The second secon	CANDIDATE / OFFICEHOLDER N FINANCE REPORT	FORM JC/OH COVER SHEET PG 1
The JC/OH Instruction	Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS MB FIRST MI NICKNAME LAST SUFFIX	Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS 8 VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 695 Garrison Drive San Bento, Tx. 79586 AREA CODE PHONE NUMBER EXTENSION	JAN 1 5 2016 RECEIVED 1:1
OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	MS (MRS) MR FIRST MI E. NICKNAME LAST SUFFIX	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; 737 Resaca Shoves Blud. San Bentlo, Tx. 78586	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 456-7732	1
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH Month Day 12/31/	Year 2015 3.010 Year
11 ELECTION	Month Day Year Primary Runoff Other Description Special Speci	Mov 30,
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known Tudge-Court	y Const At law No. 4
21/1/16	and a second of the second of	<u> </u>
	GO TO PAGE 2	a commission in commission

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME		λ	15 Filer ID (Ethics Commission Filers)
		Daniel (BHD	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH JRES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
BIOS BILMAL	GENERAL SPECIFIC	COMMITTEE ADDRESS	
UBVECEVES	va I	COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		- 196-8516	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	1 °
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAT S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,750,00
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ D
	4. TOTAL F	POLITICAL EXPENDITURES	\$ 17,497.91
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	\$ 13,497.91 DAY \$ 6,250.00
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT			
	NOEMI AGUILAR ary Public, State of ly Commission Expi May 30, 2018	true and correct and includes all info under Title 15, Election Code.	perjury, that the accompanying report is permation required to be reported by me didate or Officeholder
AFFIX NOTARY STAME	//SEALABOVE		1.
Sworn to and subscri	ibed before me, b	y the said Daniel T. Robes o certify which, witness my hand and seal of office.	, this the
Signature of officer ac		Printed name of officer administering oath	Myary func Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE 1. SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$	SUBTOTAL AMOUNT 6,250.00
SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$	6,250.00
	,
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	2,500,00
3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	/
4. SCHEDULE E(J): LOANS (JUDICIAL)	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	The second of th
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$	17.497.91
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	en a grand to
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$	

SCHEDULE A(J)1

	The Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME		·	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC II	D#:)	7 Amount of contribution (\$)
	6 Contributor address; City; State;		
8 Contributor's	principal occupation	9 Contributor's job title	
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	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Contributor's	principal occupation	Contributor's job title	
Contributor's	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
•	Contributor address; City; State:	Zip Code	e e de marceles en est de la companya de la company
Contributor's	principal occupation	Contributor's job title	
Contributor's	employer/law firm	Law firm of contributor	r'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.

SCHEDULE A(J)1

Ti	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	Daniel T. Robles		3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor		7 Amount of contribution (\$)
12/10/2015	Alex Begun 6 Contributor address; City; State;	; Zip Code 78720	£1,500.00
	2401 Wild Hower Dr. , Sit	te By Brownille, 7	4
8 Contributor's pr	principal occupation	9 Contributor's job title	
10 Contributor's er	or ney	onver/y	
1,000	employer/law firm	11 Law firm of contributor's	10.000000000000000000000000000000000000
	a child, law firm of parent(s) (if any)	unkne	000
IZ II COMMIDATORIS	a chiid, law littii oi parenii(s) (ii any)		
1	The state of the second of the second	1	2 P .
Date	Full name of contributor		Amount of contribution (\$)
12/02/2015		Zip Code	\$500.00
	845 E. Herrison Street, Brownshill	le, Tx. 79520	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
Continuators pr	micipal occupation	Contributor's job title	with the day
1 -1	orney	Dwner/1	Principal Attorney
	mployer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		*
Date	Full name of contributor ut-of-state PAC ID	D#:)	Amount of contribution (\$)
	moises Hernandez		
10/22/2015	Contributor address; City; State:	Zin Codo	\$ 250.00
	222 E. VonBuren, Sinte 700, Harli	ilyen, Tx, 79550	•
A JÎ	incipal occupation	Contributor's job title	t Author
	torney		incipal Attorney
Contributor's em	1 20	Law firm of contributor's	s spouse (if any)
Hernande		Love	
If contributor is a	a child, law firm of parent(s) (if any)		
2			

