#### JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. MS / MRS / MR МІ CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Mr. Carlos Noel NAME Date Received LAST SUFFIX NICKNAME CAMERON COUNTY DEPARTMENT OF ELECTIONS & Monarrez VOTER REGISTRATION ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE CANDIDATE / **OFFICEHOLDER** 914 E. Van Burren St. Brownsville TX 78520 JAN 19 2016 MAILING **ADDRESS** Change of Address RECEIVED AREA CODE PHONE NUMBER EXTENSION CANDIDATE/ Date Hand-delivere **OFFICEHOLDER** (956 887-0773 PHONE Receipt # Amount \$ MS / MRS / MR FIRST MI 6 CAMPAIGN Mr. Manuel TREASURER Date Processed NAME LAST NICKNAME SUFFIX Date Imaged Mendoza STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE **CAMPAIGN TREASURER** 525 Palo Verde Brownsville TX **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER** PHONE 956 459-6224 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded \$500 limit July 15 8th day before election Final Report (Attach C/OH - FR) 10 PERIOD Month Day Year COVERED THROUGH 2015 12 31 / 2015 27 ELECTION **ELECTION TYPE** 11 ELECTION X Primary Other Description Runoff 2016 General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Cameron County Court at Law #4 Judge **GO TO PAGE 2**

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### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME Ca	arlos Mor	narrez	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH JRES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	4 4
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
			,
	٨	COMMITTEE CAMPAIGN TREASURER NAME	1
Additional Pages	e.		•
	100 E	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION			N 5
TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
	TOTAL TOTAL TOTAL CONTRACTOR	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$20285
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$3183.44
	4. TOTAL I	POLITICAL EXPENDITURES	\$36,207.83
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	\$554.17
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF YOU OF THE REPORTING PERIOD	THE \$0
Notary Comm	Veronica Perez Public, State of Texas nission # 128750332 res: 11/04/2019	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is ormation required to be reported by me
AFFIX NOTARY STAME	PASEAL ABOVE	Signature of Carr	ardate of Officeriolder
			lata
Sworn to and subscr	11-		, this the
day of Sun www		o certify which, witness my hand and seal of office.	v 1 " v
MINK	X	Edna V. Perez	Notary
Signature of officer as	dministering oath	Printed name of officer administering oath	Title of officer administering oath

Edna Veronica Perez Venery believ, Sulv. et a.v.v. Charamelia, a 1287-0137 Chaptress 11164/2019

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

#### FORM JC/OH COVER SHEET PG 3

19	Carlos Monarrez	20 Filer ID (Ethics Com	mission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$14,500
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$5,785
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$9,922.39
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	3	\$23,102.01
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$

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## SCHEDULE A(J)1

7	The Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:	
2 FILER NAME Carlos Mo	narrez		3 Filer ID (Ethics Commission Filers)	
4 Date 9-18-15	5 Full name of contributor ☐ out-of-state PAC If Carlos N. Monarrez Sr. 6 Contributor address: City; State; 24100 Calle Esplendida Brownsville	7 Amount of contribution (\$) \$2,500		
8 Contributor's principal occupation  9 Contributor's job title  Doctor  Doctor				
10 Contributor's	employer/law firm	11 Law firm of contributor	's spouse (if any)	
12 If contributor i	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
9-18-15	Irma Monarrez  Contributor address; City; State; 24100 Calle Esplendida Brownsville	Zip Code	\$2,500	
Contributor's	principal occupation	Contributor's job title		
Retired		Retired		
Contributor's e	employer/law firm	Law firm of contributor's spouse (if any)		
lf contributor i	s a child, law firm of parent(s) (if any)			
Date 9-28-15	Full name of contributor	Zip Code	Amount of contribution (\$) \$2,500	
Contributor's p	principal occupation	Contributor's job title		
Attorney		Attorney		
Rigoberto	o Flores Law Firm	Law firm of contributor	's spouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 6 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Carlos Monarrez 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC ID#:\_ 9-22-15 Vahid Mirafzali \$750 6 Contributor address: City; State; Zip Code 5850 Fm 802 Brownsville TX 8 Contributor's principal occupation 9 Contributor's job title Doctor Doctor 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) David Pedeley 10-15-15 \$100 Contributor address; City; State; Zip Code 127 E. Price RD Brownsville TX Contributor's principal occupation Contributor's job title Dentist **Dentist** Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) Full name of contributor out-of-state PAC ID#: 10-26-15 \$100 Eloisa Thelma Gonzales Contributor address; City; State: Zip Code 825 Lakeside Brownsville TX Contributor's job title Contributor's principal occupation Doctor Doctor Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 9/8/2015

