CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 50 |
|---|---|---------------------------------------|--|
| 3 CANDIDATE/ OFFICEHOLDER NAME | Mr. First | R. | OFFICE USE ONLY |
| | NICKNAME LAST WOSSC | SUFFIX | Date Received CAMEBON COUNTY DEPARTMENT OF ELECTION VOTER REGISTRATION |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | 1000 E medison | CITY; STATE; ZIP CODE | JAN 15 2016 |
| Change of Address | Brownsville, 15 | x 78520 | RECEIVED |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (956) SOY - OY | EXTENSION | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER | MS/MRS/MR FIRST | MI | Receipt # Amount \$ |
| NAME | NICKNAME LAST | SUFFIX | Date Processed |
| | Mass |) | Date imaged |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SI | | ZIP CODE |
| (Residence or Business) | Porownsulle, | Tx 78521 | |
| CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (956) 546227 | extension 3 | |
| REPORT TYPE | January 15 30th day before elec | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| PERIOD COVERED | Month Day Year | THROUGH OV | Day Year |
| I ELECTION | ELECTION DATE | ELECTION TYPE | |
| | Month Day Year Primary O3/01/16 General | Runoff Other Description Special | |
| OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (If known) | |
| | BND Commissions | County & | District Attorney |
| 1 | GO TO I | PAGE 2 | |

Forms provided by Texas Ethics Commission

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| CAMILAIO | | | Constraint Films |
|---|---|---|---|
| 14 C/OH NAME | arlos | K. Masso | Filer ID (Ethics Commission Filers) |
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NO SUPPORT THE CAND KNOWLEDGE OR CO. OF SUCH EXPENDITU | DTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES. | HOUT THE CANDIDATE'S OR OFFICEHOLDER'S INFORMATION ONLY IF THEY RECEIVE NOTICE |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | GENERAL | | |
| | SPECIFIC | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| Additional Pages | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 17 CONTRIBUTION TOTALS | 1. TOTAL PLEDG | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ | \$ 241.00 \$ 241.00 |
| | 2. TOTAL (OTHER | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 28,441.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNLES | POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED | \$ |
| - | 4. TOTAL | POLITICAL EXPENDITURES | \$ 35, 474.25 DAY \$ 752.29 |
| CONTRIBUTION BALANCE | 5. TOTAL OF RE | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD | DAY \$ 752.29 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T DAY OF THE REPORTING PERIOD | THE \$ |
| 18 AFFIDAVIT | MARTHA LEAL ary Public, State of Te by Commission Expire June 24, 2018 | true and correct and includes all info under Title 15, Election Code. | perjury, that the accompanying report is commetion required to be reported by me additional and the companying report is commetted by me additional and the companying report is commented by me additional and the companying report is commented by me additional and the companying report is commented by me additional and the companying report is commented by me additional and the companying report is commented by me additional and the companying report is commented by me additional and the companying report is commented by me additional and the companying report is commented by me additional and the companying report is commented by me additional and the companying report is commented by me additional and the companying report is companying report in the companying report is companying report in the companying report in the companying report is companying report in the companying report in the companying report is companying report in the companying report in |
| Sworn to and subs | scribed before me | , by the said <u>UNIOS R MUSSO</u> , to certify which, witness my hand and seal of office | , this the |
| Martha | Leal radministering oath | | Title of officer administering oath |
| Signature or officer | Commissioning Juni | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | FILER NAME Caulos R. Masso 20 Filer ID (Ethics Co | ommission Filers) |
|-----|--|--------------------|
| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 28,441 - |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 1,400- |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | SCHEDULE E: LOANS | \$ |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$27,556.94 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 7867.29 |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

| MONE | TARY POLITICAL CONT | RIBUTIONS | SCHEDULE A1 |
|------------------|---|-------------------------------|---------------------------------------|
| The | e Instruction Guide explains how to complete | this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Carlos R. Mass | SO | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state | PAC (ID#:) | 7 Amount of contribution (\$) |
| 9-19-15 | Daniel T. Robles 6 Contributor address; City; S 418 W. Tyler Harling | State; Zip Code N 78 78550 | 100.00 |
| | pation / Job title (See Instructions) | 9 Employer (See Instruc | I. ttions) |
| Date | Full name of contributor out-of-state | PAC (ID#:) | Amount of contribution (\$) |
| 9-19-15 | Adelina Barbosa Contributor address; Contributor address; Contributor address; City; St | tate; Zip Code | 100.00 |
| Principal occup | eation / Job title (See Instructions) | Employer (See Instruct | tions) |
| Date | Full name of contributor | PAC (ID#:) | Amount of contribution (\$) |
| 9-19-15 | Contributor address; City; Ste 812 Tesovo Runcho VI | ate; Zip Code | 100.00 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ions) |
| 9- N-15 | Full name of contributor out-of-state P Joe G. Rivera Contributor address; City; Sta P.D. Bux 5868 Browns rl | ate; Zip Code | Amount of contribution (\$) |
| Principal occupa | ation / Job title (See Instructions) | Employer (See Instruction | ons) |
| | ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see inst | OF THIS SCHEDULE AS NEE | DED |

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 5 Full name of contributor ut-of-state PAC (ID#: 9-19-15 G Contributor address; City; State; Zip Code 8760 Florida Rd Brown Sville, 7x 4 Date 7 Amount of contribution (\$) 100.00 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date many Lov Cortinas Contributor address; City; State; Zip Code 8760 Flurida Rd. Bransville Ty Amount of contribution (\$) 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 9-19-15 Noella Z. Flores City: State: Zip Code Sox 335 La Fleria, TX 78959 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Owner Date Ernle J. Hernandez Contributor address; City; State; Zip Code 1425 FM 802 Suite & Brownsuille TX ut-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Masso 4 Date 9-19-15 6 Contributor address; City; State; Zip Code 905 E. LOS Ebanos Brownsulle TX out-of-state PAC (ID#:_ 7 Amount of contribution (\$) 100.00 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#:__ 9-19-15 Mario A. Maya Contributor address; City; State; Zip Code 250 S. Williams San Benito 7x 858 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Duner __ out-of-state PAC (ID#:____ 9-19-15 Reynaldo Cisneros Contributor address; City; State; Zip Code 914 E. Van Buren Brownsville 7x-Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor and feer Contributor address; 4201 Forest Pd Brownsville Tx Out-of-state PAC (ID#:_____ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

| | nstruction Guide explains how to complete the | is form. | 1 Total pages Schedule A1: |
|----------------------|---|---------------------------|--------------------------------------|
| FILER NAME | Carlos R. Was | SSO | 3 Filer ID (Ethics Commission Filers |
| | Full name of contributor out-of-state P Rosendo Escureno Contributor address; City; Sta 2233 Infernatorial | AC (ID#:) | 7 Amount of contribution (\$) |
| Principal occupa | tion / Job title (See Instructions) | 9 Employer (See Instruc | tions) |
| | Self Employed | | |
| Date | Full name of contributor out-of-state P/ | AC (ID#:) | Amount of contribution (\$) |
| 7-19-15 | Tomas Andrade Contributor address; City; State 5200 Paredes Cn. Brown | te; Zip Code Sulle (X | 100.00 |
| Principal occupati | on / Job title (See Instructions) BVS OWNEY | Employer (See Instruct | ons) |
| Date | | | |
| 19-15 | Full name of contributor out-of-state PA Martin Andrade Contributor address; City; State 1575 Rockwey Dr Brown | e; Zip Code | Amount of contribution (\$) |
| Principal occupation | Dry Dwng V | Fmployer (See Instruction | ons) |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) |
| /9-15 ··· | Eloy Carra Contributor address; City; State 17/1 W. Frontage Browns | zip Code | 100.00 |
| -0000 | n / Job title (See Instructions) | Employer (See Instruction | ns) |

