# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

	*		
The JC/OH Instruction (	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  MR. Jesus  NICKNAME LAST  "CHUY" Garci	T SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;  847 E. Hamson  Brownsville.	CITY; STATE; ZIP CODE	CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION  5: ON JAN 15 2016
officeholder PHONE  6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST KORINA NICKNAME LAST Barraz	MI SUFFIX	Date Hand delivered of Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 1650 Paredes L Brownsville, T	suite #; Rd # 104	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 459 - 41	EXTENSION 157	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THRO	DUGH Month Day	2016
11 ELECTION	BLECTION DATE Month Day Year Primary  General	ELECTION TYPE  Runoff Other Description  Special	
12 OFFICE	NONE	13 OFFICE SOUGHT (If known Judge - Cu at Law I	ounty Court 10.5
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 JC/OH NAME	//	15	Filer ID (Ethics Commission Filers)	
Jesus	5 T. "Ct	tuy "Garcia, Jr. "		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IJRES.	OUT THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	2		
	SPECIFIC	COMMITTEE ADDRESS		
/		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
, Marian (1997)		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		*		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 40.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40. <sup>\to</sup>	
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	4Y \$	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	S \$	
18 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all inforn under Title 15, Election Code.		
NOT/	ARY PUBLIC	under Title 15, Election Code.		
STATE OF TEXAS LLESICA MIROSLAVA CRAFTS MY COMM. EXP. 01-22-2016  Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscr	111	y the said Jesus Tomas Garci	Q_, this the	
day of Jornaly	, 20 ) ,	o certify which, witness my hand and seal of office.		
X The		Uesica Crafts	Notary Rublic	
Signature of officer a	uriinisteringloath	Printed name of officer administering oath	Title of officer administering oath	

### **SUBTOTALS - JC/OH**

### FORM JC/OH COVER SHEET PG 3

I	19		Filer ID (Ethics Com	missior	n Filers)
		esus T. "CHUY" Garcia, Jr.			
	21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	£ .		SUBTOTAL AMOUNT
	1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 15	5,190.00
	2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2	1878
	3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0
	4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0
	5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	BUTIONS	\$ 9	458.14
	6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
	7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT	RIBUTIONS	\$	0
	8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	306.02
	9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	688.06
	10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSI	NESS OF C/OH	\$	0
	11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIL	BUTIONS	\$	0
	12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETO FILER	TURNED	\$	0
F			•		

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jesus T. "CHuy" Garcia, Jr. 5 Full name of contributor Begum City; State; Zip Code 78521 7 Amount of contribution (\$) 11/18 \$2500.00 2401 WildFlower'St. B' Brownsville 8 Contributor's principal occupation 9 Contributor's job title Personal Injury Attorned AHOYNEU 12 If contributor is a child, law firm of parent(s) (if any) Jovier Villagrea Date out-of-state PAC ID#: Amount of contribution (\$) 11/18/15 \$ 2500.00 2401 Wildflower Dr. Brownsville.T Contributor's principal occupation Contributor's employer/law firm Law Office-Javier Villarreal If contributor is a child, law firm of parent(s) (if any) out-of-state PAC ID#: Amount of contribution (\$) City; State: Zip Code 7\$520 \$ 1000.00 Contributor's principal occupation Attorney Contributor's employer/law firm

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jesus T. "CHuy" Garcia, Jr. 7 Amount of contribution (\$) 11/19/16 Jorge Green 6 Contributor address; \$2.500.00 345. Coria St. Brownsville 8 Contributor's principal occupation 10 Contributor's employer/law firm Attorne 12 If contributor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) Full name of contributor out-of-state PAC ID#: Jaime Escot 10/26/15 \$1000.00 Contributor's principal occupation Contributor's job title bales Contributor's employer/law firm Law firm of contributor's spouse (if any) Date Full name of contributor. Amount of contribution (\$) Rick ZayaS Contributor address; 11/16/15 3100 E. 1479 St. Brownsville. TX Contributor's principal occupation Attorney Contributor's employer/law firm NIA ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A(J)1

