# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

7			
The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MB FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	PATPARTIMENT OF ELECTIONS & VOTER REGISTRATION
A CANDIDATE /		OITY; STATE; ZIP CODE	JAN 0.8 2016
OFFICEHOLDER MAILING ADDRESS	136 CALLE HERMOSA BAYVIEW, TX 78566	By	RECEIVED
Change of Address			
GANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 489. 1878	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI iM	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	WALTERS		Date Imaged
CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 5577 MYSTIC BENID		ZIP CODE
<b>_</b>	December 11/1= 78	79 571	
(Residence or Business)	BROWNSCILLE, TX	78526	
	BROWNS O'LLE, 7X 7  AREA CODE PHONE NUMBER (956) 543. 4746	EXTENSION	
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	78526	
CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	15th day after campaign treasurer appointment (Officeholder Only)
TREASURER PHONE	AREA CODE PHONE NUMBER (956) 543 4746	EXTENSION  Extension  Runoff	treasurer appointment
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  (956) 543 4746  January 15 30th day before electrical descriptions of the second se	EXTENSION  Extension Runoff  Exceeded \$500 limit  Month	treasurer appointment (Officeholder Only)
CAMPAIGN TREASURER PHONE  REPORT TYPE  PERIOD COVERED	AREA CODE PHONE NUMBER  (956) 543 4746  January 15 30th day before elected Month Day Year	EXTENSION  Extension Runoff  Exceeded \$500 limit  Month	treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)  Day Year
CAMPAIGN TREASURER PHONE REPORT TYPE	AREA CODE PHONE NUMBER  (956) 543 4746  January 15 30th day before elected  Month Day Year  07 / 01 / 2015  ELECTION DATE  Month Day Year	EXTENSION  EXTENSION  Extension  Runoff  Exceeded \$500 limit  Month  / 2 /  ELECTION TYPE  Runoff  Other Description  Special	treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)  Day Year  31 / 2015
CAMPAIGN TREASURER PHONE  REPORT TYPE  PERIOD COVERED	AREA CODE PHONE NUMBER  ( 956 ) 543 . 4746   January 15 30th day before elected by January 15 Bth day before elected by January 15 Annuary 15 Primary  ELECTION DATE  Month Day Year  O7 / O1 / 2015  ELECTION DATE  Month Day Year  O3 / O1 / 2016 General	EXTENSION  EXTENSION  Extion Runoff  Exceeded \$500 limit  Month  / 2 /  ELECTION TYPE  Runoff Description  Special	treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)  Day Year  31 / 2015

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	0		15 Filer ID (Ethics Commission Filers)			
VICTOR	CORTEZ	JR				
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.					
ACCIARTED S	COMMITTEE TYPE	COMMITTEE NAME	1			
8115 R #	GENERAL	· .	<b>€</b>			
\$7.803 D T	SPECIFIC	COMMITTEE ADDRESS				
GEVED	F					
1	- ve	COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
		± P				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$1095000			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED					
	4. TOTAL POLITICAL EXPENDITURES \$ 11227.					
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$4687.94			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TAY OF THE REPORTING PERIOD				
18 AFFIDAVIT						
,,,,,,,			perjury, that the accompanying report is prmation required to be reported by me			
	SUSAN E HEINZ NOTARY PUBLIC State of Texas Comm. Exp. 04/03/20	17 Corly	didate or Officeholder			
AFFIX NOTARY STAME	O/SEALABOVE					
AFFIA NOTALT STAMP	/ GENEABOVE	. /				
Sworn to and subscr	ibed before me, b	by the said Wictor Cortez	, this the $\mathcal{L}^{\mathcal{Y}}$			
day of fin		to certify which, witness my hand and seal of office.				
		Susa E Hanz	Notary Public			
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath						

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Co	ommission Filers)
. VICTOR CORTEZ JR		
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	٠	\$ 8500 °C
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 8500°°° \$ 2450°°°
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD DAIRY QU	EEN	\$ 277.38
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN		\$850000
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE RETURNED TO FILER	IONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN  10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A  11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO  12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS  16. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  17. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	CONTRIBUTIONS  EEEU  NDS  BUSINESS OF C/OH  NTRIBUTIONS	\$ \$ \$ 277.38 \$ 8500 ° 5 \$