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date out-of-state PAC (ID#:_ 7 Amount of contribution (\$) 9-17-15 Juan leal 6 Contributor address; City; State; Zip Code 1755 Hayes Brownsville Tx 78520 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 5055 Daver Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Dean Owen Contributor address: Corla Ste DS Brownsville TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus Owner Date Full name of contributor Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) ut-of-state PAC (ID#:_____ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Maverick Terminals

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 CONTRIE | BUTIONS SCHEDULE A1 |
|---|--|
| The Instruction Guide explains how to complete this f | orm. 1 Total pages Schedule A1: |
| FILER NAME Carlos R. Mas | 3 Filer ID (Ethics Commission Filers) |
| Date 5 Full name of contributor | 7.0 |
| 6 Contributor address; City; State; 109 Tacklyn Civ Ranchol | Zip Code 200.00 |
| Principal occupation / Job title (See Instructions) Buss Dwner | |
| Date Full name of contributor out-of-state PAC (IE | Amount of contribution (\$) |
| 1-16-15 Sylvia Coura - Perez Contributor address; City; State; 42 Weacow 6 lenn Brown | Zip Code Zoo Oo Zoo Oo Zoo Oo Zoo Zoo Oo |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| Date Full name of contributor out-of-state PAC (ID: | |
| Gontributor address; Carche Contributor address; City; State; 103 E. Price Rd. Brunsy | zip Code ZOO · OO |
| Principal occupation / Job title (See Instructions) AHM | Employer (See Instructions) |
| Pate Full name of contributor out-of-state PAC (ID# | :) Amount of contribution (\$) |
| -16-15 Cynthia Hugissa Contributor address; Charles Brown | Zip Code 100-00 |
| rincipal occupation / Job title (See Instructions) | Employer (See Instructions) |
| | - |
| ATTACH ADDITIONAL COPIES OF TH If contributor is out-of-state PAC, please see instructio | IS SCHEDULE AS NEEDED |

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| MONE. | TARY POLITICAL CONTR | RIBUTIONS | SCHEDULE A1 |
|------------------|--|--------------------------------|---------------------------------------|
| The | Instruction Guide explains how to complete th | is form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Carlos R. Ma | (S | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9-16-15 | 5 Full name of contributor out-of-state P. Ruben Rochguez 6 Contributor address; City; State 338 w. Cowan Temaco | te; Zip Code Browns vi //o TX | 7 Amount of contribution (\$) |
| 8 Principal occu | pation / Job title (See Instructions) Bvss Dwne v | 9 Employer (See Instruct | ions) |
| Date 9-16-15 | Beatric Posenbarm Contributor address; City: State 36 20 5. De Kota Brown | AC (ID#:) | Amount of contribution (\$) |
| | 3620 S. Dakota Brown ation / Job title (See Instructions) Dir of Leasing | Port of B | ons) |
| Date | | C (ID#: | |
| 7-16-15 | Contributor address; City; State 425 N Evorton Hovsfor | | Amount of contribution (\$) |
| Principal occupa | ntion / Job title (See Instructions) Reffred | Employer (See Instruction | ons) |
| Date | Full name of contributor Out-of-state PAC | ; (ID#:) | Amount of contribution (\$) |
| 7-16-15 | Ludivina Fernandez Contributor address; City; State 1017 Vamonus Dr. Brownsv | ; Zip Code 1/1/2 TR 78526 | 1,00000 |
| Principal occupa | tion / Job title (See Instructions) | Employer (See Instructio | ns) |
| | | | |

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 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 7-16-15 Miguel Fernandez 6 Contributor address; City; State; ZID Code 1778 Greenbrian Brownsville Tx 788 20 1,000 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 7-18-15 Frank Longarda Contributor address; City; State; Zip Code Z844 Boca Ch/a Brownsville Tx 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: 8-13-15 Rafael Chacon Contributor address; City; State; Zip Code 1834 Sunshine Ct. Brownsville, TX Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Buss Owner Date ut-of-state PAC (ID#: 8-13-15 VVIS Brenrostro Contributor address; City; State; Zip Code 1184 Sycamore BrownsvIII & TX Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Pilot ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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Revised 9/8/2015

Forms provided by Texas Ethics Commission

| MONETARY POLITICAL CONTI | RIBUTIONS | SCHEDULE A1 |
|---|---------------------------|---------------------------------------|
| The Instruction Guide explains how to complete t | his form. | 1 Total pages Schedule A1: |
| Carlos R. Ma | usso | 3 Filer ID (Ethics Commission Filers) |
| 5 Full name of contributor out-of-state Everando Carcia 6 Contributor address: City; St. 1440 E. 7th St. Brownsvil | BAG UP II | 7 Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | 9 Employer (See Instruc | I etions) |
| Date Full name of contributor out-of-state F 10-21-15 Albert Rodriguez Contributor address; City; State 946 F. Van Buren Brown | PAC (ID#:) | Amount of contribution (\$) |
| | | 300 |
| Principal occupation / Job title (See Instructions) | Employer (See Instruct | tions) |
| Date Full name of contributor Out-of-state P. | AC (ID#:) | Amount of contribution (\$) |
| Evnes to Gamez Contributor address; City: Stat The Harrison Brown | te; Zip Code NSVMC TX | 200-00 |
| Principal occupation / Job title (See Instructions) | Employer (See Instructi | ions) |
| Date Full name of contributor out-of-state PA | \C (D#:) | Amount of contribution (\$) |
| Contributor address City; State H24 E. Jefferson Browns | e; Zip Code VIII Q TX | 75.00 |
| Principal occupation / Job title (See Instructions) | Employer (See Instruction | ons) |
| | | |
| ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instr | F THIS SCHEDULE AS NEE | DED |

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| The | | | |
|------------------|--|---------------------------|---------------------------------------|
| | Instruction Guide explains how to complete the | is form. | 1 Total pages/Schedule A1: |
| 2 FILER NAME | Carlos R. mass | (C) | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | F. H. | | 7 Amount of contribution (\$) |
| | pation / Job title (See Instructions) | 9 Employer (See Instruc | |
| Date | Full name of contributor out-of-state PAI Montca Britunita | C (ID#:) | Amount of contribution (\$) |
| 10 20 13 | Montea Brituritae Contributor address; City; State 5732 Hoden Oaks Brown | e; Zip Code For Ne TX | 10000 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ilons) |
| Date 0-22-15 | Full name of contributor out-of-state PAC Callos F. Pena Java Contributor address; City; State; 2706 Sweet St. 3 rownsv | Zip Code | Amount of contribution (\$) |
| Principal occupa | ation / Job title (See Instructions) | Employer (See Instructi | ons) |
|)-N:(5 | Full name of contributor cut-of-state PAC Cavilly A. Saldana Contributor address; City; State; 2439 Old Spanish Trail Bro | | Amount of contribution (\$) |
| Principal occupa | tion / Job title (See Instructions) | Employer (See Instruction | one) |
| | ATTACH ADDITIONAL COPIES OF | | |