	N			
Т	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:	
Jesus T. "CHUY" Garaa, Jr.		3 Filer ID (Ethics Commission Filers)		
4 Date 10 22 15	5 Full name of contributor out-of-state PAC (Celeste Zepeda Sale) 6 Contributor address; City; State; 132 Resaca Shares. Sale		7 Amount of contribution (\$)	
8 Contributor's Retire	orincipal occupation	9 Contributor's job title School Adm	ninistration	
10 Contributor's	employer/law firm	11 Law firm of contributor's	s spouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if any)	Leavening		
	NIA			
Date	Full name of contributor Out-of-state PAC	ID#: \	Amount of contribution (\$)	
10 22 15	Rosana Aguilera	Zip Code 7.7%78552	100.00	
Contributor's principal occupation  Sales  Contributor's job title  Store Manager				
Contributor's e	employer/law firm	Law firm of contributor's	s spouse (if any)	
Chuys Custom Sports D/A  If contributor is a child, law firm of parent(s) (if any)				
	NIA			
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
10122/15	Adelaida Morales  Contributor address; City; State:  930 Arlington San Ber	Zip Code 78 586	100'0	
Contributor's principal occupation  Retired  Contributor's job title  Retired			d	
Contributor's employer/law firm Law firm of contributor'			s spouse (if any)	
NIA DIA				
If contributor is a child, law firm of parent(s) (if any)				
	NIA			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	SCHEDULE A(J)1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
Jesus T. "CHUY" Garaa, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor  ut-of-state PAC ID#:)	7 Amount of contribution (\$)
10/17/15 Luis Sanchez  6 Contributor address; City; State; Zip Code 78,586  132 Resoca Shores, San Benito.	\$100.00
8 Contributor's principal occupation 9 Contributor's job title	
NIA	
10 Contributor's employer/law firm  11 Law firm of contributor  12 \text{\tint{\text{\tin}\text{\texi}\text{\text{\text{\text{\text{\texi}\text{\texi{\texi{\texi{\texi}\texi{\texi\texi{\text{\texi{\texi{\texi\tinter{\texi{\texi{\texi{\texi{	r's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
NIA	
Date Full name of contributorout-of-state PAC  D#:)	Amount of contribution (\$)
ROGELIO LOPEZ  Contributor address; City; State; Zip Code 78586  878 Rita San Benito. TX	\$100.00
Contributor's principal occupation Contributor's job title	
Retired NIA	
Contributor's employer/law firm  NA  Law firm of contributor	's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor.   out-of-state PAC ID#:	Amount of contribution (\$)
10 21 5   Reynaldo Lopez, Jr.  Contributor address; City; State: Zip Code 1852	\$100.00
3411 Live Oak Rd. Brownsville. TX	
Contributor's principal occupation Support Stoff Legal Ass	istant
Contributor's employer/law firm  Law Office-Square-Aquire  NIA	's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	15
NIA	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N  If contributor is out-of-state PAC, please see instruction guide for additional i	

### SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:			
Jesus T. "CHUY" Garaa, Jr.	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor Out-of-state PAC ID#:	7 Amount of contribution (\$)			
Gontributor address; City; State; Zip Code 78520 932 E. Van Buren. Brownsville				
8 Contributor's principal occupation 9 Contributor's job title Chiminal De	efence Antorney			
10 Contributor's employer/law firm  The Gracia Law Firm  11 Law firm of contributor  NIA	's spouse (if any)			
12 If contributor is a child, law firm of parent(s) (if any)				
NIA				
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)			
UNIO115 Enc Williams  Contributor address; City; State; Zip Code 78521  Convenience: Browns ville, TX	\$350.00			
Contributor's principal occupation  Contributor's principal occupation  Contributor's principal occupation				
Real Estate Realton				
Contributor's employer/law firm  Self Employed  Law firm of contributor's	s spouse (if any)			
If contributor is a child, law firm of parent(s) (if any)				
NIA				
Date Full name of contributor	Amount of contribution (\$)			
Rigoberto Flores, Jr.  Contributor address; City; State: Zip Code 78520	\$200.00			
Contributor's principal occupation  Contributor's principal occupation  Contributor's principal occupation				
Attorney Criminal De	efense Attome v			
Contributor's employer/law firm  Law firm of contributor's spouse (if any)				
If contributor is a child, law film of parent(s) (if any)				
NIA				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A(J)1

The Insti	ruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:	
JESUS T. "CHUY" Garcia, Jr.		3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC ID#:		7 Amount of contribution (\$)		
8 Contributor's principal		9 Contributor's job title		
10 Contributor's employe	r/law firm	11 Law firm of contributor's	s spouse (if any)	
12 If contributor is a child	, law firm of parent(s) (if any)			
Date Ful	Il name of contributor	D#:)	Amount of contribution (\$)	
	ynaldo Rodnguez ntributor address; City; State; 100 Timothy St. San	Zip Code 78586 Benito, TV	\$50.00	
Contributor's principal occupation  Contributor's job title				
Contributor's employer/law firm  Law firm of contributor's spouse (if any)				
If contributor is a child,	, law firm of parent(s) (if any)		ž	
$\sim$	) [ <del> </del>			
Date Full	I name of contributor.	D#:)	Amount of contribution (\$)	
102215 Cor	ntributor address; City; State:		\$150.00	
204 Morelas Ave. Rancho Vieio.TX				
Contributor's principal occupation Contributor's job title				
000000	Social worker After School Program Coord			
Contributor's employer/law firm  Law firm of contributor's spouse (if any)			spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)				
	and or parolities, (if any)			
AIG				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
JESUS T. "CHUY" Garcia, Jr.	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC ID#:	7 Amount of contribution (\$)
483 mocking bird San Benito	\$10. <u>50</u>
8 Contributor's principal occupation  8 Contributor's job title  Representation	d
10 Contributor's employer/law firm  11 Law firm of contributor  12 (A)	's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Full name of contributor   out-of-state PAC ID#:	Amount of contribution (\$)
Contributor's principal occupation  Contributor's job title  FOMIL Law firm of contributor's  Law firm of contributor's	Attorney s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date  Full name of contributor.   out-of-state PAC  D#:	Amount of contribution (\$)
6	unty Clerk
Contributor's employer/law firm  Clerk's Office  If contributor is a child, law firm of parent(s) (if any)  Law firm of contributor's	spouse (Îř any)
NIA	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A(J)1