# **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

		200	
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME Victor	CORTEZ JR		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IE  RUSSELL HOLIAND  6 Contributor address; City; State;  1511 TAR TON LN. SAN AN LONGO  Diction / Job title (See Instructions)	Zip Code	7 Amount of contribution (\$)
8 Principal occu		Employer (See Instruct	ions)
Date 7. 27. 2015	Full name of contributor out-of-state PAC (IE  Thom 45 S. Gom EZ  Contributor address; City; State;	Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
RET MONI	2313 S. REFLECTION VISTAPL TO ation / Job title (See Instructions) TORING INC - PART OWNER R	RET MONITORIA	IG INC.
Date 8. 13. 2015	Full name of contributor out-of-state PAC (IE  MAKIAND + CONNIE ANGUIANO  Contributor address; City; State;	D#:) Zip Code	Amount of contribution (\$)
Principal occur	7551 E. 35th ST. Tucson, Az ation / Job title (See Instructions)	Employer (See Instructi	ions)
RETIRE			
	Full name of contributor out-of-state PAC (ID  LAGARETTE  Contributor address; City; State;  3616 FAN WEST BLUD TE 194 Mushin ation / Job title (See Instructions)	Zip Code	Amount of contribution (\$)
Principal occup			
OWNER	SELF EMPLOYED L	EGARETTE Con	sulling

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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 2 FILEH NAME Victor Contes In. 4 Date 5 Full name of contributor out-of-state PAC (ID#: 9.01.2015 NECLOR DE LA ROSA 6 Contributor address; City; State; Zip Code 5407 Southmest Rub. 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) BrownsvillElx 78521 8 Principal occupation / Job title (See Instructions) CAIMINAL INVESTIGATOR Full name of contributor Date Amount of contribution (\$) out-of-state PAC (ID#:\_\_ 9.84.2015 Juanita + Patricio GARZA Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) BBVA Compass BBVA COMPASS BANK TELLER Date Full name of contributor \_\_\_\_ out-of-state PAC (ID#:\_\_ Amount of contribution (\$) 10,12.2015 ROW HIENZ Contributor address; City; State; Zip Code pation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) BETIRED Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 10.10.2015 JoDy Young Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

Tř	e Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
FILER NAM			3 Filer ID (Ethics Commission Filers
Victor	Corelez Je.		
Date	5 Full name of contributor out-of-state PAC (	7 Amount of contribution (\$)	
04.2015	MANGRET + JOSE GARCIA		920000
• •	6 Contributor address; City; State;	Zip Code	
Principal occ	15/16 S. 16th AVE EDINGUNG 19	x 78539	
	ACHER	Employer (See Instruc	ctions)
Date		D#:)	Amount of contribution (\$)
23,2015	Dial Dunkin		\$50000
	Contributor address; City; State;	Zip Code	
	P.O Box 2100 11-15	7 70000	
Principal occu	P.O. Box 2186 Marlingen pation / Job title (See Instructions)	Employer (See Instruction	Hond)
U asin	RETINED	RANKED	nons)
D-1-			
Date	Full name of contributor	)#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor		
	Full name of contributor	F:)	Amount of contribution (\$)
	Contributor address; City; State;	Zin Code	
	only, dialo,	zip Code	
rincipal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)

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

Т	he Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:		
2 FILER NAM	ME ·		3 Filer ID (Ethics Commission Filers)		
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:	)	8 Amount of . 9 In-kind contribution Contribution \$ . description		
	7 Contributor address; City; State; Zip Coc		Check if travel outside of Texas. Complete Schedule T		
10 Principal occ	cupation / 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	Date Full name of contributor out-of-state PAC (ID#:)		Amount of . In-kind contribution Contribution \$ . description		
	Contributor address; City; State; Zip Cod	 de			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (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	_aw firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
			,		
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDUI	LE AS NEEDED		

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

#### **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sched	dule B:
2 FILER NAME	<u> </u>		3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF	F UNITEMIZED PLEDGES		\$	
5 Date	tte 6 Full name of pledgor		8 Amount of Pledge \$	. 9 In-kind contribution description
	7 Pledgor address; City; State; Z			· ·
12 District			<u> </u>	: ide of Texas. Complete Schedule 1
10 Principal occ	upation / Job title (See Instructions)	<b>11</b> Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	<ul> <li>In-kind contribution</li> <li>description</li> </ul>
	Pledgor address; City; State; Z			·
			Check if travel outs	ide of Texas. Complete Schedule T
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution     description
	Pledgor address; City; State; Z	ip Code		•
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zi	p Code		•
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
				·