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| The | e Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
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| FILER NAME | Carlas R. Masso | 3 Filer ID (Ethics Commission Filers |
| Date 10-22-15 | 5 Full name of contributor out-of-state PAC (ID#: | |
| | pation / Job title (See Instructions) 9 Employer (See Peffred feacher | Instructions) |
| Date 9-24-15 | Full name of contributor out-of-state PAC (ID#: Javier Agrive City; State; Zip Code 811 E Madison Brownsville TX | Amount of contribution (\$) |
| | eation / Job title (See Instructions) Employer (See Instructions) | nstructions) |
| Date -22-15 | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| | Buss Dwww | nstructions) |
| -22-15 | Full name of contributor out-of-state PAC (ID#: Elsa Musso Contributor address; City; State; Zip Code 1535 Maching bird Brownsville Lx | Amount of contribution (\$) |
| rincipal occupa | tion / Job title (See Instructions) Employer (See Instructions) | structions) |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS | |

| 2 FILER NAME CANDES R. MCGSD 3 Filer ID (Ethics Commission I 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 6 Contributor address; City; State; Zip Code 100 000 8 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Contributor address; City; State; Zip C | Ti | ne Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
|---|-----------------|--|-------------------------------------|
| Date S Full name of contributor out-of-state PAC (ID#: T Amount of contribution (§) Principal occupation / Job title (See Instructions) S Full name of contributor out-of-state PAC (ID#: Zip Code IDD COD | | E | 12/20 |
| Fundamental Contributor Out-of-state PAC (ID#: 7 Amount of contribution (§) 100.00 | | Carles K. Masso | 3 Filer ID (Ethics Commission Filer |
| Contributor address: City: State: Zip Code 100 000 000 000 000 000 000 000 000 0 | Date | Li out-of-state FAC (ID#: | 7 Amount of contribution (\$) |
| Date Full name of contributor Contributor address: SSS MOCKING BY City: State: Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor BYSS DEVICE City: State: Zip Code BYSS DEVICE Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code SSS MOCKING BY City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code SSS MOCKING BY City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code SSS MOCKING BY City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code GROWNSVILLE TK Contributor address: City: State: Zip Code GROWNSVILLE TK Contributor address: City: State: Zip Code GROWNSVILLE TK City: State: Zip Code GROWNSVILLE TK Contributor address: City: State: Zip Code GROWNSVILLE TK Contributor address: City: State: Zip Code GROWNSVILLE TK Contributor Address: City: State: Zip Code GROWNSVILLE TK City: State: Zip Code G | 10-22-15 | Fernando Masso St. 6 Contributor address; City: State; Zip Code 1555 Mocking bird Brownsville TX | 100.00 |
| Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Brownswife Tx Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor City: State: Zip Code | Principal occ | - Improver (Oce ment | ctions) |
| Amount of contribution (\$) Contributor address; ISSS MOCKINGLAND City; State; Zip Code ISSS MOCKINGLAND BNOW ISVINE TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Many Sa Moss D Contributor address; City; State; Zip Code ISSS Mocking Moss Bnownswille TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Contributor address; City; State; Zip Code Q370 Los Olmos Bnownswille TX City; State; Zip Code Q370 Los Olmos Bnownswille TX | Date | Full name of contributor ut-of-state PAC (ID#: | |
| Contributor address: ISSS MOCKING GOLD Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code ISSS Mocking bird Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Contributor address: City: State: Zip Code POCO On CO On C | | Anwar Masco | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) Buss burner Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Manissa Masso Contributor address; City; State; Zip Code 1555 mocking bird brownswille Tk Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 20-15 Contributor address; City; State; Zip Code 9370 Los Olmos Brownswille Tk | 1.22-13 | Contributor address: City; State; Zip Code 1555 Mocking bild Brownsville TX | 100.00 |
| Manissa Massa Contributor address; City; State; Zip Code 1585 Wocking hird Brownsville Tx Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Cate Full name of contributor Contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code 9370 Los Olmos & rownsville Tx Trincipal occupation / Job title (See Instructions) | Principal occu | pation / Job title (See Instructions) Employer (See Instruc | tions) |
| Contributor address; City; State; Zip Code SSS Wocking bird Brownsville Tk | Date | Full name of contributor | Amount of contribution (a) |
| Date Full name of contributor PICK Masso Contributor address; City; State; Zip Code 9370 Los Olmos Brownsville TK Tincipal occuration / Job title (See Institutions) Amount of contribution (\$) | -22-15 | | 100-00 |
| 22-5 Contributor address; City; State; Zip Code 9370 Los Olmos Brownsville TK | ²rincipal occup | pation / Job title (See Instructions) Employer (See Instructions) | ions) |
| Contributor address; City; State; Zip Code 9370 Los Olmos Brownsville TK | | The Land of the la | Amount of contribution (\$) |
| Trincipal occupation / Job title (See Instruction) | -26-15 | Contributor address; City; State; Zip Code | 100.00 |
| Buss Owner Employer (See Instructions) | rincipal occup | Buss Owner Employer (See Instructions) | ons) |

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements, Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

| The Instruction Guide explains how to complete 2 FILER NAME Calles Q. Mass 4 Date 5 Full name of contributor out-of-state Estler Mass 6 Contributor address; City; s 9370 Los Olmos Brow 3 Principal occupation / Job title (See Instructions) Brow Date Full name of contributor out-of-state CSCAL Mass Contributor address; City; s 1255 Poplar Dr. Brown | 3 Filer ID (Ethics Commission Files) PAC (ID#: |
|--|---|
| Labe Q. Massa 4 Date 5 Full name of contributor out-of-state 4 Date 5 Full name of contributor contributor out-of-state 4 Date 6 Contributor address; City; S. Cit | PAC (ID#: |
| Contributor address; City; S Gontributor address; City; S GONTRIBUTOR WASSO GONTRIBUTOR WASSO GONTRIBUTOR GONTRIBUTOR | State; Zip Code The Villo Ty 785% 9 Employer (See Instructions) |
| Principal occupation / Job title (See Instructions) BVSS DWW Date Full name of contributor out-of-state | 9 Employer (See Instructions) PAC (ID#:) |
| Principal occupation / Job title (See Instructions) BVSS DWW Date Full name of contributor out-of-state | 9 Employer (See Instructions) PAC (ID#:) |
| Principal occupation / Job title (See Instructions) BVSS DWW Date Full name of contributor out-of-state | 9 Employer (See Instructions) PAC (ID#:) |
| | |
| 0-22-15 Contributor address: City St | · · · · · · · · · · · · · · · · · · · |
| Contributor address: City: Si | |
| 1255 Poplar Dr. Brown | itate; Zip Code 100-00 |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| Buss Dway/Acct | |
| Date Full name of contributor Out-of-state | PAC (ID#:) Amount of contribution (\$) |
| 10-72-15 Contributor address; City; Sta | |
| 1900 N. Expressively Bi | Nouvalle Ty |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| Buss Owner | (SSS MOLIGOROTIS) |
| Date Full name of contributor out-of-state P. | Amount of Continuum (%) |
| 21-15 Calle Jacaranda Brown | ate; Zip Code 100 00 |
| Principal occupation / Job title (See Instructions) | |
| Buss duney | Employer (See Instructions) |
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| FILER NAME | | is form. | 1 Total pages Schedule A1: |
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| · | ^ - | | 14/20 |
| | Carles R. Ma | 150 | 3 Filer ID (Ethics Commission Filers |
| Date 5 | Full name of contributor uut-of-state P. | AC (ID#:) | 7 Amount of contribution (\$) |
| | Martha La/ Contributor address; City; State Loop & MacIson Brown | te; Zip Code INSUM/ TX | 100 00 |
| | on Job title (See Instructions) aralgal | 9 Employer (See Instruct | ions) |
| Date | Full name of contributor out-of-state PA | C (ID#:) | Amount of contribution (\$) |
| 0-22-15 | Ed Cyganiewicz Contributor address; City; State 1000 E. Mudison Bro | e; Zip Code WNS VILLE TX | 100-00 |
| Principal occupatio | n / Job title (See Instructions) | Employer (See Instruction | ons) |
| Date | Full name of contributor | > (ID#:) | Amount of contribution (\$) |
| 0-22-16 | Jaiml Estabedo Contributor address; City; State 1080 Curkspur Browns | ; Zlp Code | 100-00 |
| / | e ov Caruspur Browns | The Tx | |
| Principal occupation | Buss Duner | Employer (See Instruction | ns) |
| | Full name of contributor U out-of-state PAC | | Amount of contribution (\$) |
| -22.15 | Contributor address; City; State; War Royal Dak Brown St | Zip Code | 100.00 |
| rincipal occupation | Job title (See Instructions) 255 DWNEY Bonds Man | Employer (See Instruction | ns) |

