADDITIONAL COPIES	OF THIS SCHEDULE	E 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 I	NAME	2 Filer ID (Ethics Commission Filers)						
3	SIGNA	ATURE	<u> </u>						
	ing a re	expect any further political contributions or political expenditures in connection with my export as a final report terminates my campaign treasurer appointment. I also understar utions or make any campaign expenditures without a campaign treasurer appointment	nd that I may not accept any campaign						
		Signatur	re of Candidate / Officeholder						
4		WHO IS NOT AN OFFICEHOLDER uplete A & B below only if you are not an officeholder. ••							
	A.	CAMPAIGN FUNDS							
	Chec	k only one:							
		I do not have unexpended contributions or unexpended interest or income earned from	m political contributions.						
		I have unexpended contributions or unexpended interest or income earned from polimay not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contributions final report. Further, I understand that I must dispose of unexpended political contributions earned on political contributions in accordance with the requirements of Election	me earned on political contributions to contributions and that I may not retain butions longer than six years after filing ntributions and unexpended interest or						
	B.	ASSETS							
	Chec	k 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 fro that I may not convert assets purchased with political contributions or interest or othe personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	r income from political contributions to						
		Si	gnature 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 do file. I am also aware that I will be required to file reports of unexpended contributions if, at officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	fter filing the last required report as an						
		Sig	nature of Officeholder						

			-	