

# 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: <b>14</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS <input checked="" type="checkbox"/> MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Beatrice		G	
BEA ROSENBAUM			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	3620 S. DAKOTA BROWNSVILLE, TX 78521		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956)	545-6184	
6 CAMPAIGN TREASURER NAME	MS <input checked="" type="checkbox"/> MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
CRISTINA		VALDEZ	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	17 TAN DAK CIRCLE BROWNSVILLE, TX 78521		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956)	466-5142	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year
	08	09	2015
THROUGH			Month Day Year
			12 / 31 / 2015
11 ELECTION	ELECTION DATE		
	Month	Day	Year
03 / 01 / 2016		ELECTION TYPE	
<input checked="" type="checkbox"/> Primary		<input type="checkbox"/> Runoff	
<input type="checkbox"/> General		<input type="checkbox"/> Special	
<input type="checkbox"/> Other Description			
12 OFFICE	OFFICE HELD (if any)		
	N/A		
13 OFFICE SOUGHT (if known)			
CAMERON COUNTY COMMISSIONER, PREEMPT 1			

**OFFICE USE ONLY**

Date Received

CAMERON COUNTY  
DEPARTMENT OF ELECTIONS &  
VOTER REGISTRATION

1:40 PM

JAN 14 2016

RECEIVED

Date hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

**GO TO PAGE 2**



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT


FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME <b>BEATRICE G. ROSENBAUM</b>	15 Filer ID (Ethics Commission Filers) <b>N/A</b>
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16 NOTICE FROM POLITICAL COMMITTEE(S)      <input type="checkbox"/> Additional Pages	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	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	\$ <b>1,400.00</b>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>4,054.83</b>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <b>403.90</b>
	4. TOTAL POLITICAL EXPENDITURES	\$ <b>5,025.46</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>25.47</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <b>3,224.50</b>

**18 AFFIDAVIT**



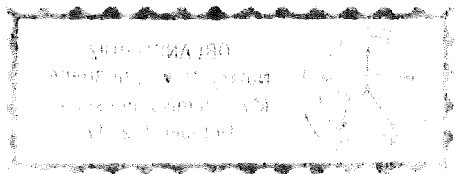
AFFIX NOTARY STAMP / SEAL ABOVE

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.

*Beatrice G. Rosenbaum*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Beatrice A. Rosenbaum, this the 14<sup>th</sup> day of January, 2016, to certify which, witness my hand and seal of office.

<i>[Signature]</i>	<u>Orlando Ruiz</u>	<u>Notary Public</u>
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**

<b>19 FILER NAME</b> BEATRICE G. ROSENBAUM	<b>20 Filer ID (Ethics Commission Filers)</b>
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<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,054.83
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 3,224.50
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5025.46
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,224.50
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:

1-4

2 FILER NAME

BEATRICE G. ROSENBAUM

3 Filer ID (Ethics Commission Filers)

4 Date

9/13/15

5 Full name of contributor

JIM TIPTON

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

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address; City; State; Zip Code

4675 N. EXPRESSWAY BROWNSVILLE, TX 78520

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/03/15

Full name of contributor

RICHARD JAROSS

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

Amount of contribution (\$)

\$204.83

Contributor address; City; State; Zip Code

415 PALO VERDE DR, BROWNSVILLE, TX 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/3/15

Full name of contributor

JOE RIVERA

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

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

P.O. BOX 5668 BROWNSVILLE, TX 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/15

Full name of contributor

ALEX E. WERBISKI, JR.

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

Amount of contribution (\$)

\$400.00

Contributor address; City; State; Zip Code

7364 BOCA CHICA BLVD, BROWNSVILLE, TX 78521

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:

2-4

2 FILER NAME

BEATRICE G. ROSENBAUM

3 Filer ID (Ethics Commission Filers)

4 Date

10/14/15

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

REY E. ESQUIVEL

7 Amount of contribution (\$)

\$ 1,000.00

6 Contributor address; City; State; Zip Code

P.O. BOX 822, HARLINGEN, TX 78551

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/22

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

JAVIER RIVERA

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

1126 PLANETA, BROWNSVILLE, TX 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22

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

SMMT INTER TRADING SERVICES

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

BROWNSVILLE, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22

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

EXECUTIVE DESIGN LLC

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

905 E. LOS EBANOS STE B, BROWNSVILLE, TX 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3-4

2 FILER NAME

BEATRICE G. ROSENBAUM

3 Filer ID (Ethics Commission Filers)

4 Date

10/22/15

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

HORACIO C. GARCIA, DBA GARCIA FENCE

6 Contributor address; City; State; Zip Code

7721 EL CAMPO, BROWNSVILLE, TX 78521

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/22/15

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

FELIPE & GRACE GALINDO

Contributor address; City; State; Zip Code

3540 S. DAKOTA, BROWNSVILLE, TX 78521

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/15

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

M & M MOORING Co.