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. Forms provided by Texas Ethics Commission

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: FILER NAME R. Musso 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor Out-of-state PAC (ID#:_ 7 Amount of contribution (\$) 100.00 Brownsville TX 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_____) Date Amount of contribution (\$) Contributor address; City; State; Zip Code 1642 E. Price Rd Brownsville TR Principal occupation / Job title (See Instructions) Employer (See Instructions) Courselor Date Full name of contributor Out-of-state PAC (ID#:__ Contributor address: City; State; Zip Code 1135 E. 12th Brownsylle Th Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 10-2215 Alfredo Longoria Contributor address; City; State; Zip Code 1621 Tulque Brownsville 1x Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

| Th | e Instruction Guide explains how to complete thi | s form. | 1 Total pages Schedule A1: |
|------------------|---|---------------------------|--------------------------------------|
| FILER NAME | Carles R. Mas | SS) | 3 Filer ID (Ethics Commission Filers |
| Date 10-22-15 | 5 Full name of contributor out-of-state PAR . Amy Coarces 6 Contributor address; City; State 1621 Tulane Browns W | C (ID#:) | 7 Amount of contribution (\$) |
| | JOH TULINE Browns W. Boss Dwnler | 9 Employer (See Instru | ctions) |
| Date | Full name of contributor | | Amount of contribution (\$) |
| 9-22-15 | Contributor address; City; State 1621 Tokene Browns. | ; Zip Code | 100.00 |
| | ation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Pate -22-15 | Full name of contributor out-of-state PAC SYLVICE ROUNGVEZ Contributor address; City: State; 378 W. Cowan Tarraco | Zip Code Brownsville, T | Amount of contribution (\$) |
| incipal occupa | ation / Job title (See Instructions) | Employer (See Instruct | <u> </u> |
| 22-15 | Full name of contributor out-of-state PAC (In Indianah Masso City; State; Contributor address; City; State; Club Gr, Br | | Amount of contribution (\$) |
| ncipal occupa | Stydens | Employer (See Instruction | ons) |
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| MONE | TARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|--------------------|--|---------------------------------------|
| The | e instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Carlos Masso | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11-/7-/5 | 5 Full name of contributor out-of-state PAC (ID#:) JOSE OLEU 6 Contributor address; City; State; Zip Code 34 S. Carra BrownSwille K | 7 Amount of contribution (\$) |
| | upation / Job title (See Instructions) 9 Employer (See Instructions) | tions) |
| Date | Full name of contributor out-of-state PAC (ID#:) EWN H. Coancla Contributor address; City; State; Zip Code 103 E. Price Brownsville TX | Amount of contribution (\$) |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | ions) |
| Date 11-20-15 | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| | ation / Job title (See Instructions) Employer (See Instructions) | ons) |
| Date 2-17-15 | Full name of contributor out-of-state PAC (ID#:) ENCK LUCIO Contributor address: City; State; Zip Code 805 DLC Port ISabel Brownshille TK | Amount of contribution (\$) |
| Principal occupa | tion / Job title (See Instructions) Employer (See Instructions) | ns) |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED | |

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| MONETARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|---|---------------------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| Carlos R. Masso | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5 Full name of contributor Out-of-state PAC (ID#:) | 7 Amount of contribution (\$) |
| 11-17-15 Sylvia Carra-Perez 6 Contributor address; City; State; Zip Code 8 18 WWSVILLE TX | 150.00 |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Caulion | tions) |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 12/2/15 MINTAM T. Gray Contributor address; City; State; Zip Code 2707 Cole Ave Dallas, TX | 300.00 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | ions) |
| Date Full name of contributorout-of-state PAC (ID#:) 1-6-15 Penny 3. Loupe | Amount of contribution (\$) |
| 11-6-15 Penny 3. Loupe Contributor address; City: State; Zip Code 108 High land Brownsulla, Tx | 100.00 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | ons) |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 11-20-15 Contributor address; City; State; Zip Code P.D. BOX 802 Harlingn TX | 1,000.00 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) | ns) |
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

| Th | e Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
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| FILER NAME | | 19/20 |
| | Carlos R. Masso | 3 Filer ID (Ethics Commission File |
| Date | 5 Full name of contributor | 7 Amount of contribution (\$) |
| 2/9/15 | Samuel Course of Contributor 6 Contributor address; City; State; Zip Code 5156 N Expressivay Ste. B Brownsvillo TX | 500.00 |
| Principal occi | upation / Job title (See Instructions) 9 Employer (See Instructions) TWS. ASCAT | |
| Date | Full name of contributor out-of-state PAC (ID#:) Sulema U. Cafano | Amount of contribution (\$) |
| 2-10-15 | Contributor address; City; State; Zip Code 408 LOVENZANA MERCELOS TX | 2,000.00 |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | tions) |
| Date | Full name of contributor | Amount of contribution (\$) |
| 2/11/15 | Ernesto Camer IV. Contributor address; City; State; Zip Code 777 E. Handson BrownsvII le TX | 1,00000 |
| rincipal occup | ation / Job title (See Instructions) Employer (See Instructions) | ons) |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| 1 m 1 - 1. | Contributor address; City; State; Zip Code | 125.00 |
| liolis | 2502 Becky LA Brownsville TX | · |

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

| The Instruction Guide explains how to complete this form. 2 FILER NAME CONTROL R. MASSO 3 Filer ID (Ethios Commission I) 4 Date 5 Full name of contributor RICK ZAYAS 6 Contributor address; 6 Contributor address; 7 Amount of contribution (8) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code Contributor address: City: State: Zip Code Contributor address: City: State: Zip Code Amount of contribution (8) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Buss Occord Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code | MONE | TARY POLITICAL CONTI | RIBUTIONS | SCHEDULE A1 |
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| Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) | 2 FILER NAM | Carlos R. Mass | 22 | 3 Filer ID (Ethics Commission Filers) |
| Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) | . — | 5 Full name of contributor | | 7 Amount of contribution (\$) |
| Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code 3340 Pablo City State; Zip Code 3340 Pablo City State; Zip Code Brincipal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Saf Amount of contribution (\$) Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code | | —,' <u> </u> | | tions) |
| Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Amount of contribution (\$) Contributor address; City; State; Zip Code Contributor (\$) | Date 1 -5-16 | Full name of contributor out-of-state P. Adam (avorado Contributor address; City; State 22193 Will COX Harling | te; Zip Code | |
| Amount of contribution (\$) Carles (carra Contributor address; City; State; Zip Code 3340 Publo Citel Brunswille Tx 78524 Principal occupation / Job title (See Instructions) Buss Owner Date Full name of contributor Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code | | pation / Job title (See Instructions) | <u> </u> | ions) |
| Date Full name of contributor Contributor address; City; State; Zip Code Employer (See Instructions) SQF Amount of contribution (\$) | | Carles Carra Contributor address; City: State | Zin Code | 100.00 |
| Contributor address; City; State; Zip Code Principal occupation (Inherite Contributor (\$) | Principal occup | pation / Job title (See Instructions) | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | Date | □ on our aire two | | Amount of contribution (\$) |
| | Principal occupa | ation / Job title (See Instructions) | Employer (See Instruction | ons) |
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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 NAME | | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL C | F UNITEMIZED IN-KIND POLITICAL CONTRI | BUTIONS | \$ |
| 5 Date | 5 Date 6 Full name of contributor out-of-state PAC (ID#: | | 8 Amount of Solution Solution description 1,400 Solution Solution description Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occ | supation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employe | er (FOR NON-JUDICIAL.)(See Instructions) |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contribu | tor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 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 | | Amount of . In-kind contribution Contribution \$. description |
| Principal occ | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe | Check if travel outside of Texas. Complete Schedule T. r (FOR NON-JUDICIAL) (See Instructions) |
| Contributor's | principal occupation (FOR JUDICIAL) | Contribut | or'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) | | |
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| | | | |
| | | | |
| | | 7.44 | |

