

# 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

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Carlos R.  
Masso

OFFICE USE ONLY

Date Received

CAMERON COUNTY  
DEPARTMENT OF ELECTIONS  
VOTER REGISTRATION

JAN 15 2016

4:17  
PM

RECEIVED

BY:

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1000 E madison  
Brownsville, Tx 78520

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 504-0469

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Luis A.  
Masso

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1900 N. Expressway  
Brownsville, Tx 78521

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 546 2273 3

9 REPORT TYPE

- January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)
- July 15     8th day before election     Exceeded \$500 limit     Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year    Month Day Year  
07/16/15    THROUGH    01/15/16

11 ELECTION

ELECTION DATE

Month Day Year

03/01/16

ELECTION TYPE

- Primary     Runoff     Other Description
- General     Special

12 OFFICE

OFFICE HELD (if any)

BND Commissioner

13 OFFICE SOUGHT (if known)

County & District Attorney

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Carlos R. Masso 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)  
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 241.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 28,441.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 35,474.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 752.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Carlos R. Masso*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carlos R. Masso, this the 15th day of January, 2016, to certify which, witness my hand and seal of office.

Martha Leal  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME *Carlos R. Masso* 20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28,441 -
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,400 -
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 27,556.96
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 7867.29
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/20

2 FILER NAME

Carlos R. Masso

3 Filer ID (Ethics Commission Filers)

4 Date

9-19-15

5 Full name of contributor

Daniel T. Robles

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address;

418 W. Tyler Harlingen TX 78550

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self

Date

9-19-15

Full name of contributor

Adelina Barbosa

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

10 Casa De Palmas Brownsville, TX

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-19-15

Full name of contributor

Guillermo Reynoso

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

812 Tesoro Rancho Viejo, TX 78575

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9-14-15

Full name of contributor

Joe G. Rivera

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

P.O. Box 5868 Brownsville TX 78520

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Retired

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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2/20

2 FILER NAME

Carlos R. Masso

3 Filer ID (Ethics Commission Filers)

4 Date

9-19-15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Joe ~~Mary Lou~~ Cortinas

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

8760 Florida Rd Brownsville, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-19-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Mary Lou Cortinas

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

8760 Florida Rd. Brownsville TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-19-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Noelia Z. Flores

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

P.O. Box 335 La Feria, TX 78559

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

9-19-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Ernie J. Hernandez

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1425 Fm 802 Suite R Brownsville TX  
78521

Principal occupation / Job title (See Instructions)

Insurance Agent

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3/20

2 FILER NAME

Carlos R. Masco

3 Filer ID (Ethics Commission Filers)

4 Date

9-19-15

5 Full name of contributor

Anselmo Naranjo

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address;

905 E. Los Ebanos Brownsville TX 78520

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Att'y

9 Employer (See Instructions)

Date

9-19-15

Full name of contributor

Mario A. Maya

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

250 S. Williams San Benito TX 78584

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

9-19-15

Full name of contributor

Reynaldo Cisneros

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

914 E. Van Buren Brownsville TX

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

9-19-15

Full name of contributor

Nick Schaefer

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

4201 Foust Rd Brownsville TX

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Bus Owner

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4/20

2 FILER NAME

Carlos R. Masso

3 Filer ID (Ethics Commission Filers)

4 Date

9-19-15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Rosendo Escarino

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

2233 International Brownsville TX  
78520

8 Principal occupation / Job title (See Instructions)

Self Employed

9 Employer (See Instructions)

Date

9-19-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Tomas Andrade

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

5200 Paredes Ln. Brownsville TX  
78521

Principal occupation / Job title (See Instructions)

Bus Owner

Employer (See Instructions)

Date

9-19-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Martin Andrade

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2575 Rockwell Dr Brownsville TX  
78521

Principal occupation / Job title (See Instructions)

Bus Owner

Employer (See Instructions)

Date

9-19-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Eloy Garcia

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1711 W. Frontage Brownsville TX

Principal occupation / Job title (See Instructions)

Bus Owner

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5/20

2 FILER NAME

Carlos R. Massey

3 Filer ID (Ethics Commission Filers)

4 Date

9-17-15

5 Full name of contributor

Juan Leal

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address;

1755 Hayes

City; State; Zip Code

Brownsville TX 78520

8 Principal occupation / Job title (See Instructions)

Bus Owner

9 Employer (See Instructions)

Date

9-19-15

Full name of contributor

Dean Owen

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

2685 N. Coria Ste DS Brownsville TX 78520

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Bus Owner

Employer (See Instructions)