## SCHEDULE A(J)1

Т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:	
2 FILER NAME Carlos Mo	narrez		3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor			7 Amount of contribution (\$) \$500	
8 Contributor's p	orincipal occupation	9 Contributor's job title Doctor		
10 Contributor's e	mployer/law firm	11 Law firm of contributor	r's spouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date 11-2-15	Enrique J Solana		Amount of contribution (\$) \$1,000	
	Contributor address; City; State; 127 E. Price RD Brownsville TX	Zip Code		
Contributor's p	orincipal occupation	Contributor's job title Attorney		
	employer/law firm f Enrique J. Solana	Law firm of contributor's spouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)			
Date 10-29-15	Full name of contributor		Amount of contribution (\$) \$500	
Contributor's p	principal occupation	Contributor's job title Attorney		
	employer/law firm Bodden Law Firm	Law firm of contributor	r's spouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A(J)1

			The second secon
Т	he Instruction Guide explains how to complete this fo	1 Total pages Schedule A(J)1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Carlos Mo	narrez		
4 Date	5 Full name of contributor  out-of-state PAC	D#:)	7 Amount of contribution (\$)
11-18-15	Jesus Valdez		\$2,000
	6 Contributor address; City; State;		
	2307 W. Fern AVE MCALLEN TX	Zip Code	
	2307 W. Fem AVE MCALLEN TX		
8 Contributor's	orincipal occupation	9 Contributor's job title	
Attorney		Attorney	
10 Contributor's	· · ·	11 Law firm of contributor	r's spouse (if any)
Valdez&Mor	narrez Law Firm		
12 If contributor is	s a child, law firm of parent(s) (if any)		
	The state of the s	***************************************	Γ
Date	Full name of contributor	D#:)	Amount of contribution (\$)
10-30-15	Carmen Rocco		
10-30-13	Contributor address; City; State;	Zin Code	\$250
	95 E Price Rd Brownsville TX	ZIP Gode	
	95 E FIICE NU DIOWIISVIIIE IX		
•	orincipal occupation	Contributor's job title	
Doctor		Doctor	
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		A CONTRACTOR OF THE CONTRACTOR
Date	Full name of contributor	D#:)	Amount of contribution (\$)
10-29-15	David E Casarez		\$250
		75-0-4-	
	Contributor address; City; State:	Zip Code	
	1200 N 10th McAllen TX		
_	orincipal occupation	Contributor's job title	
Attorney		Attorney	
	employer/law firm	Law firm of contributo	r's spouse (if any)
Law Office	e Of David. Casarez		
If contributor i	s a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A(J)1

т	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME Carlos Mo	narrez		3 Filer ID (Ethics Commission Filers)
4 Date 10-29-15	5 Full name of contributor out-of-state PAC I TAN Construction 6 Contributor address; City; State; 28999 Vasquez RD San Benito TX	7 Amount of contribution (\$) \$150	
8 Contributor's p	I principal occupation	9 Contributor's job title	
Construction		Construction	
10 Contributor's e	mployer/law firm	11 Law firm of contributor	r's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
10-29-15 Romeo F. Jr Montalvo  Contributor address; City: State; Zip Code  95 E Price Rd Brownsville TX			\$150
•	orincipal occupation	Contributor's job title	
Doctor		Doctor	
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 10-26-15	Full name of contributor		Amount of contribution (\$) \$250
	orincipal occupation	Contributor's job title	
Teacher		Teacher	
Contributor's e	employer/law firm	Law firm of contributor	r's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A(J)1