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

Forms provided by Texas Ethics Commission

SCHEDULE F1

Revised 9/8/2015

| | EXPENDITURE CATEGORII | ES FOR BOX 8(a) | | |
|---|---|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment | Fees Office Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Printin | Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor | Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) | |
| 1 Total Cabadula Et | | to complete this form. | | |
| 1 Total pages Schedule F1 | Carlos K | Masso | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 10-22-15 | 5 Payee name Fiesta Caruphics | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Cod | е | | |
| 349.00 | 205 Parodes Line | Rd brow | nsuille Tx 78521 | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE | | Check if travel out | iside of Texas. Complete Schedule T. | |
| OF EXPENDITURE | friating Expanse | Check if Austin, | TX, officeholder living expense | |
| • | No. of the second | TS | 4116 | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held | |
| Date | Payee name | | | |
| 10-23-15 | Gabriel Saluzar | | | |
| Amount (\$) | Payee address; City; State; Zip Code | · · · · · · · · · · · · · · · · · · · | | |
| 150.00 | 1417 Kendallu Sf. | San Ante | 2528 x7, 0000 | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | | Check if travel outs | ide of Texas. Complete Schedule T. | |
| OF EXPENDITURE | Printing Expense | Check if Austin, | TX, officeholder living expense | |
| | - S Dryenz | Block | Nalking Wets | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |
| Date | Payee name | | | |
| 10-27-15 | Orlando Hernandez | | | |
| Amount (\$) | Payee address; City; State: Zip Code | | | |
| 330.00 | , , , , , , | nsulle, TX | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | |) ' | ie of Texas. Complete Schedule T. | |
| OF EXPENDITURE | printing Expense | 1 | X, officeholder living expense | |
| | Print y | | Cards/Door hangers | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |
| | STTACH APPLITANCE CONTRACTOR | | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Travel In District Contributions/Donations Made By 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) 4 Date 5 Payee name Veronica Gonzalez (Emilias Rast) vee address: Gity: State: Zin Code W Elizabeth St. Brownsville Tx 28520 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food/BENLYAGE Expanse OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 11-4-15 Payee address; City; State; Zip Code 4627 Central Cr Brownsville TX 78521 Amount (\$) 1,282.80 Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Printing Expense Check If Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 11-6-15 Tones Liquor Amount (\$) City; State; Zip Code 800 E Alfon 6001 Brownsville TK 78521 111.52 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Food Beverage Expense OF __ Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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Forms provided by Texas Ethics Commission

SCHEDULE F1

Revised 9/8/2015

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|---|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment | Fees Office Fond/Beverage Expense Pollling Gliff/Awards/Memorials Expense Print | Repayment/Reimbursement coverhead/Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Other (enter a category not listed above) | | |
| 1 Total pages Schedule F1 | 2 FILER NAME CONTOS R. | Masso 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 11-12-15 | Canson Co. Dlasoc | patre Party | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Cod | ownsville TX | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Canful Lotton | (b) Description Check if traveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought Office held | | |
| Date 11-14-15 | Payee name Camown Co. Democo | reta farty | | |
| 1,250.00 | Payee address; City; State; Zip Code 1767 Boxa Chron 5 M | i | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Facs | 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 | | |
| 11-24-5 | Dann River | | | |
| Amount (\$) 500.00 | Payee address; City; State; Zip Code Politics Express 51 | 96 Sugar MIN Rd. Brownsville Ct | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Polling Expense | 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 | | |
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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made t Candidate/Officeholder/Politic Credit Card Payment | Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin | lepayment/Reimbursement Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | | |
| Clour Gura i aymoni | The Instruction Guide explains how t | o complete this form. | | |
| 4/11 | 2 FILER NAME CANLOS R. | Wasco 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 12 - 4-15 | orlands Hernand | ¹ 2 | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| 184.00 | 30 Providenca Cf. | Brownsville TX | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE | 0 1 | Check if travel outside of Texas. Complete Schedule T. | | |
| OF EXPENDITURE | Printing Expense | Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> If direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought Office held | | |
| Date | Payee name | | | |
| 12-7-15 | Jeff Butter | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| 1;00000 | 722 Choss Dr. Cor | pus Christi, Tx 78412 | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF | D.1 11 ELD. | Check if travel outside of Texas. Complete Schedule T. | | |
| EXPENDITURE | Printing Expense | Check if Austin, TX, officeholder living expense | | |
| | | Design Work | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held | | |
| Date / | Payee name | | | |
| 12-8-15 | marke De Con | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| 75000 | Elvallenoticias.com | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | al | Observation of the second seco | | |
| OF EXPENDITURE | Advertaing Expense | Check If Austin, TX, officeholder living expense | | |
| | | Ad. | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held | | |
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SCHEDULE F1

Revised 9/8/2015

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|--|--|--|---|--|
| AdvertIsIng Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment | cal Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) | |
| | The instruction Guide explain | is now to complete this form. | | |
| 1 Total pages schedule F1 | Carlos K. | Masso | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 12-8-15 | 5 Payee name Ollando Herna | nde | | |
| 84.00 | 7 Payee address; City; State; Z | of Browns | ulle To | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this s Printing Experiments | chedule) (b) Description Check if travel or Check if Austin | itside of Texas. Complete Schedule T. TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held | |
| Date 12-4-15 | Payee name Mr. Amigo ASSOC | | | |
| Amount (\$) | Payee address; City; State; Zit | | | |
| 1019-00 | | nswille. Tx 78 | 523 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this so | Check if travel out: | side of Texas. Complete Schedule T. TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held | |
| Date | Payee name | | | |
| 12/11/15 | Dann River | | | |
| Amount (\$) | Payee address; City; State; Zip | Code | | |
| 500 00 | \$ 5196 Sugar Mill | Rd. Erow | rsville to 78521 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this sch | Check if travel outsi | de 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 | | | | |

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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politic Credit Card Payment | al Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | |
| 1 Total pages Schedule F1: | 2 FILER NAME (AV 195 P | - Masso | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 12/11/15 | 5 Payee name Edgar Pico | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Z | Zip Code | | |
| 575.00 | 3026 monte cristi | Brownsu. 11 | e Tx 78526 | |
| 8 | (a) Category (See Categories listed at the top of this s | schedule) (b) Description | | |
| PURPOSE OF EXPENDITURE | Event Expen | Check if Austin, | side of Texas. Complete Schedule T. TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held | |
| Date 12/14/15 | Payee name Frunk Bofello | | | |
| 300 w | Payee address; City; State; Zi | iocode ioc, Brownsi | ille, 7x | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this so | Check if travel outsize | de of Texas. Complete Schedule T. 'X, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |
| 12/15/15 | Payee name Mark Parez | | | |
| Amount (\$) | Payee address; City; State; Zip | | | |
| 100.00 | 1740 Contral Blu | W. Brownsvill | le, Tx 78520 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this sol | Check if travel outside | e of Texas. Complete Schedule T. K, 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 | | | | |