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

#### **LOANS** SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) VILTOR CORTEZ JR TOTAL OF UNITEMIZED LOANS Date of loan 7 Name of lender out-of-state PAC (ID#: 9 Loan Amount (\$) 100000 09.21.2015 10 Interest rate ls lender 8 Lender address; State; Zip Code a financial Institution? 11 Maturity date Y 🐠 136 CAILE HERMOSA BAYVIEW, TX 78566 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) BETWED 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION City; 18 Guarantor address; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender Loan Amount (\$) out-of-state PAC (ID#:\_ SELF \$1000 00 0.08,7015 Interest rate Is lender City; a financial Institution? Maturity date 136 CALLE HERMOSA BAYCIEW, TX Principal occupation / Job title (See Instructions) Employer (See Instructions) BETIRED Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 2 GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION City; Guarantor address; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)

Forms provided by Texas Ethics Commission

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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

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor show to complete this form.  Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel In District Travel Out of District Other (enter a category not listed above)	ense
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filer	rs)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Z	ip Code	
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE OF EXPENDITURE		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 (\$)		p Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/ Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zi	p Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	Chedule)  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	

# LOANS

### SCHEDULE E

The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
VICTOR	CORTEZ JR		
4 TOTAL OF UI	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lenderout-of-state	PAC (ID#:)	9 Loan Amount (\$)
11.03,2015	SELF		\$2000 00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y 🐠	136 CAILE HENNIGER MY	THE TREAT	11 Maturity date
12 Principal occupati	136 CAILE HERMOSA BAY	13 Employer (See Instructions)	
BETIAED			
14 Description of Col	ateral	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;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
12.08.2015	0 F1 F		\$250000
Is lender a financial Institution?		State; Zip Code	Interest rate
	136 CALLE HERMOSH BAYD	1EW, Tx 78566	Maturity date
	n / Job title (See Instructions)	Employer (See Instructions)	
RETIRED			
Description of Colla	teral	Check if personal funds were of account (See Instructions)	deposited into political
none		E (Oce manuchons)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; S	State; Zip Code	·
not applicable			
Principal Occupatio	n (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.

#### LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) VICTOR CORTEZ JA 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender out-of-state PAC (ID#:\_\_\_\_ 9 Loan Amount (\$) ...SELf...... 200000 12-16-2015 6 Is lender 8 Lender address; 10 Interest rate City; State; Zip Code a financial Institution? 11 Maturity date Y 136 CAIIE HERMOSA BAYVIEW, TX 78566 1 Job title (See Instructions) 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) BETIRED 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none -16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) **INFORMATION** 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender out-of-state PAC (ID#:\_\_\_\_ Loan Amount (\$) is lender Lender address: Interest rate City; State; Zip Code a financial Institution? Maturity date Υ N Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Employer (See Instructions)

State; Zip Code

Guarantor address; City;

not applicable

Principal Occupation (See Instructions)



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related 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) VICTOR CORTEZ Ja 5 Payee name 4 Date SOLICE 7 Payee address; City; State; Zip Code 72 00 Bowham N. Browns ville, 1x 78521 7.10,2015 6 Amount (\$) (b) Description (a) 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 PRINTING EXPENDITURE ADU PUSH CARDS Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name SOLICE Payee address; City; State; Zip Code 7200 Bowhimm AD BROWNSUITE, TX 78520 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 Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check If Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Forms provided by Toyas Ethics Commission