Date

9-19-15

Full name of contributor

Carlos Monarrez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

207 N. 15th St. McAllen TX

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Atty

Employer (See Instructions)

Date

9-14-15

Full name of contributor

Teresa Salazar

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

2626 Las Brisas Brownsville TX

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Secretary / Bookkeeper

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 CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6/20

2 FILER NAME

Carlos R. Masso

3 Filer ID (Ethics Commission Filers)

4 Date

9-17-15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Luis A. Masso

7 Amount of contribution (\$)

200.00

6 Contributor address;

City; State; Zip Code

109 Jacklyn Cir Rancho Viejo TX

8 Principal occupation / Job title (See Instructions)

Bus Owner

9 Employer (See Instructions)

Date

9-16-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Sylvia Coura-Perez

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

42 Meadow Glenn Brownsville, TX  
78521

Principal occupation / Job title (See Instructions)

County Clerk

Employer (See Instructions)

Date

9-9-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Edin H. Garcia

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

103 E. Price Rd. Brownsville TX

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

9-16-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Cynthia Huajosa

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

622 E. St. Charles Brownsville TX

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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule A1: **7/20**

2 FILER NAME

**Carlos R. Masso**

3 Filer ID (Ethics Commission Filers)

4 Date

**9-16-15**

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Ruben Rodriguez**

6 Contributor address;

City; State; Zip Code

**338 W. Lowan Terrace Brownsville TX  
78521**

7 Amount of contribution (\$)

**100.00**

8 Principal occupation / Job title (See Instructions)

**Bus Owner**

9 Employer (See Instructions)

Date

**9-16-15**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Beatrice Rosenbaum**

Contributor address;

City; State; Zip Code

**3620 S. Dakota Brownsville, TX  
78521**

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

**Dir. of Leasing**

Employer (See Instructions)

**Port of Brownsville**

Date

**7-16-15**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

~~White~~ **White, Martha**

Contributor address;

City; State; Zip Code

**425 N. Evorton Houston TX 77003**

Amount of contribution (\$)

**1,000.00**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

**7-16-15**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Ludivina Fernandez**

Contributor address;

City; State; Zip Code

**1017 Vamonos Dr. Brownsville TX 78526**

Amount of contribution (\$)

**5,000.00**

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8/20**

2 FILER NAME

**Carlos R. Messo**

3 Filer ID (Ethics Commission Filers)

4 Date

**7-16-15**

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Miguel Fernandez**

7 Amount of contribution (\$)

**1,000<sup>00</sup>**

6 Contributor address;

City; State; Zip Code

**1778 Greenbriar Brownsville TX 78820**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**7-18-15**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Frank Longoria**

Amount of contribution (\$)

**100<sup>00</sup>**

Contributor address;

City; State; Zip Code

**2844 Boca Chica Brownsville TX 78521**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

**8-13-15**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Rafael Chacon**

Amount of contribution (\$)

**250<sup>00</sup>**

Contributor address;

City; State; Zip Code

**1834 Sunshine Ct. Brownsville, TX**

Principal occupation / Job title (See Instructions)

**Bus Owner**

Employer (See Instructions)

Date

**8-13-15**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Vivis Brenostro**

Amount of contribution (\$)

**50<sup>00</sup>**

Contributor address;

City; State; Zip Code

**1184 Sycamore Brownsville TX**

Principal occupation / Job title (See Instructions)

**Pilot**

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9/20

2 FILER NAME

Carlos R. Masso

3 Filer ID (Ethics Commission Filers)

4 Date

8-31-15

5 Full name of contributor

Everardo Garcia

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500<sup>00</sup>

6 Contributor address;

1440 E. 7th St. Brownsville TX 78520

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Atty

9 Employer (See Instructions)

Date

10-21-15

Full name of contributor

Albert Rodriguez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

300<sup>00</sup>

Contributor address;

946 E. Van Buren Brownsville TX

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Atty

Employer (See Instructions)

Date

10-21-15

Full name of contributor

Ernesto Gomez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

200<sup>00</sup>

Contributor address;

777 E. Harrison Brownsville TX

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Atty

Employer (See Instructions)

Date

10-26-15

Full name of contributor

Gary Ortega

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

75<sup>00</sup>

Contributor address;

424 E. Jefferson Brownsville TX

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Atty

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages/Schedule A1:

10/20

2 FILER NAME

Carlos R. Masso

3 Filer ID (Ethics Commission Filers)

4 Date

10-22-15

5 Full name of contributor

Peter R. Lounsbury

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.00

6 Contributor address;

200 Padre Blvd South Padre Island Tx

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Date

10-22-15

Full name of contributor

Monica Buitrago

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

5732 Hidden Oaks Brownsville TX

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-22-15

Full name of contributor

Carlos F. Pena Jara

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address;