The Instruction Guide explains how to complete this fo	orm. 1 Total pages Schedule A(J)1:	
Jesus T. "CHUY" Earcia.	3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor  ut-of-state PAC ID	p#: 7 Amount of contribution (\$)	
olivia Solis	\$100.∞	
	9 Contributor's job title	
NIA	N/ A	
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)	
NIA	NIA	
12 If contributor is a child, law firm of parent(s) (if any)		
NIA		
Date Full name of contributor ☐ out-of-state PAC ID:	#: Amount of contribution (\$)	
	zip Code 78520 \$50.00 Sysuite 7X	
Contributor's principal occupation	Contributor's job title	
Tudge	10740 District Court Judge	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
Cameron County	NIA	
If contributor is a child, law firm of parent(s) (if any)		
DIA		
Date Full name of contributor.   out-of-state PAC ID#	#: Amount of contribution (\$)	
Salvador Mendozo Contributor address; City; State: P.O.Box 22/0 Los Trods	zip Code 18567 \$50.00	
Contributor's principal occupation	Contributor's job title	
MA	NIA	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
NIA		
If contributor is a child, law firm of parent(s) (if any)	,	
OJA	*.	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A(J)1

				¥
The	Instruction Guide explains how to complete this	form.	1 Total pag	ges Schedule A(J)1:
2 FILER NAME Jesus	T. "CHUY" Garc	ia.Jr.	3 Filer ID	(Ethics Commission Filers)
9	Cen'se R. De Gardi Contributor address; City; State 845 E. Hamison Bro	100 ; Zip Code 7 8520	7 Amount	of contribution (\$)
8 Contributor's principal occupation  Attorney  10 Contributor's employer/law firm  Law office-Cenise Garduno  9 Contributor's job title  Chinal Defense Attorna  11 Law firm of contributor's spouse (if any)				
12 If contributor is a	child, law firm of parent(s) (if any)			
Date	Full name of contributor  ut-of-state PAC	D#:	Amount	of contribution (\$)
10 22 15	Contributor address; City; State;	Zip Code <b>7</b> 8550	\$	75.02
	522 Gabriels Landing	101011110		
Contributor's prince	Texas Counselor	Contributor's job title	unsel	or
Contributor's emp	Texas Hospital	Law firm of contributor's	s spouse (if a	ny)
If contributor is a	child, law firm of parent(s) (if any)			
Date   R	Full name of contributor. out-of-state PAC III Colando SoliS  Contributor address; City; State:	Zip Code 765 50	Amount o	of contribution (\$)
Contributor's princ		Contributor's job title	э.	
Contributor's employer/law firm Law firm of contributor's spouse (if any)			ny)	
NIA	-	NIA		
If contributor is a c	hild, law firm of parent(s) (if any)		,	
N	IA			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
JESUS T. "CHUY" CIARCIA, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor  uut-of-state PAC ID#:	7 Amount of contribution (\$)
Sontiago R. Garcia 6 contributor address; City; State; Zip Code 78586 P.D. BOX 3915 San Benito.TX	\$100.00
8 Contributor's principal occupation 9 Contributor's job title	
Law Enforcement Chief of Pi	lice-SBCISD
10 Contributor's employer/law firm  11 Law firm of contributor	's spouse (if any)
5805D NA	
12 If contributor is a child, law firm of parent(s) (if any)	
NIA	
Date Full name of contributor out-of-state PAC ID#;	Amount of contribution (\$)
Contributor address; City; State; Zip Code 78520	\$200.00
914 E. Van Buren Brownsville TX	
Contributor's principal occupation Contributor's job title	- C - C - A - I
Attorney Chminal 2	Detense Mitomey
Contributor's employer/law firm  Law firm of contributor'	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	+
NIA	
Data	A
Full name of contributor	Amount of contribution (\$)
Contributor address; City; State: Zip Code 78521	\$100.9
1100 E. 7th St. Braunsville. TX	
Contributor's principal occupation  Contributor's job title	
Bondsman Bail Bond	tsman
Contributor's employer/law firm  Law firm of contributor's	
ASAP Bonding NIA	
If contributor is a child, law firm of parent(s) (if any)	,
NIA	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 8 Contributor's principal occupation 10 Contributor's employer/law firm Date Amount of contribution (\$) out-of-state PAC ID#: Full name of contributor Contributor address; Contributor's principal occupation Contributor's job title morna Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor, out-of-state PAC ID#: Amount of contribution (\$) Contributor address; Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) tteatth If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NIA

### SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
Jesus T. "CHUY" Garaa. Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC ID#:)	7 Amount of contribution (\$)
10/28/15 Fana Herrera Dinsdale.  6 Contributor address; City; State; Zip Code 78520	200.00
847 E. Harrison, Brownsville, TX	
8 Contributor's principal occupation 9 Contributor's job title	Delaise Attance
111011101	Defense Attorney
10 Contributor's employer/law firm 11 Law firm of contributor	's spouse (if any)
Law Office of Edna H. Dinsdak	
12 If contributor is a child, law firm of parent(s) (if any)	
NIA	
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
michael E. Benton  Contributor address; City; State; Zip Code 78520  847 E. Hamison Brownsville. TX	200.∞
Contributor's principal occupation Contributor's job title	- 0
Attorney Criminal De	efense Attorney
Contributor's employer/law firm Law firm of contributor	's spouse (if any)
law office-michael E. Benton N/A	
If contributor is a child, law firm of parent(s) (if any)	
NIA	ž.
Date Full name of contributor out-of-state PAC  D#:)	Amount of contribution (\$)
Julio Ledezma	
10/29/15 Julio Ledezma Contributor address; City; State: Zip Code 78526	200.00
708 Ripplewind Way, Brownsville	
Contributor's principal occupation Contributor's job title	001
Attorney Criminal	Attomey
Contributor's employer/law firm Law firm of contributor	's spouse (if any)
Law Ottice- J. Legerma, PLC NIA	•
If contributor is a child, law firm of parent(s) (if any)	
NIA	

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### SCHEDULE A(J)1

-	,
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
Jesus T. "CHUY" GOIRCÍA, Jr.	3 Filer ID (Éthics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC ID#:)	7 Amount of contribution (\$)
City; State; Zip Code 78550	100.00
2323 N. Ed Carey Dr. Harringen IX	
8 Contributor's principal occupation 9 Contributor's job title	ficor
10 Contributor's employer/law firm  11 Law firm of contributor	es enques (if any)
Lillian's DME/Key Morange DIA	s spouse (if arry)
12 If contributor is a child, law firm of parent(s) (if any)	
DIA	
Date Full name of contributor out-of-state PAC ID#:)	Amount of contribution (\$)
Adolfo E. Cordova, Jr.	
Contributor address; City; State; Zip Code 78586	200.∞
711 N. Sam Houston, San Benito TX	
Contributor's principal occupation Contributor's job title	- (
Attorney Criminal 1	Detense Attorney
Contributor's employer/law firm  Law firm of contributor	's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
ii contributor is a child, law iirii of parent(s) (ii arry)	
NA	d
Date Full name of contributor out-of-state PAC ID#:)	Amount of contribution (\$)
119115 David Square Contributor address; City; State: Zip Code 18520	250.∞
BILE Madison Brownsville, The	
Contributor's principal occupation - Contributor's job title	Albana
Attorney  Contributor's employer/law firm  Contributor's employer/law firm  Contributor's employer/law firm	
Contributor's employer/law firm  Aquirre + Square   Qui Group  N/F	s spouse (ii arry)
If contributor is a child, law irm of parent(s) (if any)	
NIA	

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### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 5 Full name of contributor Out-of-state PAC ID#: 8 Contributor's principal occupation Attorneu 10 Contributor's employer/law firm 12 If contributor is a child, law firm of parent(s) (if any) Amount of contribution (\$) Date out-of-state PAC ID#:\_ Full name of contributor Brownsule 964 E. Harrison Contributor's principal occupation Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) cameron count If contributor is a child, law firm of parent(s) (if any) Full name of contributor out-of-state PAC ID#: Amount of contribution (\$) Contributor's job title Contributor's principal occupation Criminal Defense. Attorner Attomeu Law firm of contributor's spouse (if any) Contributor's employer/law firm If contributor is a child, law firm of parent(s) (if any)