Т	he Instruction Guide explains how to complete this fo	1 Total pages Schedule A(J)1:	
2 FILER NAME Carlos Mo	narrez	3 Filer ID (Ethics Commission Filers)	
4 Date 12-27-15	5 Full name of contributor  out-of-state PAC   Jose A. De Luna   Geometributor address; City; State; 450 Acacia Lake Dr Brownsville TX	7 Amount of contribution (\$) \$1,000	
8 Contributor's p	principal occupation	9 Contributor's job title Doctor	
10 Contributor's e	amployer/law firm	11 Law firm of contributor	's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC ID#:  Contributor address; City; State; Zip Code			Amount of contribution (\$)
Contributor's p	l principal occupation	Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	L.	
Date	Full name of contributor out-of-state PAC I  Contributor address; City; State:	ID#:) Zip Code	Amount of contribution (\$)
Contributor's p	I principal occupation	Contributor's job title	
Contributor's	employer/law firm	Law firm of contributo	r's spouse (if any)
If contributor i	s a child, law firm of parent(s) (if any)		
	ATTACH ADDITIONAL CODIES (	DE THIS SCHEDIII E AS	NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

CONT	11120110110				
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 2		
<sup>2</sup> FILER NAMI	<del>-</del>		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 10-26-15	6 Full name of contributor out-of-state PAC (ID#:	X	8 Amount of Contribution \$ 9 In-kind contribution description  2,500 Voter File Access  Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date  9-18-15    Full name of contributor			Amount of In-kind contribution description  \$1,500 Event Setting  Check if travel outside of Texas. Complete Schedule T.  or (FOR NON-JUDICIAL)(See Instructions)		
Contributor's Retired	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions) Retired			
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.					

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

<b>J</b>					
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 2		
<sup>2</sup> FILER NAMI			3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRII	BUTIONS	\$		
5 Date 10-30-15  Raul Contreras 7 Contributor address; City; State; Zip Code 700 E. Washington St Brownsville TX			8 Amount of Contribution \$ 9 In-kind contribution description  \$1,500 Event Setting  Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
USA-Mexico	principal occupation (FOR JUDICIAL)  Executive Business Center  employer/law firm (FOR JUDICIAL)	Owner	stor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributors	епроуелам птп (год зовістає)	15 Law iiin	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date Full name of contributor out-of-state PAC (ID#:  10-15-15  Manuel Mendoza  Contributor address; City; State; Zip Code 525 Palo Verde Brownsville TX			Amount of Contribution \$\frac{1}{285}\$ Ad Banner  Check if travel outside of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's Doctor	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)  Doctor			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
lf contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF 1	'HIS SCHEDU	ILE AS NEEDED		
lf	If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

Revised 9/8/2015

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### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W	ages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to c	omplete this form.	
<ul><li>1 Total pages Schedule F1:</li><li>10</li></ul>	2 FILER NAME Carlos Monarrez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	4	
9-14-15	Tunnel Bistro		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$161.72	2200 Boca Chica Bro	ownsville	TX
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outs	side of Texas. Complete Schedule T.
OF		Check if Austin,	TX, officeholder living expense
EXPENDITURE	Food/Beverage Expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-23-15	Taquito Express		
Amount (\$)	Payee address; City; State; Zip Code		
\$250	1900 N Expressway Brownsville TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense		ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-15-15	Karina Jokl		
Amount (\$)	Payee address; City; State; Zip Code		
\$250	896 Ridgewood Brownsville TX		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense	Check if travel outsi	ide of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NEED	DED