2706 Sweet St. Brownsville TX

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-22-15

Full name of contributor

Carlos A. Saldana

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address;

2839 Old Spanish Trail Brownsville Tx

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11/20

2 FILER NAME

Carlos R. Masso

3 Filer ID (Ethics Commission Filers)

4 Date

10-22-15

5 Full name of contributor  
Nova Coarza

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

50.00

6 Contributor address;

15 Serenity

City; State; Zip Code

Brownsville TX

8 Principal occupation / Job title (See Instructions)

Retired teacher

9 Employer (See Instructions)

Date

10-24-15

Full name of contributor

Javier Aguirre

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

811 E Madison

City; State; Zip Code

Brownsville TX

Principal occupation / Job title (See Instructions)

Att'y

Employer (See Instructions)

Date

10-22-15

Full name of contributor

Fernando Masso

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

1555 Mockingbird

City; State; Zip Code

Brownsville TX

Principal occupation / Job title (See Instructions)

Boss Owner

Employer (See Instructions)

Date

10-22-15

Full name of contributor

Elsa Masso

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

1555 Mockingbird

City; State; Zip Code

Brownsville TX

Principal occupation / Job title (See Instructions)

Boss Owner

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages / Schedule A1:

12/20

2 FILER NAME

Carlos R. Masso

3 Filer ID (Ethics Commission Filers)

4 Date

10-22-15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Fernando Masso Jr.

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

1555 Mockingbird Brownsville TX

8 Principal occupation / Job title (See Instructions)

Boss Owner

9 Employer (See Instructions)

Date

10-22-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Anwar Masso

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1555 Mockingbird Brownsville TX

Principal occupation / Job title (See Instructions)

Boss Owner

Employer (See Instructions)

Date

10-22-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Martissa Masso

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1555 Mockingbird Brownsville TX

Principal occupation / Job title (See Instructions)

Student

Employer (See Instructions)

Date

10-22-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Rick Masso

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

9370 Los Olmos Brownsville TX

Principal occupation / Job title (See Instructions)

Boss Owner

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages / Schedule A1:

13/20

2 FILER NAME

Carlos R. Masso

3 Filer ID (Ethics Commission Filers)

4 Date

10-22-15

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Esther Masso

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

9370 Los Olmos Brownsville TX 78526

8 Principal occupation / Job title (See Instructions)

Bus Owner

9 Employer (See Instructions)

Date

10-22-15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Oscar Masso

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

1255 Poplar Dr. Brownsville TX

Principal occupation / Job title (See Instructions)

Bus Owner / Acct

Employer (See Instructions)

Date

10-22-15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Luis A. Masso

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

1900 N. Expressway Brownsville TX

Principal occupation / Job title (See Instructions)

Bus Owner

Employer (See Instructions)

Date

10-22-15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Esteban Covenia

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

5 Calle Jacaranda Brownsville TX

Principal occupation / Job title (See Instructions)

Bus Owner

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.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **14/20**

2 FILER NAME

**Carlos R. Masso**

3 Filer ID (Ethics Commission Filers)

4 Date

**10-22-15**

5 Full name of contributor

**Martha Lea!**

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

**1000 E Madison Brownsville TX**

City; State; Zip Code

7 Amount of contribution (\$)

**100.00**

8 Principal occupation / Job title (See Instructions)

**Paralegal**

9 Employer (See Instructions)

Date

**10-22-15**

Full name of contributor

**Ed Cyganiewicz**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

**1000 E. Madison Brownsville TX**

City; State; Zip Code

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

**Att'y**

Employer (See Instructions)

Date

**10-22-15**

Full name of contributor

**Jaime Escobedo**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

**4080 Larkspur Brownsville TX**

City; State; Zip Code

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

**Boss Owner**

Employer (See Instructions)

Date

**10-22-15**

Full name of contributor

**Juan Andrade Jr.**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

**1427 Royal Oak Brownsville TX**

City; State; Zip Code

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

**Boss Owner / Bondsman**

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **15/20**

2 FILER NAME

**Carlos R. MUSSO**

3 Filer ID (Ethics Commission Filers)

4 Date

**10-22-15**

5 Full name of contributor

**Abel Gomez**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**100.00**

6 Contributor address;

City; State; Zip Code

**Brownsville TX**

8 Principal occupation / Job title (See Instructions)

**Constable**

9 Employer (See Instructions)

**Cameron Co.**

Date

**10-22-15**

Full name of contributor

**Xóchitl Llamas**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100.00**

Contributor address;