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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SCHEDULE A(J)1

The Instruction Gu	ide explains how to complete this	form.	1 Total pages Schedule A(J)1:
)	a Tilbly		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of	contributor out-of-state PAC	ID#:)	7 Amount of contribution (\$)
Bruce 6 Contributor a Soi E. Van 8 Contributor's principal occupation	ddress; City; State Suren Street, Browns	1; Zip Code	\$ 100 " 00
	n		D. 1 At.
Attorney 10 Contributor's employer/law firm			Principal Attorney
There law Tirm		11 Law firm of contributor	
12 If contributor is a child, law firm of	of parent(s) (if any)	whe	
- 11 00111110410. 10 Q 2.1112,	n parento, in any,		
jo s _e to	A was a second of	re a la la	
Date Full name of	contributor	ID#:)	Amount of contribution (\$)
Jorg	e Green	*	
12/02/2015 Contributor a	ddress; City; State;		to the
	Street, Brevisille, 7	Zip Code	\$2,500.00
Contributor's principal occupation	n	Contributor's job title	ere sale a
Attorney		Junes/ Pri	ncipp Attorney
Contributor's employer/law firm	r wysty a gree	Law firm of contributor's	's spouse (if any)
Greenfan Firm		whe	
If contributor is a child, law firm of	of parent(s) (if any)		
Date Full name of c	contributor	D#:)	Amount of contribution (\$)
Jorge			
11/20/2015 Contributor or	Herrera City States		\$ 1,000.00
Contributor ac	oddress; City; State:		, 13-
Contributor's principal occupation	-	Contributor's job title	7
Attorney		tarther	,
Contributor's employer/law firm		Law firm of contributor's	s spouse (if any)
Herriera law	7nm	none	
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.

SCHEDULE A(J)1

, By	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	Daniel Tibbly		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	ID#:)	7 Amount of contribution (\$)
10/01/2015	6 Contributor address; City; State P. O. Aox 1423, San Bento	\$ 200.00	
8 Contributor's	principal occupation	9 Contributor's job title	
100	eral Home): rector	
	employer/law firm e-Gara Juveral Home	11 Law firm of contributor	's spouse (if any) Ly Civil Section logol Conf
12 If contributor i	s a child, law firm of parent(s) (if any)		
	2 r 2 tr 1 m La m en en en en	a, ve to a	
Date	Full name of contributor ut-of-state PAC	ID#:	Amount of contribution (\$)
11/05/2015	Robert Bubba + Crifelda 1 Contributor address; City; State; 635, N. William Street, San Se	Agnire	\$ 200,00
	Contributor address; City; State; 635, M. Milan Street, San de	Zip Code	4 200, 00
Contributor's p	principal occupation	Contributor's job title	8. 1.8
ke	tired	more	
	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	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City; State:	Zip Code	and the second s
Contributor's p	orincipal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor's	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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Т	he Instruction Guide explains how to complete this for	n. John	1 Total pages Schedule A2:
2 FILER NAME Daniel Tology			3 Filer ID (Ethics Commission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ - 11/12 TOLD TO TATO *
5 Date 6 Full name of contributor out-of-state PAC (ID#:			8 Amount of 9 In-kind contribution description - \$2,500.00 - Voter 7ile
	40 19 E. Pen White, Suiteloy, Anothis	3TX	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	reprincipal occupation (FOR JUDICIAL) Texas democratic Party - Political Party	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
nuliudi mo	N/A BOOK		transactor ou to to
Date	Full name of contributor		Amount of . In-kind contribution Contribution \$. description
· ge	Contributor address; City; State; Zip Cod	de	Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	or's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	720 1 2 2 4 2	
		Shirt	nersento e s
			s series of series of
			emstill it is a set of the first of the contraction of
			-
If	ATTACH ADDITIONAL COPIES OF TI contributor is out-of-state PAC, please see instruction		