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### SCHEDULE A(J)1

Т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:			
2 FILER NAME	T. "CHUY" Garag. Jr.		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor  ut-of-state PAC II	D#:)	7 Amount of contribution (\$)			
10/29/15	Michael De la Rosa	Zip Code <b>7855</b> 0	100.00			
8 Contributor's p	principal occupation	9 Contributor's job title				
CUSTON	ner Senice	Bank Accou	int Manager			
10 Contributor's e	employer/law firm	11 Law firm of contributor				
Security	1 First Credit Union	NIA				
12 If contributor is	a child, law firm of parent(s) (if any)					
	NIA					
Date	Full name of contributor	D#:)	Amount of contribution (\$)			
12/20/15	Edward Benton  Contributor address; City; State;  26 Ocelot Trail Lagui	zip Code 78578	100.00			
Contributor's p	Contributor's principal occupation  Contributor's job title					
Retired	1 CDA	C.P.A.				
	employer/law firm	Law firm of contributor	's spouse (if any)			
NIA		NIA				
If contributor is	s a child, law firm of parent(s) (if any)					
	NIAI					
Date	Full name of contributor	D#:)	Amount of contribution (\$)			
	Contributor address; City; State:	Zip Code				
Contributor's p	orincipal occupation	Contributor's job title				
Contributor's 6	employer/law firm	Law firm of contributor	's spouse (if any)			
If contributor is	s a child, law firm of parent(s) (if any)					
			ė.			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instruction Guide explains how to complete this for	rm. 1 Total pages Schedule A2:		
Jesus T. "CHUY" Garcia, Jr.	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	IBUTIONS \$ - O-		
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Check if travel outside of Texas. Complete Schedule T.		
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL) Chuy's Custom Sports	15 Law firm 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 out-of-state PAC (ID#:	Amount of . In-kind contribution Contribution \$ . description		
Contributor address; City; State; Zip Co	ode Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)	Contributor'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)	*		
ATTACH ADDITIONAL COPIES OF			

# PLEDGED CONTRIBUTIONS (JUDICIAL)

### SCHEDULE B(J)

	TI	ne Instruction Guide explains how to complete this for	m.	1	Total pages Schedule B(J):
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor	)	8	Amount . 9 In-kind contribution description
		7 Pledgor address; City; State; Zip	Code		
10	Pledgor's princ	cipal occupation	11 Pledgor's job	title	Check if travel outside of Texas. Complete Schedule T.
	, roagor o prim	span osospano.	, /		
12	Pledgor's emp	loyer/law firm	13. Law firm of p	ledg	or's spouse (if any)
14	If pledgor is a	child, law firm of parent(s) (if any)	//		
	Date	Full name of pledgor	)		Amount . In-kind contribution of Pledge \$ . description
		Pledgor address; City, State; Zip	Code		*
				L	Check if travel outside of Texas. Complete Schedule T.
	Pledgor's prin	cipal occupation	Pledgor's job	title	
	Pledgor's emp	loyer/law firm	Law firm of pl	ledg	or's spouse (if any)
	If pledgor is a	child, law firm of parent(s) (if any)			
	Date	Full name of pledgor	)		Amount In-kind contribution of Pledge \$ description
		Pleagor address; City; State; Zip			· ·
					Check if travel outside of Texas. Complete Schedule T.
	Pledgor's princ	cipal occupation	Pledgor's job	title	
Pledgor's employer/law firm				ledg	or's spouse (if any)
	If pledgor is a	child, law firm of parent(s) (if any)	9		•
	If	ATTACH ADDITIONAL COPIES C			

	LOANS (	JUDICIAL)		SCHEDULE E(J)			
	The In:	struction Guide explains how to complete this fo	orm.	1 Total pages Schedule E(J):			
2	FILER NAME			3 Filer ID (Ethics Commission Filers)			
4	TOTAL OF UNI	TEMIZED LOANS		\$			
5	Date of loan	7 Name of lender  ut-of-state PAC (I	D#:)	9 Loan Amount (\$)			
6	Is lender a financial Institution?	8 Lender address; City; S	State; Zip Code	10 Interest rate			
	Y N			11 Maturity date			
12	Lender's Principal (	Occupation	13 Lender's Jøb Title				
14	Lender's Employer/l	Law Firm	15 Law Firm of lender's spouse	e (if any)			
16	If lender is a child, I	law firm of parent(s) (if any)	//	-			
17	Description of Colla	teral	18 Check if personal funds we account (See Instructions)	ere deposited into political			
19	GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)			
		21 Guarantor address; City; S	State; Zip Code				
	not applicable						
23	Guarantor's Principa	al Occupation	24 Guarantor's Job Title				
25	Guarantor's Employ	er/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)			
27	27 If guarantor is a child, law firm of parent(s) (if any)						
	·						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.						