### SCHEDULE F1

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

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

Event Expense
Fees
Food/Beverage Expense
Gift/Award/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Nontract Labor

Candidate/Officeholder/Politic		ages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Carlos Monarrez		3 Filer ID (Ethics Commission Filers)
4 Date 9-25-15	5 Payee name Sams Club		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$127.48	3370 W. Alton Gloor	Browns	ville TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	l	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Event Expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
9-24-15	GD Project		
Amount (\$)	Payee address; City; State; Zip Code		
\$235.98	2310 N Expressway Brownsville TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	 Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
9-25-15	RGV Media Group		
Amount (\$)	Payee address; City; State; Zip Code		
\$180.66	700 E. Levee Brownsville TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

# Advertising Expense Every Accounting/Banking Fee Consulting Expense Foo Contributions/Donations Made By Giff

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME Carlos Monarrez	3	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name						
10-5-15	Tractor Supply	Tractor Supply					
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$205.13	901 FM 509 San Bei	nito TX					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE			de of Texas. Complete Schedule T.				
OF EXPENDITURE		Check if Austin, 1	TX, officeholder living expense				
	Operational Expense						
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
10-5-15	Home Depot						
Amount (\$)	Payee address; City; State; Zip Code						
\$110.14	234710 S Expressway 83 Harlingen	ГХ					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
10-8-15	Adrian Meza						
Amount (\$)	Payee address; City; State; Zip Code						
\$150	34 San Marcelo Brownsville TX						
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE	Event Expense	l	de of Texas. Complete Schedule T.				
OF EXPENDITURE	= 10.11 manpolito	Check if Austin, T	X, 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 NEED	ED				

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B		xpense Travel Out Of District
Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
10	Carlos Monarrez	
4 Date	5 Payee name	
10-16-15	Adolios Restaurant	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$131.91	2370 N Expressway	Brownsville TX
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
EXPENDITURE		Oneck if Austin, 17, One-finder living expense
	Food/Beverage Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
10-13-15	Orlando Hernandez	
Amount (\$)	Payee address; City; State; Zip Code	
\$325	30 Providence Brownsville TX	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Printing Expense	L Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
10-19-15	SAMS Club	
Amount (\$)	Payee address; City; State; Zip Code	
\$126.61	3370 W. Alton Gloor Brownsville TX	
V 148 118 118 118 118 118 118 118 118 118	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solpring/Manage/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed abo	ve)		
1 Total pages Schedule F1:	2 FILER NAME Carlos Monarrez	3 Filer ID (Ethics Commission	Filers)		
4 Date	5 Payee name				
10-22-15	GD Project				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$127.50	2310 N Expressway	Brownsville TX			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
OF EXPENDITURE					
- AT ENDITORE	Printing Expense				
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name I	Office sought Office held			
Date	Payee name				
10-26-15	The DogHouse				
Amount (\$)	Payee address; City; State; Zip Code				
\$136.64	3568 Springmart Brownsville TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
	SAMS Club				
Amount (\$)	Payee address; City; State; Zip Code				
\$187.17	3370 W. Alton Gloor Brownsville TX				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Event Expense	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	;		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manas/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: Carlos Monarrez 10 4 Date 5 Payee name 10-30-15 **GD Project** 7 Payee address; 6 Amount (\$) City; State; Zip Code \$183.20 2310 N Expressway Brownsville TX (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Printing Expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 11-1-15 Carlos A. Rios City; State; Zip Code Payee address; Amount (\$) \$340 2965 Vanessa Dr Brownsville TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE Event Expense** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11-4-15 **Staples** Amount (\$) Payee address; City; State; Zip Code 2436 Pablo Kisel Brownsville TX \$163.55 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Office Supply **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
11-6-15	Frontier Signs				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
7.7.4	7 Fayee address, Oity, State, Zip Gode				
\$4,167.63	5216 N Expressway	Brownsv	rille TX		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF		Check if Austin, TX, officeholder living expense			
EXPENDITURE					
	Printing Expence				
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Date	,				
Amount (\$)	Payee address; City; State; Zip Code				
Amount (4)	rayee address, Oity, State, Zip Code				
	Category (See Categories listed at the top of this schedule)	Description			
BUBBOCE		Check if travel outs	ide of Texas. Complete Schedule T.		
PURPOSE OF		Check if Austin.	TX, officeholder living expense		
EXPENDITURE			,		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
		· · · · · · · · · · · · · · · · · · ·			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Αιτισαπι (φ)	1 ayee address, Only, Oldie, Zip oode				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outs	ide of Texas. Complete Schedule T.		
OF		Check if Austin,	TX, officeholder living expense		
EXPENDITURE					
	Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/OF		Omeo adagm	Shido Hold		
expenditure to benefit 0/01	•				
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	ATTACTADDITIONAL COLUMN OF THE				