City; State; Zip Code

**1642 E. Price Rd Brownsville TX**

Principal occupation / Job title (See Instructions)

**Counselor**

Employer (See Instructions)

Date

**10-22-15**

Full name of contributor

**Gabriela Carreto**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100.00**

Contributor address;

City; State; Zip Code

**1135 E. 12th Brownsville TX**

Principal occupation / Job title (See Instructions)

**Att'y**

Employer (See Instructions)

Date

**10-22-15**

Full name of contributor

**Alfredo Longoria**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100.00**

Contributor address;

City; State; Zip Code

**1621 Tulane Brownsville TX**

Principal occupation / Job title (See Instructions)

**Retired**

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

16/20

2 FILER NAME

Carlos R. Masso

3 Filer ID (Ethics Commission Filers)

4 Date

10-22-15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amy Coarces

6 Contributor address;

City; State; Zip Code

1021 Tulane Brownsville TX

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Boss Owner

9 Employer (See Instructions)

Date

10-22-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jesus Coarces

Contributor address;

City; State; Zip Code

1021 Tulane Brownsville TX

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-22-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Sylvia Rodriguez

Contributor address;

City; State; Zip Code

378 W. Cowan Terrace Brownsville, TX

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-22-15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Hannah Masso

Contributor address;

City; State; Zip Code

Country Club Cir, Brownsville TX

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Student

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17/20

2 FILER NAME

Carlos Masso

3 Filer ID (Ethics Commission Filers)

4 Date

11-17-15

5 Full name of contributor

Jorge Green

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

1,000.00

6 Contributor address; City; State; Zip Code

34 S. Corta Brownsville TX

8 Principal occupation / Job title (See Instructions)

Atty

9 Employer (See Instructions)

Date

11-18-15

Full name of contributor

Erin H. Garcia

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

150.00

Contributor address; City; State; Zip Code

103 E. Price Brownsville TX

Principal occupation / Job title (See Instructions)

Atty

Employer (See Instructions)

Date

11-20-15

Full name of contributor

Ernesto Gomez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

300.00

Contributor address; City; State; Zip Code

777 E. Harrison Brownsville TX

Principal occupation / Job title (See Instructions)

Atty

Employer (See Instructions)

Date

12-17-15

Full name of contributor

Erick Lucio

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

150.00

Contributor address; City; State; Zip Code

805 Old Port Isabel Brownsville TX

Principal occupation / Job title (See Instructions)

Atty

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **18/20**

2 FILER NAME

**Carlos R. Masso**

3 Filer ID (Ethics Commission Filers)

4 Date

**11-17-15**

5 Full name of contributor

**Sylvia Garcia-Perez**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**150.00**

6 Contributor address;

City; State; Zip Code

**Brownsville TX**

8 Principal occupation / Job title (See Instructions)

**County Clerk**

9 Employer (See Instructions)

**Cameron Co**

Date

**12/2/15**

Full name of contributor

**Miriam T. Gray**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**300.00**

Contributor address;

City; State; Zip Code

**2707 Cole Ave Dallas, TX**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**11-6-15**

Full name of contributor

**Penny B. Loupe**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100.00**

Contributor address;

City; State; Zip Code

**108 Highland Brownsville, TX**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**11-20-15**

Full name of contributor

**Ray Esguivel**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**1,000.00**

Contributor address;

City; State; Zip Code

**P.O. Box 822 Harlingen TX**

Principal occupation / Job title (See Instructions)

**Bondsman**

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 19/20

2 FILER NAME

Carlos R. Masso

3 Filer ID (Ethics Commission Filers)

4 Date

12/9/15

5 Full name of contributor

Samuel Cuervo

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

5156 N Expressway Ste. B Brownsville TX

8 Principal occupation / Job title (See Instructions)

Inv. Agent

9 Employer (See Instructions)

Date

12-10-15

Full name of contributor

Sulema J. Catano

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2,000.00

Contributor address; City; State; Zip Code

408 Lorenzana Mercedes TX

Principal occupation / Job title (See Instructions)

~~Inv. Agent~~

Employer (See Instructions)

Date

12/11/15

Full name of contributor

Ernesto Gomez Jr.