# **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

		EXPENDITURE CATEO	ORIES FOR	BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Overhead Polling Expense Printing Expens Salaries/Wages	se s/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F2	2 FILER		-	**	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF LINETE	MIZED UN	PAID INCURRED OBLIC	ZATIONE		Φ.
5 Date	· · · · · · · · · · · · · · · · · · ·		ATIONS		\$
<b>5</b> Date	6 Payee	name			
7 Amount (\$)	8 Payee	address; City; State;	Zip Code		
9 TYPE OF EXPENDITURE		Political	Non-Political		
10	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Descriptio	n
PURPOSE OF					
EXPENDITURE				Check if	f Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O		didate / Officeholder name	Office	sought	Office held
Date	Payee i	name			
Amount (\$)	Payee a	address; City; State; 2	Zip Code		
TYPE OF EXPENDITURE	Р	olitical	Non-Political		
	Catego	y (See Categories listed at the top of this	schedule)	Description	
PURPOSE OF					avel outside of Texas. Complete Schedule T.  Austin, TX, officeholder living expense
EXPENDITURE					recally, 174, embolioided living expense
Complete ONLY if direct expenditure to benefit C/OH		idate / Officeholder name	Office s	sought	Office held
	ATTACH	ADDITIONAL COPIES OF	THIS SCHE	DULE AS NEE	DED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

TI	ne Instruction Guide explains how to complete this form.	1	1 Total pages Schedule F3:			
2 FILER NAME	•	3	Filer ID	(Ethics Commiss	on 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;		
	Description of investment					
	Amount of investment (\$)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS	NEEDI	ED		

## **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Accounting/Banking Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel In District
Contributions/Donations Made E Candidate/Officeholder/Politic		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	is how to complete this form.	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1 of 1	VICTOR CORTEZ JR	•	,
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED		\$ 277 <u>38</u>
5 Date	6 Payee name		
9.20,2015	DAIRY QUEEN		
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
9277.38	844 BOCA ChiCA BROWN	1801115, TX 7852	20
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	on
PURPOSE		Check if	travel outside of Texas. Complete Schedule T.
OF Expenditure		Check i	f Austin, TX, officeholder living expense
	FOOD + BEVERAGE		
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; 2	Zip Code	·
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE	Category (See Categories listed at the top of this	· —	n ravel outside of Texas. Complete Schedule T.
OF EXPENDITURE		1 —	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
1	,		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED

## 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 I	Ву	Food/Beverage Expense Gift/Awards/Memorials Expense	Polling Expense Printing Expense	Travel In District Travel Out Of District
Candidate/Officeholder/Politic Credit Card Payment	cal Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Fayment		The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule G:	2 FILER NA			3 Filer ID (Ethics Commission Filers)
10f5	Victo	OR CORTEZ JA.		
4 Date	5 Payee nar	ne		
8.28.2015	SOLI	dress; City; State; Zi		
6 Amount (\$)	7 Payee add	dress; City; State; Zi	p Code	
1/280=				
Reimbursement from political contributions intended	7200 Ba	wham AD. Brown	VSUITE, TX 7852	<b>7</b>
8		(See Categories listed at the top of this sc		
PURPOSE OF			Check if travel ou	tside of Texas. Complete Schedule T.
EXPENDITURE	PRINTING	6	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office sought	Office held
Date	Payee nar	ne		
(3 20 2015	DAIRL	DUFFN		
<i>G. 20, 2015</i> Amount (\$)	Payee add	<i>QUEEN</i> dress; City; State; Zi	p Code	
\$277.38				
Reimbursement from political contributions intended	844 B	XA ChicA BLUD See Categories listed at the top of this so	BROWNSOILE, TX	78520
PURPOSE	Category	See Categories listed at the top of this so		
OF				tside of Texas. Complete Schedule T.
EXPENDITURE	FOOD +	BEVERAGE	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office sought	Office held
Date	Payee nar	ne		
9.23.2015	ma G	ilbert Avila		
Amount (\$)	Payee add		p Code	
\$10000				
Reimbursement from				
political contributions intended	311 King	s Nighway StE	1 BROWNSVIllE,	<i>f</i> x
	Category	See Categories listed at the top of this sc	hedule) (b) Description	
PURPOSE OF			Check if travel out	tside of Texas. Complete Schedule T.
EXPENDITURE	COMPAI	IGN ADV	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candid	ate / Officeholder name	Office sought	Office held
	ATTA	CH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	EDED