| | EXPENDITURE CATEG | ORIES FOR BOX 8(a) | |
|---|--|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politic Credit Card Payment | | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1: | 2 FILER NAME CAVIDS Q. | Masso | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/02/15 | 5 Payee name Butler | | |
| 6 Amount (\$) | | Code | |
| 200,00 | 722 Chase Dr. C | orpus Christ | Tr 78412 |
| 8 | (a) Category (See Categories listed at the top of this sch | nedule) (b) Description | |
| PURPOSE | | | de of Texas. Complete Schedule T. |
| OF EXPENDITURE | Advertsing Ex | Check if Austin, 1 | X, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 1-6-16 | Orlando Hern | undez | |
| Amount (\$) | Payee address; City; State; Zip | Code | |
| 550.00 | 30 Providencia Cf | . Brewsell | e Tx 78821 |
| PURPOSE | Category (See Categorles listed at the top of this sche | | e of Texas. Complete Schedule T. |
| OF EXPENDITURE | Printing Experi | Check if Austin, TX | c, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 12/5/18 | Ricardo Conzal | 62 | |
| Amount (\$) | Payee address; City; State; Zip (| Code | |
| (600.00) | 5256 flégetre | Brownsul | ile, Tx 78521 |
| | Category (See Categories listed at the top of this school | dule) Description | |
| PURPOSE OF | | Check if travel outside | of Texas. Complete Schedule T. |
| EXPENDITURE | Event Expense | 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 NEEDE | D |

| | ··· | EXPENDITURE | CATEGORIES | FOR BOX 8(a) | | |
|---|-------------------|--|--|---------------------------------|--|------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politit Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide | Office Of Polling E Printing I Salaries | Expense Wages/Contract Labor | Solicitation/Fundralsin Transportation Equipn Travel in District Travel Out Of District Other (enter a categor | rent & Related Expense |
| 1 Total pages Schedule F1 | | Calles | R.ma | ્ટક્ટ | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 12 4-15 | 5 Payee na | ver bend | Lesour A | • | | |
| 6 Amount (\$) 1, 055.49 | 7 Payee ad 454 | | tate; Zip Code Hwy | Browns | Me, 7x | 78520 |
| 8 PURPOSE OF EXPENDITURE | | (See Categories listed at the t | • | Check if Austi | nutside of Texas. Complete Sch n, TX, officeholder living ex F LeeS | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ate / Officeholder name | | Office sought | c | office held |
| Date 12-17-15 | Payee nar | Pueb 17to | | | | |
| Amount (\$) 284.59 | Payee add | ress; City; St Pablo K | ate; Zip Code Sel Bl | 'id Brow | insulte Ty | 78521 |
| PURPOSE OF EXPENDITURE | | See Categories listed at the to | | Check if Austin, | tside of Texas. Complete Scher TX, officeholder living exp | ense |
| Complete ONLY if direct expenditure to benefit C/OF | | e / Officeholder name | - | Office sought | ······································ | fice held |
| Date 12-18-15 | Payee nan | y of Sani | La Rosa | | | |
| Amount (\$) 25.00 | Payee add | | te; Zip Code | | , Tx 7859 | 3 |
| PURPOSE OF EXPENDITURE | Fees/E | See Categories listed at the top | _ | | side of Texas. Complete Sched TX, officeholder living expe | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate | e / Officeholder name | I | Office sought | Of | fice held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | |

SCHEDULE F1

Revised 9/8/2015

| | EXPENDIT | URE CATEGORIES | FOR BOX 8(a) | | |
|---|---|--|-------------------------------------|---|---------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment | ical Committee Legal Services | nse Polling E Is Expense Printing E | xpense Wages/Contract Labor | Solicitation/Fundralsing Expens Transportation Equipment & Re Travel in District Travel Out Of District Other (enter a category not liste | lated Expense |
| 1 Total pages Schedule P | | | | 3 Filer ID (Ethics Commiss | sion Filers) |
| 4 Date 10/8/15 | 5 Payee name Drian do | Hemande | 22 | | · |
| 6 Amount (\$) 249.90 | 7 Payee address; City 30 Provide | ; State; Zip Code | 79 | nsulle Tx | 7852 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed a | | (b) Description Checkif travelout | iside of Texas. Complete Schedule T. TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder na H | ame | Office sought | Office he | ld |
| plul15 | Payee name Alejundro | Gamez | | | |
| Amount (\$) | Payee address; City; | State; Zip Code | | · Ty 28521 | • |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at Adversion | · | | de of Texas. Complete Schedule T. TX, officeholder living expense | - |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder nar | ne | Office sought | Office held | i |
| 10 22 15 | Payee name | Trophies | | | |
| Amount (\$) | · · · · · · · · · · · · · · · · · · · | State; Zip Code | | | <u> </u> |
| 132.00 | P.O. Box 438 | | nito, TX | 78586 | į |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the | e top of this schedule) | Description Check If travel outside | e of Texas. Complete Schedule T. (, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit G/OH | Candidate / Officeholder nar | ne | Office sought | Office held | |
| | ATTACH ADDITIONAL | COPIES OF THIS SA | WEDIN E ACMEEN | T Pa | |
| ms provided by Texas Ethic | | ww.ethics.state.tx.us | WILDOLE AS NEEDE | . <u> </u> | |
| | | ······································ | | _ | |

SCHEDULE F1

Revised 9/8/2015

| | EXPENDITURE CATEGO I | RIES FOR BOX 8(a) |
|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment | Of Food/Beverage Expense Po Sy Gift/Awards/Memorials Expense Pri al Committee Legal Services Sa | an Repayment/Reimbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Illing Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| | The Instruction Guide explains ho | ow to complete this form. |
| 1011 | 2 FILER NAME Carlos D. | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 114 16 6 Amount (\$) | | Windshare UC |
| 9,400 | 7 Payee address; City State; Zip Co | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Adverfising Expenses | (b) Description Check if traveloutside 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 |
| 9/14/15 | Payee name Alejandro Coune | |
| Amount (\$) | Payee address; City; State; Zip Col | de . |
| 2,000 | 6 Lukeview Cn. h | 3 www.suille Tx 78521 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule ALVENTIBLE EXPENS | Check if travel outside of Texas. Complete Schedule T. |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 9 29 115 | Payee name Orlando Herna | indez |
| Amount (\$) | Payee address; City; State; Zlp Cod | |
| 1.000 | 30 Providencia (| Y. |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advisor Fx peus | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Web Hase Production |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| | ATTACH ADDITIONAL COPIES OF THI | S SCHEDULE AS NEEDED |
| rms provided by Texas Ethics | Commission www.ethics.state.t | |

www.ethics.state.tx.us

| | EXPENDITURE CATEGORI | ES FOR BOX 8(a) | | | |
|---|--|--|--|--|--|
| Advertising Expense Accounting/Ranking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Poli | Office Food/Beverage Expense Pollir e By Gift/Awards/Memorials Expense Printi tical Committee Legal Services Salar | Repayment/Reimbursement e Overheadt/Rental Expense ng Expense Travel in District Travel Out Of District Other (enter a category not listed above) | | | |
| | The Instruction Guide explains how | to complete this form. | | | |
| 1 Total pages schedule F | Chros K. | Wasso 3 Filer ID (Ethics Commission Filers) | | | |
| 12/10/15 | 5 Payee pame Bunk | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Cod | | | | |
| 71.99 | PO BOX 4169 McA | tlen Tx 78502 | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE | · | Check if travel outside of Texas. Complete Schedule T. | | | |
| EXPENDITURE | 7 | Check if Austin, TX, officeholder living expense | | | |
| | tees | Bunk Fees | | | |
| 9 Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name 0H | Office sought Office held | | | |
| Date | Payee name | | | | |
| 1416/15 | RID Bank | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| -6.56 | · | Aller TX 78502 | | | |
| PURPOSE OF | Category (See Categories listed at the top of this schedule) | Description Check if travel outside of Texas. Complete Schedule T. | | | |
| EXPENDITURE | Food | Check if Austin, TX, officeholder living expense | | | |
| 0 | 120) | Bank fees | | | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought Office held | | | |
| Date | Payee name | | | | |
| 10/31/15 | 210 Bank | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| 11.33 | P.O. Box 4169 U | McAllen, TX 78502 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE | | Check if travel outside of Texas. Complete Schedule T. | | | |
| EXPENDITURE | Can | Check if Austin, TX, officeholder living expense | | | |
| | IRES | Bank Fees | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held | | | |
| | ATTAGLIANDING | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District
Other (enter a category not listed above)