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

777 E. Harrison Brownsville TX

Principal occupation / Job title (See Instructions)

Atty

Employer (See Instructions)

Date

12/10/15

Full name of contributor

David Caracha

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

125.00

Contributor address; City; State; Zip Code

2502 Becky Ln Brownsville TX

Principal occupation / Job title (See Instructions)

Bus Owner

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 20/20

2 FILER NAME

Carlos R. Masso

3 Filer ID (Ethics Commission Filers)

4 Date

12-15-15

5 Full name of contributor

Rick Zayas

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.00

6 Contributor address;

3100 E 14th. Brownsville TX

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Atty

9 Employer (See Instructions)

Date

1-5-16

Full name of contributor

Adam Coronado

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

10,000.00

Contributor address;

22193 Wilcox Harlingen, TX 78550

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Date

9-19-15

Full name of contributor

Carlos Garcia

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

3340 Pablo Kisel Brownsville Tx 78521

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Bus Owner

Employer (See Instructions)

Self

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>12-3-15</i>	6 Full name of contributor: <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Martha White</i>	8 Amount of Contribution \$ <i>1,400.00</i>	9 In-kind contribution description <i>food &amp; drinks</i>
7 Contributor address; City; State; Zip Code <i>425 N. Everton Houston, TX 77003</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Retired</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor'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: <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF 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 [www.ethics.state.tx.us](http://www.ethics.state.tx.us) Revised 9/8/2015



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1/11	2 FILER NAME Carlos R Masso	3 Filer ID (Ethics Commission Filers)
------------------------------------	--------------------------------	---------------------------------------

4 Date 10-22-15	5 Payee name Fiesta Graphics
--------------------	---------------------------------

6 Amount (\$) 347.00	7 Payee address; City; State; Zip Code 205 Parodes Line Rd Brownsville TX 78521
-------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-Shirts
------------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10-23-15	Payee name Gabriel Salazar
------------------	-------------------------------

Amount (\$) 150.00	Payee address; City; State; Zip Code 1417 Kendall St. San Antonio, TX 78224
-----------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walking Signs
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10-27-15	Payee name Orlando Hernandez
------------------	---------------------------------

Amount (\$) 330.00	Payee address; City; State; Zip Code 30 Providencia Ct. Brownsville, TX
-----------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards / Door hangers
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **2/11**      2 FILER NAME: **Carlos R. Masso**      3 Filer ID (Ethics Commission Filers)

4 Date: **10-29-15**      5 Payee name: **Veronica Gonzalez (Emilia's Rest)**

6 Amount (\$): **1,498-**      7 Payee address; City; State; Zip Code: **605 W Elizabeth St. Brownsville TX 78520**

8 PURPOSE OF EXPENDITURE: **Food/Beverage Expense**

(a) Category (See Categories listed at the top of this schedule): **Food/Beverage Expense**

(b) Description: **Catering**

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: \_\_\_\_\_ Office sought: \_\_\_\_\_ Office held: \_\_\_\_\_

Date: **11-4-15**      Payee name: **Angel Rosas**

Amount (\$): **1,282.<sup>00</sup>**      Payee address; City; State; Zip Code: **4627 Central Cir Brownsville TX 78521**

PURPOSE OF EXPENDITURE: **Printing Expense**

Category (See Categories listed at the top of this schedule): **Printing Expense**

Description: **Pol. Signs**

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: \_\_\_\_\_ Office sought: \_\_\_\_\_ Office held: \_\_\_\_\_

Date: **11-6-15**      Payee name: **Jones Liquor**

Amount (\$): **761.52**      Payee address; City; State; Zip Code: **800 E Alton Gloor Brownsville TX 78521**

PURPOSE OF EXPENDITURE: **Food/Beverage Expense**

Category (See Categories listed at the top of this schedule): **Food/Beverage 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: \_\_\_\_\_

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3/11</b>	2 FILER NAME <b>Carlos R. Messo</b>	3 Filer ID (Ethics Commission Filers)
---	--	---------------------------------------

4 Date <b>11-12-15</b>	5 Payee name <b>Cameron Co. Democratic Party</b>
---------------------------	---

6 Amount (\$) <b>1,000.00</b>	7 Payee address; City; State; Zip Code <b>1767 Boca Chica Brownsville TX</b>
----------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Contribution</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>11-14-15</b>	Payee name <b>Cameron Co. Democratic Party</b>
-------------------------	---

Amount (\$) <b>1,250.00</b>	Payee address; City; State; Zip Code <b>1767 Boca Chica Brownsville, TX</b>
--------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>filling fees</b>
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>11-24-15</b>	Payee name <b>Dana Rivera</b>
-------------------------	----------------------------------

Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>5196 Sugar Milk Rd. Brownsville TX</b>
------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Polling Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4/11</b>	2 FILER NAME <b>Carlos R. Masso</b>	3 Filer ID (Ethics Commission Filers)
---	--	---------------------------------------

4 Date <b>12-4-15</b>	5 Payee name <b>Orlando Hernandez</b>
--------------------------	--

6 Amount (\$) <b>1744.00</b>	7 Payee address; City; State; Zip Code <b>30 Provlencia Ct. Brownsville, TX</b>
---------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12-7-15</b>	Payee name <b>Jeff Botter</b>
------------------------	----------------------------------

Amount (\$) <b>1,000.00</b>	Payee address; City; State; Zip Code <b>722 Chase Dr. Corpus Christi, TX 78412</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Design Work</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12-8-15</b>	Payee name <b>Marta De Leon</b>
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Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code <b>Elvallenoticias.com</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Ad.</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5/11</b>	2 FILER NAME <b>Carlos R. Masso</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12-8-15</b>	5 Payee name <b>Dilando Hernandez</b>
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6 Amount (\$) <b>84.00</b>	7 Payee address; City; State; Zip Code <b>30 Providence Ct. Brownsville, TX</b>
-------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>invitations</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12-4-15</b>	Payee name <b>Mr. Amigo Assoc.</b>
------------------------	---------------------------------------

Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 4438 Brownsville, TX 78523</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12/11/15</b>	Payee name <b>Dann Rivera</b>
-------------------------	----------------------------------

Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>5196 Sugar Mill Rd. Brownsville TX 78521</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Polling Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>6/11</b>	2 FILER NAME <b>Carlos R. Masso</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12/11/15</b>	5 Payee name <b>Edgar Rico</b>
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6 Amount (\$) <b>575.00</b>	7 Payee address; City; State; Zip Code <b>3026 Montecristo Brownsville TX 78526</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12/14/15</b>	Payee name <b>Frank Botello</b>
----------------------	---------------------------------

Amount (\$) <b>300.00</b>	Payee address; City; State; Zip Code <b>1084 E Los Ebanos, Brownsville, Tx</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Charms</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12/15/15</b>	Payee name <b>Mark Perez</b>
----------------------	------------------------------

Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>1740 Central Blvd. Brownsville, Tx 78520</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>7/11</b>	2 FILER NAME <b>Carlos R. Masso</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12/22/15</b>	5 Payee name <b>Jeff Butler</b>
------------------------	---------------------------------

6 Amount (\$) <b>500.00</b>	7 Payee address; City; State; Zip Code <b>722 Chase Dr. Corpus Christi Tx 78412</b>
-----------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-6-16</b>	Payee name <b>Orlando Hernandez</b>
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Amount (\$) <b>550.00</b>	Payee address; City; State; Zip Code <b>30 Providencia Ct. Brownsville Tx 78521</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12/5/15</b>	Payee name <b>Ricardo Gonzalez</b>
---------------------	------------------------------------

Amount (\$) <b>600.00</b>	Payee address; City; State; Zip Code <b>5256 Ridgeline Brownsville, Tx 78521</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>8/11</b>	2 FILER NAME: <b>Carlos R. Masso</b>	3 Filer ID (Ethics Commission Filers)
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4 Date: <b>12-4-15</b>	5 Payee name: <b>Riverland Resort</b>
------------------------	---------------------------------------

6 Amount (\$): <b>1,055.44</b>	7 Payee address; City; State; Zip Code: <b>4541 Military Hwy Brownsville, Tx 78520</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Golf fees</b>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: <b>12-17-15</b>	Payee name: <b>mi Pueblo</b>
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Amount (\$): <b>284.59</b>	Payee address; City; State; Zip Code: <b>3101 Pablo Kisel Blvd Brownsville Tx 78521</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Food &amp; Beverage</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: <b>12-18-15</b>	Payee name: <b>City of Santa Rosa</b>
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Amount (\$): <b>25.00</b>	Payee address; City; State; Zip Code: <b>413 N. Santa Cruz Santa Rosa, Tx 78593</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees/Event Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Parade</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>9/11</u>	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>10/8/15</u>	<b>5</b> Payee name <u>Orlando Hernandez</u>	
<b>6</b> Amount (\$) <u>249.00</u>	<b>7</b> Payee address; City; State; Zip Code <u>30 Providencia Ct. Brownsville Tx 78521</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Door hangers</u>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <u>10/22/15</u>	Payee name <u>Alejandro Gamez</u>
Amount (\$) <u>1,000.00</u>	Payee address; City; State; Zip Code <u>6 Lakeview Ln, Brownsville Tx 78521</u>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Video Prods</u>
<b>Complete ONLY</b> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <u>10/22/15</u>	Payee name <u>Texas Trophies</u>
Amount (\$) <u>132.00</u>	Payee address; City; State; Zip Code <u>P.O. Box 438 San Benito, Tx 78586</u>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Gift/Awards/Memorials</u>
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Trophies</u>
<b>Complete ONLY</b> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10/14	2 FILER NAME Carlos R. Masso	3 Filer ID (Ethics Commission Filers)
4 Date 1/14/16	5 Payee name Marketing by Mindshare LLC	
6 Amount (\$) 9,400	7 Payee address; City; State; Zip Code 355 W. Elizabetha St. Brownsville TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mailers