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Accounting/Banking Office Overhead/Rental Expense Travel In District Polling Expense Consulting Expense Contributions/Donations Made By Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: 4 Date 5 Payee name 7 Payee address; 6 Amount (\$) (b) Description listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 12/10/15 Amount (\$) 1,500.00 (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** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Cameron County Democratic Party State; Zip Code Payee address; Amount (\$) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1. 2 FILER NAME 4 Date 5 Payee name 2 6 Amount (\$) State; Zip Code 7 Payee address; City; (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date City; State; Zip Code Payee address; Category (See Categories listed at the top of this schedule) Description ACME Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Pavee name 6 Amount (\$) (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Check if Austin, TX, officeholder living expens OF **EXPENDITURE** Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name rophies and Etc. State; Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) Description ( **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 Payee name Date -Sun RV Resort Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description C **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 Selsyies/Manas/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	2000 100 to 100 100 100 100 100 100 100 100 100 10	ains how to complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule Et	2 FILER NAME JOSUS T. "CHUY	"Gara'a Jr	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name WM-MAA				
6 Amount (\$) 45.76	7 Payee address; City; State; 1126 W. US Hwy San Benito,	Zip Code 177 TX 78586	4		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Solicitotion / Fo	Check if travel or	U Y C Y OL SCO utside of Texas. Complete Schedule T. n, TX, officeholder living expense OUS OOK KINOX		
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
12/20/15	HEB Gas				
Amount (\$) 39,55	Payee address; City; State; 1141 W US HWU San Benito. To	Zip Code 2 77 2 785 8 φ			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the Transportation Related EXPE	Check if travel ou	Iside of Texas. Complete Schedule T.  TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date 12/30/15	Payee name LAS BraSaS				
Amount (\$) 38.90	Payee address; City; State; 2040 Centrol Brownsville. TX	Zip Code VVC . C 78520			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	Check if travel ou	OMPAIS N meeting Itside of Texas. Complete Schedule T.  TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Charles to extensive at listed charge.

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services  The Instruction Guide explain		(enter a category not listed above)
1 Total pages Schedule F  4 Date  2 10 15  6 Amount (\$)  (1.34  8  PURPOSE OF EXPENDITURE	FILER NAME T. "CHUY"  5 Payee name Tractor Supply	Cochedule)  (b) Description Cocheck if travel outside of Tocheck if travel outside	er ID (Ethics Commission Filers)  OUSEC  exas. Complete Schedule T.  icepolder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held
Date  2 10 15   Amount (\$)	Payee name  Tractor Supply  Payee address; City; State; Zi  901 FM 509	-	
345. 53  PURPOSE OF EXPENDITURE	San Benito. TX Category (See Categories listed at the top of this so	chedule)  Description OUTC  Check if travel outside of Te  Check if Austin, TX, offit	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
Date	City of Santa	Rosa	
Amount (\$)	Payee address; City; State; Zi P.O. BOX 320 Santa ROSA 1 TX	0 Code 78593	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so EVENT EXPENSE)  FLES	Check if travel outside of Te	The state of the s
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEEDED	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

**Event Expense** Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Jay 4 Date 5 Payee name 12 6 Amount (\$) 7 Payee address; (b) Description Quelose 8 (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE converter Office sought 9 Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH Payee name Amount (\$) City; State; Zip Code 310.79 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 OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date City; State; Amount (\$) Zip Code Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

### 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 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

Candidate/Officeholder/Politica Credit Card Payment		Legal Services	on Guide evalains		ages/Contract Labor	Other (enter a c	category not listed above)
The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER N	AME T.	Chuu	tor	cia Jr	3 Filer ID (I	Ethics Commission Filers)
4 Date	5 Payee na	n Tor	res				
6 Amount (\$)	7 Payee a	ddress;	City; State; Zip	o Code		,	
1.000.00	43 ( Br	DWNS	ville TX	78	526	ě.	
8	(a) Category	/ (See Categories li	sted at the top of this so		(b) Description	BIOCKI	walking
PURPOSE	COO	tract	Cabor			el outside of Texas. Comp estin, TX, officeholder	
OF EXPENDITURE	ω.				Sian	Sign, 1X, difficentialer	iivilig expense
					2.0.		
9 Complete ONLY if direct expenditure to benefit C/Ol		late / Officeholo	ler name		Office sought		Office held
Date	Payee na	ame					
11/12/15	Sar	n's w	holeso	ilec	lub		*
Amount (\$)	Payee a	ddress;	City; State; Zi	o Code			
950.00	621	Harii	gen. T	XY	8550		
			sted at the top of this so	1	Description	UTCHOSA doutside of Texas. Comp	d, tables
PURPOSE	tve	nt by	opense	,		stin, TX, officeholder I	
EXPENDITURE					chairs.	aleonar	ions.
-					dinner	ware	,
Complete ONLY if direct expenditure to benefit C/O		late / Officehold	ler name		Office sought		Office held
Date	Payee n	ame					
11/11/15	Gor	CG 11	itakak	hi			
11/11/21/0	aec	JT N	HUTU				
Amount (\$)	Payee a	ddress;	City; State; Zip	o Code			
1650.00	BY	NSA	10 7/	785	79		
	Categor	/ (See Categories li	sted at the top of this so		Description	Dhoma. I	morina
PURPOSE		ines/	umas	_		el outside of Texas. Comp	elete Schedule T.
OF EXPENDITURE		motion	# 1000		Check if Au	stin, TX, officeholder	living expense
		o i nice		8			
Complete ONLY if direct		late / Officehole	der name		Office sought		Office held
expenditure to benefit C/OI	1 						я
	AT	TACH ADDITI	ONAL COPIES	OF THIS S	CHEDULE AS N	EEDED	