Forms provided by Texas Ethics Commission

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE **B(J)**

٦	The Instruction Guide explains how to complete this fo	orm.	1 Total pages Sched	dule B(J):
2 FILER NAME			3 Filer ID (Ethics C	ommission Filers)
4 TOTAL O	F UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor)	8 Amount of Pledge \$. 9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code			
10 Pledgor's pri	ncipal occupation	11 Pledgor's job	J	de of Texas. Complete Schedule T.
12 Pledgor's em	ployer/law firm	13 Law firm of p	oledgor's spouse (if any	y)
14 If pledgor is a	a child, law firm of parent(s) (if any)			
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Z	ip Code		· · ·
			Check if travel outsi	de of Texas. Complete Schedule T.
Pledgor's pri	ncipal occupation	Pledgor's job	title	
Pledgor's em	ployer/law firm	Law firm of p	oledgor's spouse (if any	<i>(</i>)
If pledgor is a	a child, law firm of parent(s) (if any)			
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zi			
			Check if travel outside	de of Texas. Complete Schedule T.
Pledgor's prir	ncipal occupation	Pledgor's job	title	
Pledgor's employer/law firm Law firm of			eledgor's spouse (if any	<i>'</i>)
If pledgor is a	a child, law firm of parent(s) (if any)			
I	ATTACH ADDITIONAL COPIES f contributor is out-of-state PAC, please see instru			equirements.

281 2.00		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E: Printing E Salaries/	xpense Nages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NA	David Tulables			3 Filer ID (Ethics Commission Filers)	
4 Date 66/30/2015	5 Payee nan	Server Printing	· · · · · · · · · · · · · · · · · · ·			
6 Amount (\$) 7 1, 439, 73 Reimbursement from political contributions intended	7 Payee add	lress; City; State; Zip williams Rd., Sand		Tx. 78586		
B PURPOSE OF EXPENDITURE		See Categories listed at the top of this sch	nedule) (of Texas. Complete Schedule T. , officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C)H	ite / Officeholder name	P(_	Office sought Judge, Count	Office held y Court At law No. 4 - N/A	
Date 08/06/2015	Payee nam	Screen Printing		No		
Amount (\$) \$ 3,518,13 Reimbursement from political contributions intended	Payee add	ress; City; State; Zip Williams Rdy Sa		ito, Tx. 785	786	
PURPOSE OF EXPENDITURE	0	ee Categories listed at the top of this sch	edule)		of Texas. Complete Schedule T. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name Tubbly-Candidate		Office sought Ludge - County	Court At law No. 4 - N/A	
Date 08/29/2015 Amount (\$) \$ 163,03 Reimbursement from political contributions intended	Payee name J Payee addr 250 S	Printing		to jTr. 795	W	
PURPOSE OF EXPENDITURE Complete ONLY if direct	Vint	ee Categories listed at the top of this sche			f Texas. Complete Schedule T. officeholder living expense Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awards	rage Expense s/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)		
aymon.	The Inst	ruction Guide explains	s how to complete this form.			
1 Total pages Schedule G:	2 FILER NAME	id Tubble	- 1	3 Filer ID (Ethics Commission Filers)		
4 Date 07/06/2015	5 Payee name Track Su	pply				
	7 Payee address;	City; State; Zip	Code	4 v.		
Reimbursement from political contributions intended	901 Fm s	is9, San Geni	79536	aw g		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categorie		Check if travel outsic	de of Texas. Complete Schedule T. X, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Office		Office sought	Office held		
experientare to benefit 6/01	Doniel Tubble	, cardidate	Judge , Courty Carts	then No. 4 - NIA		
Date	Payee name					
09/18/2015	Tractor Su	pply				
Amount (\$)	Payee address;	City; State; Zip (Code			
Reimbursement from political contributions intended	901 Fm 509), Son Sente	, Tx 78596			
PURPOSE OF EXPENDITURE	Category (See Categories other/Lyphies for		Chack if traval autoid	e of Texas. Complete Schedule T. K, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officel		Office sought	Office held		
experiantive to benefit 6/61	Denied Tubby	gcardidate	Judge, Carty Cart;	Hlow Was 4 9 NA		
Date	Payee name	- 2 2 4		-		
10/23/2015	Trector Ly	City; State; Zip C				
Amount (\$) \$124.86 Reimbursement from political contributions intended	901 Fm 539					
PURPOSE	Category (See Categories	listed at the top of this schedu	ule) Description	-		
0.5	other/supplies for	Congreted signs	Check if travel outside	of Texas. Complete Schedule T. , officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeh		Office sought Judge, Cowty Cant	Office held Hlow Wo. 4 - WI of		
· · · · · · · · · · · · · · · · · · ·	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Daniel Tubbles 4 Date 5 Payee name 7 Payee address; City; State; Zip Code 09/29/2015 6 Amount (\$) 850 W. Hw729 Ste A, Son Bents, Tx. 28586 Reimbursement from political contributions 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Frent Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Daniel Tubble, cardidate Julye, Courty Court H law No. 4 - 4/4 Date Payee name Payee address; City; State; Zip Code \$ 40,86 1002 Dixieland Rd., Harlinger, Tx. 79552 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Frent Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH Daniel tob by, and late Judge, Country Court Hlaw No. 4- NIK Date Tractor Supply Pavee address; City; State; Zip Code 08/10/2015 Amount (\$) \$ 96,32 901 FM 509, San Bento, Tx. 23586 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** other/Supplies for corrected sits Check if Austin, TX, officeholder living expense ___ Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office held Daniel Tubby, condidate Judge, Courty Cout Alaw No. 4 - 1/1/4 expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking 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 Legal Services Candidate/Officeholder/Political Committee 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 09/13/2015 Texas Democratic Varty 7 Payee address; City; State; Zip Code 6 Amount (\$) 1106 Lavaca St. #100, Austin, Tr. 78701 \$1,200 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. other voter information **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Daniel tubby, cardille Indge, Courty Carrit Aflaw No. 4 - N/1 Date My Campaign Hore Payee address; City; State; Zip Code 304 Whittington Pkuy # 201 Reimbursement from Louisville, KY 40222 political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Priviting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Saviel Tubblep, condidate Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