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	1		3 Filer ID (Ethics Commission Filers)
1 Date	5 Payee name		
11-18-15	McCoys # 37		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$102.57	5500 S Padre Island	Browns	ville TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Operational Expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11-25-15	The Brownsville Herald		
Amount (\$)	Payee address; City; State; Zip Code		
\$250	1135 E Van Burren St Brownsville TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	<u></u>	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11-23-15	Gerardo Danache		
Amount (\$)	Payee address; City; State; Zip Code		
\$200.00	1216 San Marcelo Brownsville TX		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NE	EDED

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### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Carlos Monarrez 10 5 Payee name 4 Date 11-22-15 Carlos A. Rios 7 Payee address; City; State; Zip Code 6 Amount (\$) \$400 2954 Vanessa Dr Brownsville TX (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Consulting Expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11-22-15 Gilberto Avila Payee address; City; State; Zip Code Amount (\$) \$100 1135 E Van Burren St Brownsville TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Advertising Expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 11-28-15 Carlos A. Rios City; State; Zip Code Amount (\$) 2965 Vanessa Dr Brownsville TX \$400.00 Category (See Categories listed at the top of this schedule) \_ Check if travel outside of Texas. Complete Schedule T. PURPOSE Consulting Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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)

Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Carlos Monarrez 10 4 Date 5 Payee name 12-14-15 Chilis Restaurant 6 Amount (\$) 7 Payee address; City; State; Zip Code \$129.50 2750 N Expressway Brownsville TX (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Food/Beverage Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12-11-15 Jeffery Duvall Payee address; City; State; Zip Code Amount (\$) \$150 905 E Tyler Brownsville TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Polling Expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 12-15-15 Radamez Antonio Ramirez Amount (\$) Payee address; City: State: Zip Code 1104 Las Mananitas Brownsville TX \$130 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Solicitation **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salanes/W The Instruction Guide explains how to c	ages/Contract Labor  omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Carlos Monarrez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	<u>!</u>	
12-29-15	City Of Santa Rosa		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$100	S 411 6th Santa Ros	a TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outs	side of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense
EAT ENDITORIE	Event Expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-29-15	Carlos A. Rios		
Amount (\$)	Payee address; City; State; Zip Code		
\$400	2965 Vanessa Dr Brownsville TX		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outsi	de of Texas. Complete Schedule T.
OF		Check if Austin,	TX, officeholder living expense
EXPENDITURE	Consulting Expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Baic			
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outsi	de of Texas. Complete Schedule T.
OF EXPENDITURE		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 NEED	DED