### **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

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

,	Advertising Expense Accounting/Banking Consulting Expense	Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District					
	Contributions/Donations Made By Candidate/Officeholder/Politica	y Gift/Awards/Memorials Expense Printing Expense Travel Out Of District					
	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F2:	2 FILER NAME T. Chuy GOTCIA JEHer ID (Ethics Commission Filers)					
4	TOTAL OF UNITEM	AIZED UNPAID INCURRED OBLIGATIONS \$ -0					
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 this schedule) (b) Description					
	PURPOSE	Check if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE	Check if Austin, TX, officeholder living expense					
11	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held					
	Date	Payee name					
	Amount (\$)	Payee address; City; State; Zip Code					
	TYPE OF EXPENDITURE	Political Non-Political					
	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					
	EXPENDITURE						
	Complete ONLY if direct						
		Carranage F Composition France					
		Carranage F Composition France					

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

TI	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILERNAME	us T. Garcia, Jr.	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; Cit	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
24.0	Name of person from whom invosing in a personaged	
	Address of person from whom investment is purchased; City	,
	Description of investment	
		•
	Amount of investment (\$)	
	Autobat of invocations (\$)	
,		
2	ATTAON APPENDIAL COPIES OF THE COVIETING	AC NEEDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	: AS NEEDED

#### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica						
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME T. "CHUY" GARCIA, Jr. 3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$					
5 Date 10 22/15	6 Payee name Wal-Mark					
7 Amount (\$) 84.14	8 Payee address; 3500 W. Atton Gloor Blvd. Brownsville. TX 78520					
9 TYPE OF EXPENDITURE	Political Non-Political					
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held					
Date	Payee name Tractor Supply Co.					
Amount (\$)	Payee address; City; State; Zip Code 901 FM 509 San Benito, TX 78586					
TYPE OF EXPENDITURE	Political Non-Political					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  TPOST FOR SIGNS					
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### EXPENDITURES MADE BY CREDIT CARD

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Consulting Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Travel Out Of District Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 7 Amount (\$) TYPE OF Political Non-Political **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held 11 Complete ONLY if direct Office sought Candidate / Officeholder name expenditure to benefit C/OH Payee name Date Amount (\$) City; State; Zip Code Payee address; TYPE OF Non-Political Political **EXPENDITURE** Description 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct

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expenditure to benefit C/OH

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; 65.08 901 FM 509 Benito, TX 78586 Reimbursement from political contributions intended (b) Description Purchase 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin TX, officeholder living Complete ONLY if direct Office held Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date City; State; Zip Code Kisel Blvd Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description Durchaseo **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Complete ONLY if direct Office held Candidate / Officeholder name Office sought expenditure to benefit C/OH Date Pavee name Amount (\$) 8.00 Reimbursement from political contributions intended Description Ourchased tood Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T OF **EXPENDITURE** eck if Austin, TX officeholder living Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made Candidate/Officeholder/Politic		Gift/Awards/Memorials Expense Legal Services	Printing E Salaries		Travel Out Of District Other (enter a cate	ct gory not listed above)
Credit Card Payment		The Instruction Guide expla	ins how to	complete this form.	Selection Selection Control (1997) control to a	
1 Total pages Schedule G:	2 FILER NA	us T. Chu	u e	varcia, Ji	3 Filer ID (Ethic	es Commission Filers)
4 Date   Q   20   15	5 Payee nar	ne	J	•		
6 Amount (\$) Q3.32	7 Payee add	dress; City; State; Z	UY -	77		
Reimbursement from political contributions intended	Sur	benito.7	18	586	N 10 - 0	
8 PURPOSE OF EXPENDITURE	(a) Category	See Categories listed at the top of this so I / Beverage Expense	schedule)		utside of Texas. Complete Sche	
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
Date 9/16/15	Payee nar	Longhom	Cat	te cor	mp.	
Amount (\$) 36.64	Payee add	W. EXP. 83	Zip Code	4		
Reimbursement from political contributions intended		Benito.TV -		6		15
PURPOSE OF EXPENDITURE	Food	(See Categories listed at the top of this so Beverage Expense	schedule)		utside of Texas. Complete Sche	pepse on .
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought	. 0	Office held
Date	Payee nar	ne	1=			
10/16/15	STRI	PES #967	8			
Amount (\$) 74.06	Payee add	N. Sam Hou	istor	$\cap$		
Reimbursement from political contributions intended	san	Benito.TX	785	86		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)		utside of Texas. Complete Sche	
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Consulting Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 4 Date 5 Payee name Dollar 7 Payee address; City; State; Zip Code 2400 Boca Chica Blvd. Brownsville. TX 78521 Reimbursement from political contributions (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Event by dense Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** 9 Complete ONLY if direct Office held Candidate / Officeholder name Office sought expenditure to benefit C/OH Pavee name Date Morrison Rd. 28.11 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas, Complete Schedule T. OF Austin TX officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Payee address; Reimbursement from political contributions intended rased decorations Description Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Complete ONLY if direct Office held Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Printing Expense Travel Out Of District Contributions/Donations Made By Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages \$chedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jesus 4 Date 5 Payee name City; State; Zip Code Hwy 71 Reimbursement from political contributions intended (b) Description purchased (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Food / Beverage Check if travel outside of Texas. Complete Schedul OF **EXPENDITURE** Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date Payee address; Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) **PURPOSE** OF X officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Amount (\$) Reimbursement from political contributions intended Description PUTChased Sweet Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Bevera Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 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)** Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related 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) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 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 held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Business name Date City State; Zip Code Business address; 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 Business address; City; State; Zip Code Amount (\$) 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** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE |

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME  S Payee name  2 FILER NAME  5 Payee name	3 Filer ID (Ethics Commission Filers)		
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.)		

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

### SCHEDULE K

The Instruction Guide explains how to complete this form.	Total pages Schedule K:			
2 FILER NAME Jesus T. Garcia, T.	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 Check is political Check in Check is political Check in Check	ical 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	ical 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 polit	tical 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 polit	tical contribution returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### **OUTSTANDING LOANS**

#### SCHEDULE L

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule L:	
2 FILER NAME  LENDER INFORMATION	T. Chy Gorcia TV  4 Name of lender	3 Filer ID (Ethics Commission Filers)	
IN GINATION	5 Lender address; City; State; Zip Code		
GUARANTOR INFORMATION	6 Name of guarantor	/	
not applicable	7 Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender		
	Lender address; City; State; Zip Code		
GUARANTOR INFORMATION	Name of guarantor	¥	
not applicable	Guarantor address; City State; Zip Code		
LENDER INFORMATION	Name of lender		
	Lender address; City; State; Zip Code		
GUARANTOR INFORMATION	Name of guarantor		
not applicable	Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender	,	
	Lender address; City; State; Zip Code	. ,	
GUARANTOR INFORMATION	Name of guarantor		
not applicable	Guarantor address; City; State; Zip Code		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# **ASSETS VALUED AT \$500 OR MORE** SCHEDULE M 1 Total pages Schedule M: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME esus T. Garcia, Jr. 4 Description of Asset 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 JESUS T. Chy CCCC				3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expend	liture reported on:	•			
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
6 Dates of travel	7 Name of person(s) traveling				
	8 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 / Pleagor / Payee					
Contribution / Expend	liture reported on:	_ n /	_ /		
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name of person(	s) traveling			
	Departure city of name of departure location				
		name of destination lo			
Means of transporta	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	liture reported on:				
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Søhedule F4	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 transportation Purpose 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 comp  Complete only if "Report Type" on page 1 is ma	lete this form. Irked "Final Report" ••		
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)		
3	SIGNA	IGNATURE			
	ing a re	ot expect any further political contributions or political expenditures in connect report as a final report terminates my campaign treasurer appointment. I alsolutions or make any campaign expenditures without a campaign treasurer a	so understand that I may not accept any campaign		
			Signature of Candidate / Officeholder		
4	FILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below only if you are not an officeholder.				
	A.	CAMPAIGN FUNDS			
	Chec	ck only one:			
		I do not have unexpended contributions or unexpended interest or incom	ne earned from political contributions.		
		I have unexpended contributions or unexpended interest or income earn may not convert unexpended political contributions or unexpended interpersonal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on p this final report. Further, I understand that I must dispose of unexpende income earned on political contributions in accordance with the requirem	rest or income earned on political contributions to nexpended contributions and that I may not retain olitical contributions longer than six years after filing d political contributions and unexpended interest or		
	В.	ASSETS			
	Chec	ck 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 that I may not convert assets purchased with political contributions or interest personal use. I also understand that I must dispose of assets purchase requirements of Election Code, § 254.204.	erest or other income from political contributions to		
			Signature of Candidate		
5		CEHOLDER  mplete this section <i>only</i> if you are an officeholder ··			
		I am aware that I remain subject to filing requirements applicable to an office file. I am also aware that I will be required to file reports of unexpended con officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	tributions if, after filing the last required report as an		
			Signature of Officeholder		