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/15

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

ANTONIO E. CANTU

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$ 200.00

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:

4-4

2 FILER NAME

BEATRICE G. ROSENBAUM

3 Filer ID (Ethics Commission Filers)

4 Date

10/22/15

5 Full name of contributor

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

IVONNE GUEVARA

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

BROWNSVILLE, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/22/15

Full name of contributor

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

GABY GARCIA, ATTY.

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

974 E HARRISON ST. BROWNSVILLE, TX 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/15

Full name of contributor

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

JO ANN GARCIA HULLEY

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

64 BEAUDRY CT., BROWNSVILLE, TX 78526

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>BEATRICE G. ROSENBAUM</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>12/31/2015</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <i>BEATRICE G. ROSENBAUM</i>	9 Loan Amount (\$) <i>\$ 3,224.50</i>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>3620 S. DAKOTA, BROWNSVILLE, TX 77821</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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





# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1-4</b>	2 FILER NAME <b>BEATRICE G. ROSENBAUM</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>9/24/15</b>	5 Payee name <b>THE GRAFIK SPOT</b>
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6 Amount (\$) <b>\$1,093.33</b>	7 Payee address; City; State; Zip Code <b>74 S. PRICE ROAD, BROWNSVILLE, TX 78521</b>
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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>10/09/15</b>	Payee name <b>LOS MISMOS RESTAURANT</b>
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Amount (\$) <b>\$181.34</b>	Payee address; City; State; Zip Code <b>1701 E. PRICE, BROWNSVILLE, TX 78526</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE 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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2-4	<b>2</b> FILER NAME BEATRICE G. ROSENBAUM	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10/15/15	<b>5</b> Payee name THE BROWNSVILLE HERALD
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<b>6</b> Amount (\$) \$ 960.00	<b>7</b> Payee address; City; State; Zip Code 1135 E. VAN BUREN ST., BROWNSVILLE, TX 78520
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING 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
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/15/15	Payee name THE GRAPHIC SPOT
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Amount (\$) \$ 663.57	Payee address; City; State; Zip Code 74 S. PRICE ROAD, BROWNSVILLE, TX. 78521
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<b>PURPOSE OF EXPENDITURE</b>	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
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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 10/19/15	Payee name SMART MARKETING & SOCIAL MEDIA
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Amount (\$) \$ 150.00	Payee address; City; State; Zip Code 30 PROVIDENCIA CT., BROWNSVILLE, TX 78526
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<b>PURPOSE OF EXPENDITURE</b>	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
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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  
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 F1: <b>3-4</b>	<b>2</b> FILER NAME <b>BEATRICE G. ROSENBAUM</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/22/15</b>	<b>5</b> Payee name <b>ICE HOUSE SPORTS BAR &amp; GRILL</b>	
<b>6</b> Amount (\$) <b>\$ 961.74</b>	<b>7</b> Payee address; City; State; Zip Code <b>4311 FM 511, BROWNSVILLE, TX 78526</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	<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 <b>11/6/15</b>	Payee name <b>THE GRAFIK SPOT</b>	
Amount (\$) <b>\$465.48</b>	Payee address; City; State; Zip Code <b>745. PRICE ROAD, BROWNSVILLE, TX 78521</b>	
<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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <b>11/19/15</b>	Payee name <b>THE BROWNSVILLE HERALD</b>	
Amount (\$) <b>\$275.00</b>	Payee address; City; State; Zip Code <b>135 E. VAN BUREN ST, BROWNSVILLE, TX 78520</b>	
<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>9</b> 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 POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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 F1: <b>4-4</b>	2 FILER NAME <b>BEATRICE G. ROSENBAUM</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12/22/15</b>	5 Payee name <b>THE BROWNSVILLE HERALD</b>
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6 Amount (\$) <b>\$ 275.00</b>	7 Payee address; City; State; Zip Code <b>1135 E. VAN BUREN ST. BROWNSVILLE, TX 77820</b>
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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: 1-2	<b>2</b> FILER NAME BEATRICE G. ROSENBAUM	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 8/18/15	<b>5</b> Payee name THE GRAFIK SPOT
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<b>6</b> Amount (\$) \$1,621.59 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 74 S. PRICE ROAD, BROWNSVILLE, TX 78521
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<b>8</b> 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
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/28/15	Payee name THE GRAFIK SPOT
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Amount (\$) \$1,004.83 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 74 S. PRICE ROAD, BROWNSVILLE, TX 78521
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PURPOSE OF EXPENDITURE	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
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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 9/11/15	Payee name THE GRAFIK SPOT
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Amount (\$) \$546.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 74 S. PRICE ROAD, BROWNSVILLE, TX 78521
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PURPOSE OF EXPENDITURE	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
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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 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: <i>2-2</i>	<b>2</b> FILER NAME <i>BEATRICE G ROSENBAUM</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>10/14/15</i>	<b>5</b> Payee name <i>THE GRAFIK SPOT</i>	
<b>6</b> Amount (\$) <i>\$51.42</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>74 S. PRICE ROAD, 1 BROWNSVILLE, TX 78521</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>(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
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>(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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name                      Office sought                      Office held

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