| Credit Card Payment | The Instruction Guide explains how to | o complete this form. | |
|--|---|-----------------------|--|
| 1 Total pages Schedule G: | 2 FILER NAME CONTES R. W | lasso | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-16-15 | 5 Payee name Orlando Hernand | lz | |
| 6 Amount (\$) 1,050 Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 30 Providencia CF & | srownsvill | e, Tx 78521 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) PWN HMS Expense | | de of Texas. Complete Schedule T. "X, officeholder Ilving expense |
| 9 Complete ONLY if direct expenditure to benefit C/4 | Candidate / Officeholder name OH | Office sought | Office held |
| 7-20-15 | Payee name Angel Rosas | | |
| Amount (\$) 540.38 Reimbursement from political contributions intended | Payee address; City; State; Zip Code 4427 Central Clr. B | rownsville | Tx 78521 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | ļ [] | ie of Texas. Complete Schedule T. 'X, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/4 | Candidate / Officeholder name DH | Office sought | Office held |
| 7-20-15 | Payee name Angel Rosas | | |
| Amount (\$) 200 Reimbursement from political contributions Intended | Payee address! City; State; Zip Code 4627 Central Cir. | Brownsvi | Ne Tx 78521 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | ! | de of Texas, Complete Schedule T. X, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name DH | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEED | DED |

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Politic Credit Card Payment | cal Committee | Legal Service | 3 | Salaries/ | Wages/Contract Labor | Other (enter a ca | tegory not listed above) |
|--|---------------|-------------------|----------------------------|------------|----------------------|--------------------------|--------------------------|
| Credit Card Payment | | The Instru | ction Guide explai | ins how to | complete this form. | | |
| 1 Total pages Schedule G: | 2 FILER NA | IME CAR | es R. | Wa | SSO | 3 Filer ID (Et | hics Commission Filers) |
| 4 Date \$\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 5 Payee na | ne | vo Gan | - | | | |
| 6 Amount (\$) 1000 Reimbursement from political contributions intended | 7 Payee ad | - | City; State; Z | | rownsvill | e, 7x - | 78821 |
| 8 PURPOSE OF EXPENDITURE | | | isted at the top of this s | | | ide of Texas. Complete S | |
| 9 Complete ONLY if direct expenditure to benefit C/C | | late / Officeh | older name | | Office sought | | Office held |
| 8/11/15 | Payee nai | me anta | Rosa | 4+ | en particu | | |
| Amount (\$) 1 25 - 07 Relimbursement from political contributions intended | Payee ad | - | • | Zip Code | Santa | Rosa, | Tx 78593 |
| PURPOSE OF EXPENDITURE | Category | (See Categories I | isted at the top of this s | chedule) | [] | ide of Texas. Complete S | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | | ate / Officeho | older name | | Office sought | | Office held |
| Date 81415 | Payee nar | ne . N V | Rwera | , kana | | | |
| Amount (\$) 1000 Reimbursement from political contributions intended | Payee ad | • | City; State; Z | | Brow | nswile | TX 78521 |
| PURPOSE OF EXPENDITURE | Category | (See Categories I | sted at the top of this so | chedule) | Check if Austin, | de of Texas. Complete S | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | | ate / Officeho | older name | | Office sought | | Office held |
| | Affree A | CLI ADDITIC | MAI CODIEC C | NE TUIO O | CUEDIII E AC NEE | \EB | |

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SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Avards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selection/March/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

| Candidate/Officeholder/Politic Credit Card Payment | | |
|--|---|----------|
| · | The Instruction Guide explains how to complete this form. | |
| 1 Total pages Schedule G: | 2 FILER NAME Carlos P. Masso 3 Filer ID (Ethics Commission File | ers) |
| 4 Date 9/2/15 | Fushion Ink | |
| Amount (\$) 345 Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 905 N Loop 499 Harlingen Tx 78580 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Office holder name Office sought Office held OH | |
| Date 9/8/15 | Orlando Hernandez | |
| Amount (\$) 150.00 Reimbursement from political contributions intended | 30 Providencia Ct. Brownsville, TV 78521 | ! |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name Office sought Office held OH | |
| Date 4/4/15 | Payee name Wul Mwt | |
| Amount (\$) 3(-8) Reimbursement from political contributions intended | Payee address; City; State; Zip Code 205 F. Riben Townes Sv. Blud Brown Sville, Tx 78 | 521 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) (b) 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/C | Candidate / Officeholder name Office sought Office held OH | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | |

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | - | | | | | | |
|---|---|------------------|--|--|--|--|--|
| 1 Total pages Schedule G: | 2 FILER NAME Cayles R. | Masse | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 Date 10(19/15 | Rental World | | | | | | |
| 6 Amount (\$) 14-05 Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 2015 Boca Chica BIV | d Brown | sulle Tx 78521 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | l | e of Texas. Complete Schedule T. K, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/G | Candidate / Officeholder name DH | Office sought | Office held | | | | |
| Date \$124 15 | Payee name Ross | | | | | | |
| Amount (\$) // / / / / / / / / / / / / / / / / / | Payee address; City; State; Zip Code 2800 PaUlo Hisel Blu | d, Brou | unswille Tx 2854 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | l — | e of Texas. Complete Schedule T. K, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name DH | Office sought | Office held | | | | |
| Date 8 12/15 | Payee name HEB | | | | | | |
| Amount (\$) 1.56 Reimbursement from political contributions Intended | Payee address; City; State; Zip Code 1628 Central Bluct. | Brownsull | le, Tx 78520 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVEN EXPENSE | | e of Texas. Complete Schedule T. K, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name DH | Office sought | Office held | | | | |
| *** | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEED | ED | | | | |

SCHEDULE G

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|---|---|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment | Fees Office C Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing | epayment/Reimbursement overhead/Rental Expense Expense Expense s/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | | |
| Opposition of the state of the | The instruction duide explains now i | o combiete mis seem | | | |
| 1 Total page Schedule G: | 2 FILER NAME Calles R. 1 | Nusso | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 8/14/15 | 5 Payee name HEB | | | | |
| Amount (\$) 1 2 4 4 Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 1628 Quitral BIW, BN | | TX 78520 | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | a de Principal | | |
| PURPOSE OF EXPENDITURE | Event Expense | 1 ==== | de of Texas, Complete Schedule T. IX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/ | Candidate / Officeholder name OH | Office sought | Office held | | |
| Date 14/15 | Payee name Royal Bingo Suppli | es (Amazon | n) | | |
| Amount (\$) 39.94 Reimbursement from political contributions intended | Payee address; City; State; Zip Code 12th Avc. South S | | Hle WA 98144 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | <u> </u> | ide of Texas, Complete Schedule T. TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit Co | | Office sought | Office held | | |
| Date 9/19/15 | Payee name Staples | | | | |
| Amount (\$) | Payee address; City: State; Zip Code | | | | |
| 25.97 Reimbursement from political contributions intended | 2436 Pablo Kisel | Brown | Sville & 78521 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVENT EX PENSE | Check if Austin, | ide of Texas. Complete Schedule T. TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C | t Candidate / Officeholder name /OH | Office sought | Office held | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