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/19/15	Payee name Alejandro Gomez
Amount (\$) 2,000	Payee address; City; State; Zip Code 6 Lakeview Ln. Brownsville TX 78521

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video Production
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/29/15	Payee name Orlando Hernandez
Amount (\$) 1,000	Payee address; City; State; Zip Code 30 Providencia Ct.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WebPage Production
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>11/11</i>	2 FILER NAME <i>Carlos R. Masso</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/10/15</i>	5 Payee name <i>Rio Bank</i>	
6 Amount (\$) <i>71.94</i>	7 Payee address; City; State; Zip Code <i>PO Box 4169 McAllen TX 78502</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Bank Fees</i>

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date <i>12/16/15</i>	Payee name <i>Rio Bank</i>
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Amount (\$) <i>-5.56</i>	Payee address; City; State; Zip Code <i>PO Box 4169 McAllen TX 78502</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Bank fees</i>
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Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date <i>10/30/15</i>	Payee name <i>Rio Bank</i>
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Amount (\$) <i>11.33</i>	Payee address; City; State; Zip Code <i>P.O. Box 4169 McAllen, TX 78502</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Bank Fees</i>
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Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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 explains how to complete this form.

1 Total pages Schedule G: 1/12		2 FILER NAME Carlos R. Masso		3 Filer ID (Ethics Commission Filers)	
4 Date 7-16-15		5 Payee name Orlando Hernandez			
6 Amount (\$) 1,050.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 30 Providencia Ct Brownsville, TX 78521			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7-20-15		Payee name Angel Rosas			
Amount (\$) 540.38 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4627 Central Cir. Brownsville TX 78521			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7-20-15		Payee name Angel Rosas			
Amount (\$) 200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4627 Central Cir. Brownsville TX 78521			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages/Schedule G: <b>2/12</b>	2 FILER NAME <b>Carlos R. Masso</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>8/7/15</b>	5 Payee name <b>Alejandro Gamez</b>
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6 Amount (\$) <b>1,000.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>6 Lakeview Ln Brownsville, Tx 78521</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/11/15</b>	Payee name <b>Santa Rosa 4 H</b>
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Amount (\$) <b>125.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>102 North Main St. Santa Rosa, Tx 78593</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/14/15</b>	Payee name <b>Dann Rivera</b>
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Amount (\$) <b>1000</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>5196 Sugar Mill Rd Brownsville Tx 78521</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Polling Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages/Schedule G: 3/12	<b>2</b> FILER NAME Carlos R. Masso	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 9/2/15	<b>5</b> Payee name Fashion Ink				
<b>6</b> Amount (\$) 345-	<b>7</b> Payee address; City; State; Zip Code 905 N Loop 499 Harlingen TX 78580				
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
<b>4</b> Date 9/8/15	<b>5</b> Payee name Orlando Hernandez				
<b>6</b> Amount (\$) 450.00	<b>7</b> Payee address; City; State; Zip Code 30 Providencia Ct. Brownsville, TX 78521				
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
<b>4</b> Date 8/8/15	<b>5</b> Payee name Wal Mart				
<b>6</b> Amount (\$) 31.81	<b>7</b> Payee address; City; State; Zip Code 205 E. Roben Torres Sr. Blvd Brownsville, TX 78521				
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 4/12	<b>2</b> FILER NAME Carlos R. Masso	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/19/15	<b>5</b> Payee name Rental World	
<b>6</b> Amount (\$) 74.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 2015 Boca Chica Blvd Brownsville Tx 78521	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 8/24/15	Payee name Ross	
Amount (\$) 101.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2800 Pablo Kisel Blvd, Brownsville Tx 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 8/12/15	Payee name HEB	
Amount (\$) 91.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1628 Central Blvd. Brownsville, Tx 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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 explains how to complete this form.