### SCHEDULE G

# **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense	Food/Beverage Expense	Polling Expense	Transportation Equipment & Related Expense Travel In District
Contributions/Donations Made Candidate/Officeholder/Polit	· ·	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District
Credit Card Payment	The Instruction Guide explains	_	Other (enter a category not listed above)
	The instruction duide expiants	now to complete this form.	
1 Total pages Schedule G:			3 Filer ID (Ethics Commission Filers)
2 of 5 4 Date	VICTOR CORTEZ J. 5 Payee name	Q ,	•
10.08.2015	Jimmy Limon 7 Payee address; City; State; Zip		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$25000			
Reimbursement from political contributions intended	964 E. HARNISON St. BROW	menille To To	) (~2 c)
8	(a) Category (See Categories listed at the top of this sche		320
PURPOSE		) —	
OF EXPENDITURE	ADU.	l	e of Texas. Complete Schedule T.
EXI ENDITORE	TEAM SPONSORED T- Shirts	Check if Austin, T)	K, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/	OH		
	T T T T T T T T T T T T T T T T T T T		
Date	Payee name		
10.12.2015	SOLICE		
Amount (\$)	Payee address; City; State; Zip (	Code	
\$850°°			
Reimbursement from			
political contributions intended	7200 Rowham RD Bound	wille To zor	70
	7200 BONHAM RD. BAUWA Category (See Categories listed at the top of this sched	dula (b) beautistics	70
PURPOSE	Catagory (ood dategories instead at the top of this solitet	<u>                                   </u>	
OF EXPENDITURE			of Texas, Complete Schedule T.
EXPENDITURE	PRINTING SIGNS PUSHCAR	DS Check if Austin, TX	, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	DH		
Date	Рауее пате		
10.28.2015	DAGRY QUEEN		
		\ada	
Amount (\$) \$1173,82	Payee address; City; State; Zip C	,oαe	
Reimbursement from			
political contributions intended	204111 Dai - 20 D.	11-	7500
il ite leed	2044 PRICE BD. BRI		75820
PURPOSE	Category (See Categories listed at the top of this sched	, , , , , , , , , , , , , , , , , , ,	
OF		Check if travel outside	of Texas. Complete Schedule T.
EXPENDITURE	FOOD & BEVERAGES	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder hame	Office sought	Office held
		1900	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDF	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 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

Candidate/Officeholder/Poli	tical Committee	Legal Services		://Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment		The Instruction Guide exp	plains how to	complete this form.	
1 Total pages Schedule G	2 FILER NA	ME			3 Filer ID (Ethics Commission Filers)
3 of 5 4 Date	Victo	R CORTEZ J	$\overline{n}$ .		
4 Date	5 Payee nar	R CORTEZ J			
11.04.2015	BROWI	SUITE HERA	10		
	7 Payee add	dress; City; State;	Zip Code		
\$18000					
Relmbursement from political contributions intended	1135 E.	VAN BYREN B See Categories listed at the top of th	ROWNS	ville, Tx	78520
8	(a) Category	See Categories listed at the top of th	is schedule)	(b) Description	
PURPOSE OF				Check if travel outsi	de of Texas. Complete Schedule T.
EXPENDITURE	ADV			Check if Austin, 7	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/		ate / Officeholder name	**************************************	Office sought	Office held
Date	Payee nar	ne			
11.06.2015	50%	ic=			
//, 06, 2015 Amount (\$)	Payee add	ress; City; State;	Zip Code		
\$704°					
Reimbursement from					
political contributions intended	7700	Bowhum RD. B	Sprinks	willE To	70570
		See Categories listed at the top of thi	s schedule)	(b) Description	10020
PURPOSE OF				Check if travel outsid	de of Texas. Complete Schedule T.
EXPENDITURE	Point.	10 - SIGWS		Check if Austin, T	X, officeholder living expense
Complete ONLY if direct	Candida	ig - Sigws te / Officeholder name		Office sought	Office held
expenditure to benefit C/	OH			<b>3</b>	
D-1-	T _				
Date	Payee nam	. /			
11.19.2015	Post.	MASTER			
Amount (\$)	Payee add	ress; City; State;	Zip Code	,	
\$5200					
Reimbursement from political contributions				1 -	
intended	7955	N. Highway	77 0	mito Tx	78575
PURPOSE		ee Categories listed at the top of this		b) Description	
OF	Λ			Check If travel outside	e of Texas. Complete Schedule T.
EXPENDITURE	K.O. B	OX RENT		L Check if Austin, T	K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name		Office sought	Office held
	ATTAC	H ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEED	ED