SCHEDULE G

| | EXPENDITURE CATEGORIES | S FOR BOX 8(a) | |
|--|--|--|---|
| Advertising Expanse Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment | Fees Office C Food/Beverage Expense Polling i Glift/Awards/Memorials Expense Printing | epayment/Reimburssment overhead/Rental Expense Expense g Expense s/Wagas/Contract Labor o complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| Total pages Schedule G: | 2 FILER NAME | Macca | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/12/15 | 5 Payee name Wul Murt | Musse | |
| 6 Amount (\$) 142.99 Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 3500 W. Alton Bro | | Tx 78520 |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | to attimes Commisse Cobadula T |
| PURPOSE OF EXPENDITURE | Event Expense | l | ide of Texas. Complete Schedule T. TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/ | Candidate / Officeholder name | Office sought | Office held |
| Date 12/6/15 Amount (\$) 154.43 Reimbursement from political contributions intended | Payee name Stefano's Brooklyn Payee address; City; State; Zip Code 4201 W. Business 83 | 1 Pizza Harling | en Tx 78552 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVENT Expense | | side of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit Co | Candidate / Officeholder name | Office sought | Office held |
| Date 12/18/15 | Payee name Wal Mart | · | |
| Amount (\$) 54.35 Reimbursement from political contributions intended | Payee address: City: State: Zip Code 3500 W. Alton 6100 | Brow | onsville Tx 2452 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | side of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit Complete Only if direct complete on the complet | t Candidate / Officeholder name /OH | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | EDED |

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Accounting/Banking Transportation Equipment & Related Expense Office Overhead/Rental Expense Travel In District Polling Expense Food/Beverage Expense Consulting Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Gift/Awards/Memorials Expense Contributions/Donations Made By 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 page € Schedule G: 2 FILER NAME Date 6 Amount 1400 Military Huy Brownsville, Tx 78520 political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Event Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Military Hay Brownsville Tx 78820 Reimbi political contributions (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Expense 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 City: State; Zip Code 701 E Elizabeth Brownsville, TX Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF

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Candidate / Officeholder name

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office held

Check if Austin, TX, officeholder living expense

Office sought

SCHEDULE G

| | EXPENDITURE CATE | GORIES FOR BOX 8(a) | | | | |
|---|---|---|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting/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 Salaries/Wages/Contract Labor ins how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | | | |
| 1 Total pages Schedule G: 2 FILER I | | 2. Mircon | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date 5 Payeer | | , | | | | |
| 6 Amount (\$) 7 Payee : | address: City; State; Z | cip Code Nowasville TX | 78520 | | | |
| 8 (a) Catego | ory (See Categories listed at the top of this s Event £xpen | Check if immediantside | le of Texas. Complete Schedule T. X, officeholder living expense | | | |
| | 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held | | | | | |
| Date 1 19 15 Payee | Sams Club | | | | | |
| Amount (\$) Payee 294.34 Reimbursement from political contributions intended | address; City; State; Z | loor Brown | Eville, 7/2 78921 | | | |
| PURPOSE | ory (See Categories listed at the top of this s | Check if travel outside | de of Texas. Complete Schedule T. | | | |
| Complete ONLY if direct Car expenditure to benefit C/OH | ndidate / Officeholder name | Office sought | Office held | | | |
| Date 12/4/15 Payee | 4EB | | | | | |
| 74, 13 ReImbursement from political contributions Intended | | IVE Browns | sulle TX | | | |
| PURPOSE | ory (See Categories listed at the top of this Event Expew | Check if travel outsi | ide of Texas. Complete Schedule T. TX, officeholder living expense | | | |
| 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 Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
| 1 Total page Schedule G: | 2 FILER NAME (avlos Q. Masson Filers) |
| 4 Date 11/18/15 | 5 Payee name HEB |
| 6 Amount (\$) 459. W Reimbursement from political contributions intended | 7 Payee address; City: State: ZIp Code 1428 (enfoci Blud Browns ville 7x 78820 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name Office sought Office held |
| Date 12/4/15 | Payee name Dick's Sporting Goods |
| Amount (\$) S O Reimbursement from political contributions intended | Payee address; City: State: Zip Code 2370 N. Expressively Brownsville Tx 78521 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/ | Candidate / Officeholder name Office sought Office held OH |
| Date 10/24/15 | Payee name Zarsky Lumber |
| Amount (\$) L-87 Reimbursement from political contributions intended | Payee address; City: State; Zip Code 808 W. Ocean Blud. Brlos Fresnos, 7x 788 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Check if travel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/ | Candidate / Officeholder name Office sought Office held OH |

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Accounting/Banking Transportation Equipment & Related Expense Office Overhead/Rental Expense Fees Food/Beverage Expense Travel in District Polling Expense Consulting Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Contributions/Donations Made By 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 Total pages/Schedule G: 4 Date 5 Payee name 6 Amount 808 W. Dwan Blod Los Freshos, Tx 7856 political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Fushion Ink ee address; City; State; Zip Code LOOP 494 Harlingen TX 78550 Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. Event Expense EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH Pavee address: City: State: Zip Code Reimbursement from political contributions Intended (b) Description 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 Candidate / Officeholder name Complete ONLY if direct 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 Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment | Fees Office C Polling By Glit/Awards/Memorials Expense Printing al Committee Legal Services Salaries | epayment/Reimbursement Overhead/Rental Expense Expense I Expense s/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | | |
| Oleanosia i ayinan | The Instruction Guide explains how to | o complete this form. | | | |
| 1 Total pages Schedule G: | 2 FILER NAME Carlos R. V | Masso | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 12/11/15 | Jewy McHale | | | | |
| 6 Amount (\$) 500 Relmbursement from political contributions intended | 7 Payee address; City; State; ZIp Code 1900 Coffee port H | 17 Brown | 18VIVLE TX 78521 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ALVENTSIME Fix D | | e of Texas. Complete Schedule T. X, officeholder living exponse | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | | | |
| Pate 9/19/15 Amount (\$) | Payee name Calaxy Bowling Payee address; City; State; Zipcode | Censer | | | |
| Heimbursement from political contributions intended | 3451 Publo Krsel | | 14, Tx 78521 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVELL Expense | | le of Texas. Complete Schedule T. X, officeholder living expense | | |
| Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | |
| Date 9/27/15 | Payee name Fuce book | | | | |
| Amount (\$) 25.07 Relmbursement from political contributions intended | Payee address; City; State; Zip Code Facebook Com | - | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ALVWHSING EXPENSE | Check if Austin, T | le of Texas. Complete Schedule T. X, officeholder living expense | | |
| Complete <u>ONLY</u> 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) Event Expense

Advertising Expense
Accounting/Banking

Fees Fnod/Reverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political | | Printing Expense Salaries/Wages/Contract Labor | Travel Out Of District Other (enter a category not listed above) |
|---|--|---|--|
| Credit Card Payment | ··· | nins how to complete this form. | |
| Total pages/Schedule G: 2 | 2 FILER NAME Carlos | P. Masso | 3 Filer ID (Ethics Commission Filers) |
| 12/16/15 | Facebook | | |
| Amount (\$) 1 44.63 Reimbursement from political contributions intended | Payee address; City; State; Fuce book - Co | fu | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this Advertising Expe | Check if travel outside | e of Texas. Complete Schedule T. X, officehalder living expanse |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; City: State; | Zip Code | |
| Reimbursement from political contributions intended | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this | Check if travel outsic | ie of Texas. Complete Schedule T. X, officeholder Ilving expense |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; City; State; | Zip Code | |
| Reimbursement from political contributions intended | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this | Check if travel outsk | de of Texas. Complete Schedule T. IX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES | OF THIS SCHEDULE AS NEED | DED |