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### SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Expense Travel Out Of Distric  Wages/Contract Labor Other (enter a catego  complete this form.	
1 Total pages Schedule G:	2 FILER NAME Carlos Monarrez	3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name		
9-1-15	RGV Media Group		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$2,000	700 E. Levee St. Brownsville TX		
X Reimbursement from political contributions intended			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Conculting Evapones	Check if travel outside of Texas. Complete Scheo	
EXPENDITURE	Consulting Expenses	Check if Austin, TX, officeholder living exp	ense
9 Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
9-1-15	Orlando Hernandez		
Amount (\$)	Payee address; City; State; Zip Code		
\$500	30 Providence St Brownsville TX		
Reimbursement from political contributions intended	To Tovidence of Brownsville 17		
nunnoer	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising Evnence	Check if travel outside of Texas. Complete Scheo	
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
9-11-15	Orlando Hernandez		
Amount (\$)	Payee address; City; State; Zip Code		
\$725	30 Providence Brownsville TX	·	
X Reimbursement from political contributions intended			:
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising Expans	Check if travel outside of Texas. Complete Sched	dule T.
EXPENDITURE	Advertising Expense	Check if Austin. TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

## SCHEDULE G

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selsrias/Manes/Contract Labor

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Expense Travel Out Of District (Wages/Contract Labor Other (enter a category not listed above)  complete this form.			
1 Total pages Schedule G:	2 FILER NAME Carlos Monarrez	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name	A CONTRACTOR OF THE CONTRACTOR			
9-18-15	Frontier Signs				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$4,167.62	5216 N Expressway Brownsville TX				
X Reimbursement from political contributions intended					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF	Conculting Exponence	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Consulting Expenses	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held			
Date	Payee name				
9-24-15	Orlando Hernandez				
Amount (\$)	Payee address; City; State; Zip Code				
\$500	30 Providence St Brownsville TX				
X Reimbursement from political contributions intended					
D. I.D. D. C. T.	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held			
Date	Payee name				
9-28-15	Taquito Express				
Amount (\$)	Payee address; City; State; Zip Code				
\$300	1900 N Expressway Brownsville TX				
Reimbursement from political contributions intended					
DURDOCE	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Event Evnence	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### SCHEDULE G

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (Author District Country In the Country In the

	Candidate/Officeholder/Politic redit Card Payment	cal Committee Legal Services Salaries  The Instruction Guide explains how to	s/Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME	·····	3 Filer ID (Ethics Commission Filers)
8	, can page concean an	Carlos Monarrez		- The Lettine Commission There,
4	Date	5 Payee name	······································	
1	0-9-15	Carlos A. Rios		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$500	2965 Vanessa Brownsville TX		
	Reimbursement from political contributions intended			
8		(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	PURPOSE OF	O	Check if travel outside	e of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expenses	Check if Austin, TX	(, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	Date	Payee name		
1	0-19-15	Carlos A. Rios		
	Amount (\$)	Payee address; City; State; Zip Code		
\$	2,000	2965 Vanessa Dr Brownsville TX		
	X Reimbursement from political contributions intended			
	BUBBOSE	Category (See Categories listed at the top of this schedule)	Description	
	PURPOSE OF	Canaultina Evana	Check if travel outside	of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense	Check if Austin, TX	, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	Date	Payee name		
1	0-26-15	Carlos A. Rios		
	Amount (\$)	Payee address; City; State; Zip Code		
\$4	400	2965 Vanessa Dr Brownsville TX		
	X Reimbursement from political contributions intended			
	21.22002	Category (See Categories listed at the top of this schedule)	Description	
	PURPOSE OF	Frank Francisco	Check if travel outside	of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	Check if Austin, TX	, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
		ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED!	ĒD

### SCHEDULE G

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

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

Event Expense
Fees
Foot/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	o complete this form.
<ul><li>1 Total pages Schedule G:</li></ul>	<sup>2</sup> FILER NAME Carlos Monarrez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
10-28-15	Orlando Hernandez	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$900	30 Providence Brownsville TX	
X Reimbursement from political contributions intended		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expenses	Check if travel outside of Texas. Complete Schedule T.
	<u> </u>	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Gandidate / Officeholder name DH	Office sought Office held
Date	Payee name	
10-28-15	Texas Democratic Party	
Amount (\$)	Payee address; City; State; Zip Code	
\$600	4818 E. Ben White Austin TX	
Reimbursement from political contributions intended		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Voter Demographics	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
11-6-15	Carlos A. Rios	
Amount (\$)	Payee address; City; State; Zip Code	
\$400	2965 Vanessa Dr Brownsville TX	•
X Reimbursement from political contributions intended		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description
OF	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Consulting Expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