		EXPENDITURE CATEGOR	IIES FOR BOX 8(a)			
100	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Offin Food/Beverage Expense Poll By Gift/Awards/Memorials Expense Prin	Solicitation/Fundraising Expense Ce Overhead/Rental Expense Ing Expense Iting Expense			
1	Total pages Schedule G:	9 EH ED MANE	making A. To a second s			
		2 FILER NAME Daviel Tolog	3 Filer ID (Ethics Commission Filers)			
4	Date	5 Payee name	A			
-	11/16/2015	Cameron County Democr				
О	Amount (\$)	7 Payee address; City; State; Zip Cod				
	Reimbursement from political contributions intended	1008 E. El: rabeth Street,	Brownille, Tx. 78520			
8	PUPPOOF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	PURPOSE OF	Other-Democratic Prilmary	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Filing Fee	Check if Austin, TX, officeholder living expense			
9		Candidate / Officeholder name	Office sought Office held			
	expenditure to benefit C/C	David Tibbles, cardidate	Judge, Courty Cout 47 low No. 4 - NIA			
	Date	Payee name				
	5او2 (1 / ¹¹ ا	Silvestre trevino, Ir.	(w/ Voturbice ROU Maggozine)			
	Amount (\$)	Payee address; City; State; Zip Code	9			
	\$1,500,00	110 Regency Ct., Harlis	pen, Tx. 73550			
	Reimbursement from political contributions intended					
		Category (See Categories listed at the top of this schedule)	Description			
	PURPOSE	Advertising Experse	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	- 1900ALLING Extens	Check if Austin, TX, officeholder living expense			
	Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
	expenditure to benefit C/O	Daniel Tubby, cardidate	Judges County Court Ht law No 4 - 10/A			
	Date	Payee name	86.1.27			
	09/30/2015	St S Fine Liquor				
	Amount (\$)	Payee address; City; State; Zip Code	*			
	\$131.87	1595 W. Brings Dog San	Senitos 7>. 79396			
	Reimbursement from political contributions intended	, , , , , , , , , , , , , , , , , , , ,				
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l		EXPENDITURE CATEGORIES FOR BOX 8(a)						
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