1 Total pages Schedule G: 5/12		2 FILER NAME Carlos R. NUSSO		3 Filer ID (Ethics Commission Filers)	
4 Date 8/14/15		5 Payee name HEB			
6 Amount (\$) 126.11 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1628 Central Blvd, Brownsville Tx 78520			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/7/15		Payee name Royal Bingo Supplies (Amazon)			
Amount (\$) 39.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1200 12th Ave. South Ste. 1200 Seattle WA 98144			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/19/15		Payee name Staples			
Amount (\$) 25.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2436 Pablo Kisel Brownsville Tx 78521			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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 explains how to complete this form.

<b>1</b> Total pages Schedule G: 6/12	<b>2</b> FILER NAME Carlos R. Masse	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/12/15	<b>5</b> Payee name Walmart	
<b>6</b> Amount (\$) 142.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 3500 W. Alton Brownsville TX 78520	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 12/16/15	Payee name Stefano's Brooklyn Pizza	
Amount (\$) 154.43 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4201 W. Business 83 Harlingen TX 78552	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 12/18/15	Payee name Wal Mart	
Amount (\$) 54.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3500 W. Alton Cloor Brownsville TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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 explains how to complete this form.

1 Total page/s Schedule G: 7/12		2 FILER NAME Carlos R. Masso		3 Filer ID (Ethics Commission Filers)	
4 Date 12/4/15		5 Payee name Stripes # 2171			
6 Amount (\$) \$88.01 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1400 Military Hwy Brownsville, TX 78520			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/5/15		Payee name Stripes # 2171			
Amount (\$) 49.37 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1400 Military Hwy Brownsville TX 78520			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/28/15		Payee name Zorba			
Amount (\$) 108.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 701 E Elizabeth Brownsville, TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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 explains how to complete this form.

<b>1</b> Total pages Schedule G: 8/12	<b>2</b> FILER NAME Carlos R. Masso	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/18/15	<b>5</b> Payee name HEB	
<b>6</b> Amount (\$) 142.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1628 Central Brownsville TX 78520	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 11/19/15	<b>Payee name</b> Sam's Club	
<b>Amount (\$)</b> 294.36 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> 3570 W. Alden Coloor Brownsville, TX 78521	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 12/4/15	<b>Payee name</b> HEB	
<b>Amount (\$)</b> 74.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> 1628 Central Blvd Brownsville TX	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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 explains how to complete this form.

1 Total page / Schedule G: 9/12	2 FILER NAME Carlos R. Masso	3 Filer ID (Ethics Commission Filers)
4 Date 11/18/15	5 Payee name HEB	
6 Amount (\$) 59.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1428 Central Blvd Brownsville TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/4/15	Payee name Dick's Sporting Goods	
Amount (\$) 184.01 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2370 N. Expressway Brownsville TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/29/15	Payee name Zarsky Lumber	
Amount (\$) 6.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 808 W. Ocean Blvd. Los Fresnos, TX 78566	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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 explains how to complete this form.

1 Total pages/Schedule G: <b>10/12</b>	2 FILER NAME <b>Carlos R. Masso</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/29/15</b>	5 Payee name <b>Zavsky Lumber</b>
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6 Amount (\$) <b>4.31</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>808 W. Ocean Blvd Los Fresnos, Tx 78566</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Other</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12/4/15</b>	Payee name <b>Fashion Ink</b>
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Amount (\$) <b>125.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>905 N. Loop W. Harlingen TX 78550</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <del>10/29/15</del>	Payee name <del>Zavsky Lumber</del>
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Amount (\$) <del>4.31</del> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <del>808 W. Ocean Blvd Los Fresnos, Tx 78566</del>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <del>Advertising Expense</del>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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 explains how to complete this form.

1 Total pages Schedule G: <i>11/12</i>	2 FILER NAME <i>Carlos R. Masso</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/17/15</i>	5 Payee name <i>Jerry McHale</i>	
6 Amount (\$) <i>500.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1900 Coffeeport H7 Brownsville TX 78521</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Exp.</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>9/19/15</i>	Payee name <i>Galaxy Bowling Center</i>	
Amount (\$) <i>511.48</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>3451 Pablo Kiesel Brownsville, TX 78521</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date <i>9/27/15</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>25.07</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>Facebook.com</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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 explains how to complete this form.

<b>1</b> Total pages Schedule G: <i>12/12</i>	<b>2</b> FILER NAME <i>Carlos R. Masso</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>12/16/15</i>	<b>5</b> Payee name <i>Facebook</i>	
<b>6</b> Amount (\$) <i>141.63</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>Facebook.com</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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