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### SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services Salarie  The Instruction Guide explains how t	o complete this form.  Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Carlos Monarrez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
11-6-15	R&D Printing	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
2,029.69	1800 Stanford Ave Brownsville TX	
X Reimbursement from political contributions intended		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Drinting Evacace	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
11-22-15	R&D Printing	
Amount (\$)	Payee address; City; State; Zip Code	
\$500	1800 Stanford Ave Brownsville TX	
X Reimbursement from political contributions intended		
DURDOCE	Gategory (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Drinting Evenes	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
DUBBOCE	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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### SCHEDULE G

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services Salarie  The Instruction Guide explains how to	s/Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Carlos Monarrez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	1	
11-22-15	Jeffery Duvall		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$350	905 E Tyler Brownsville TX		
X Reimbursement from political contributions intended	-		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	A CONTRACTOR OF THE CONTRACTOR
PURPOSE OF	Dalling Evenous	Check if travel outside	of Texas. Complete Schedule T.
EXPENDITURE	Polling Expense	Check if Austin, TX	, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
11-25-15	Silvestre A. Trevino Jr		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,800	954 E. Harrison Brownsville TX		
X Reimbursement from political contributions intended			
DUDDOSE	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising Evenes	Check if travel outside	of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
11-28-15	R&D Printing		
Amount (\$)	Payee address; City; State; Zip Code		
\$500	1800 Stanford Ave Brownsville TX		
X Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF	Drinting Evnance		of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense	L Check if Austin, TX,	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	ED .

### SCHEDULE G

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

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

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

Candidate/Officeholder/Politic Credit Card Payment		www.complete this form.	Other (enter a category not listed above)
_			
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
8	Carlos Monarrez		
4 Date	5 Payee name		
12-3-15	Jeffery Duvall		
6 Amount (\$)	7 Payee address: City; State; Zip Code		
\$600	905 E Tyler Brownsville TX		
X Reimbursement from political contributions intended			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	e of Texas. Complete Schedule T.
OF EXPENDITURE	Polling/Consuling Expense		C, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
12-7-15	R&D Printing		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,029.69	1800 Stanford Ave Brownsville TX		
Reimbursement from political contributions intended			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	D : :: E	Check if travel outside	of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
12-7-15	Carlos A. Rios		,
Amount (\$)	Payee address; City; State; Zip Code		
\$400	2965 Vanessa Dr. Brownsville TX		
X Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF	Conculting Evenes	Check if travel outside	of Texas. Complete Schedule T.
EXPENDITURE	Consulting Expense	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct expenditure to benefit G/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDI	≣D

#### SCHEDULE G

# Advertising Expense Accounting/Banking Consulting Expense

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

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

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

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Expense s/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Great Gara Faymeric	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule G:	2 FILER NAME Carlos Monarrez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12-14-15	Cameron County Democra	tic Party	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,500	954 E. Harrison Brownsville TX		
X Reimbursement from political contributions intended			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Fees	<del></del>	of Texas. Complete Schedule T.
EXPENDITURE	FEES	Check if Austin, TX,	officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		<u> </u>
12-11-15	Silvestre A. Trevino Jr		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000	954 E. Harisson Brownsville TX		
Reimbursement from political contributions intended			
DUDDOSE	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising Expense		of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	L Check if Austin, TX,	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
12-19-15	Carlos A. Rios	.,,,,,	
Amount (\$)	Payee address; City; State; Zip Gode		
\$400	2965 Vanessa Dr. Brownsville TX		
Reimbursement from political contributions intended			,
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF	Consulting Expense		of Texas. Complete Schedule T.
EXPENDITURE	Consuling Expense		officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D