				e e e e e e e e e e e e e e e e e e e	

#### 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 Exp

Consulting Expense Contributions/Donations Mad		Food/Beverage Expense Gift/Awards/Memorials Expense	Polling Expense Printing Expense	Travel In District Travel Out Of District
Candidate/Officeholder/Poli Credit Card Payment	nicai Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
		The instruction during explain	ns how to complete this form.	
1 Total pages Schedule G			um,	3 Filer ID (Ethics Commission Filers)
4 of 5	VICTO	R CORTEZ J.	٤٠	
	1			
11, 19, 2015 6 Amount (\$)	SOLI	<del></del>		
	7 Payee add	dress; City; State; Zi	p Code	
\$ 956°C				
Reimbursement from political contributions intended	7200 4	BONHAM AD BRO	ownsuillE, Tx	78520
8 PURPOSE	(a) Category	See Categories listed at the top of this so	hedule) (b) Description	
OF			1	side of Texas. Complete Schedule T.
EXPENDITURE	PRINTI.	Ng - SigNS + CAR	1DS Check If Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit Company	Candid	ate / Officeholder name	Office sought	Office held
Date	Payee nan	ne		
12.08.2015 Amount (\$)	5061			
1344 50	Payee add	lress; City; State; Zi <sub>l</sub>	o Code	
Reimbursement from political contributions intended	72 00 1	BONHAM RD BROW	unsuille Tr F	9520
	1 -	See Categories listed at the top of this sch		
PURPOSE OF			Check if travel outs	side of Texas. Complete Schedule T.
EXPENDITURE	Paintia	10 - Signs	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candida OH	19 - SÌGNS ate / Officeholder name	Office sought	Office held
Date	Payee nam	le		
12.16. 2015	MANU	EL ZUNIGA		
Amount (\$) \$ 1/25 00	Payee add		Code	
Reimbursement from political contributions intended	mad in a	EL VAILE NOTICIAS.	Câno.	
		See Categories listed at the top of this sch		
PURPOSE OF	Jakogory (c	and a modernes usted at the rob at this 800		de of Texas. Complete Schedule T.
EXPENDITURE	ADU O	NLINE		rX, officeholder living expense
Complete ONLY if direct	<del></del>	te / Officeholder name		
expenditure to benefit C/C		to / Onicendide hame	Office sought	Office held
	ATTAC	CH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Advertising Expense Accounting/Banking		Event Expense Fees	Office Ov	ayment/Reimbursement erhead/Rental Expense	Solicitation/Fundraising Transportation Equipme	
Consulting Expense Contributions/Donations Made	e By	Food/Beverage Expense Gift/Awards/Memorials Expense	Polling Ex Printing E		Travel In District Travel Out Of District	
Candidate/Officeholder/Polifi Credit Card Payment	tical Committee	Legal Services		Wages/Contract Labor	Other (enter a category	not listed above)
		The Instruction Guide expla	ains how to	complete this form.		
1 Total pages Schedule G:					3 Filer ID (Ethics C	ommission Filers)
5 of 5	VICT	TOR CORTEZ.	JR.			
4 Date	5 Payee nam	TOR CORTEZ .  NEVILLE HERE  Iress; Clty; State; 2				
12.17.2015	BROW	NSVILLE HERE	4 <i>LD</i>			
6 Amount (\$) \$180 = 0	7 Payee add	frees; City; State; 2	Zip Code			
' '_						
Reimbursement from political contributions intended	1135 E	VAN BUREN BRO	auNSVI	ILE TX 78	2520	
8	1	See Categories listed at the top of this s		b) Description		
PURPOSE OF				Check if travel outsid	e of Texas. Complete Schedule	т.
EXPENDITURE	ADU			Check if Austin, T.	X, officeholder living expense	•
9 Complete ONLY if direct		ate / Officeholder name		Office sought		ffice held
expenditure to benefit C/		·		Omes sought	O	ince neid
Date	Payee nam	16				
12.23.2015	BROW	INSUITE LER	ALd			
Amount (\$)	Payee add	ress; City; State; Z	Zip Code	· · · · · · · · · · · · · · · · · · ·		
\$900						
Reimbursement from political contributions intended	1135 E.	VAN BUREN S	st. Bn	ownsuillE	Tx 78520	
	Category (8	See Categories listed at the top of this s	chedule) (i	) Description		
PURPOSE OF				<del></del>	of Texas. Complete Schedule T	,
EXPENDITURE	ADU			Check if Austin, TX	, officeholder living expense	•
Complete ONLY if direct expenditure to benefit C/C	Candida	te / Officeholder name	1	Office sought	Of	fice held
Date	Payee nam	е				
Amount (\$)	Payee addr	ess; City; State; Z	ip Code			
,		, — ray ; memend ; fine	.,- 0000			
Reimbursement from political contributions						
intended			<u> </u>			
PURPOSE	Category (S	ee Categories listed at the top of this so	chedule) (b	Description		
OF EXPENDITURE					of Texas. Complete Schedule T.	
EXPENDITURE				Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidat DH	e / Officeholder name	(	Office sought	Off	ice held
	ATTAC	H ADDITIONAL COPIES O	FTHIS SC	HEDULE AS NEEDE	ED.	
	····					

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE !

	The Instruction Guide explains how to cor	nplete 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

#### PAYMENT MADE 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** Food/Beverage Expense Gift/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 Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME 4 Date Business name 6 Amount (\$) Business address; City; State; Zip Code 8 (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 Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Business name Date Business address; City; State; Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE K

e Instruction Guide explains how to complete this form.	1 Total pages Schedule K:	
E	3 Filer ID (Ethics Commission Filers)	
5 Name of person from whom amount is received	8 Amount (\$)	
6 Address of person from whom amount is received; City; State		
7 Purpose for which amount is received Check i	if political contribution returned to filer	
Name of person from whom amount is received	Amount (\$)	
Address of person from whom amount is received; City; State	te; Zip Code	
	f political contribution returned to filer	
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	
Name of person from whom amount is received	Amount (\$)	
Address of person from whom amount is received; City; State	:	•
Purpose for which amount is received Check if	political contribution returned to filer	
_	5 Name of person from whom amount is received  6 Address of person from whom amount is received; City; State  7 Purpose for which amount is received	3 Filer ID (Ethics Commission Filers)  5 Name of person from whom amount is received; City; State; Zip Code  7 Purpose for which amount is received

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

### SCHEDULE T

The Instr	The Instruction Guide explains how to complete this form.  1 Total pages Schedule T:							
2 FILER NAME					3 Filer ID (Ethics Commission	n Filers)		
4 Name of Contributor	/ Corporation	or Labor C	rganization / Pledgor /	Payee				
5 Contribution / Expend	diture reported	l on:						
Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Scho	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
6 Dates of travel	7 Name o	f person(s	traveling					
	8 Departu	re city or n	ame of departure locat	ion				
	9 Destinat	ion city or	name of destination lo	cation				
10 Means of transportat	tion	<b>11</b> Purpo	se of travel (including ı	name of conference, s	eminar, or other event)			
Name of Contributor	/ Corporation	or Labor C	organization / Pledgor /	Payee				
Contribution / Expend	diture reported	l on:						
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
Dates of travel	es of travel Name of person(s) traveling							
	Departu	re city or n	ame of departure locat	ion				
	Destinat	ion city or	name of destination lo	cation				
Means of transporta	tion	Purpo	se of travel (including	name of conference, s	eminar, or other event)			
Name of Contributor	/ Corporation	or Labor C	rganization / Pledgor /	Payee				
Contribution / Expend	diture reported	l on:						
Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2		edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
Dates of travel	Name o	f person(s	) traveling					
	Departu	re city or n	ame of departure locat	ion				
	Destinat	ion city or	name of destination loc	cation				
Means of transporta	tion	Purpo	se of travel (including i	name of conference, s	eminar, 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 I	NAME	2 Filer ID (Ethics Commission Filers)	
3	SIGNA	ATURE		
	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		e of Candidate / Officeholder	
4	4 FILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below <i>only</i> if you are not an officeholder			
	A.	CAMPAIGN FUNDS		
	Check only one:			
I do not have unexpended contributions or unexpended interest or income earned from political contributions.			n 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.		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.	income from political contributions to	
		Sig	gnature of Candidate	
		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, after officeholder, I retain political contributions, interest or other income from political contributions cal contributions or interest or other income from political contributions.	er filing the last required report as an	
		Sign	nature of Officeholder	