# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.	2 Total pages filed:
3 CANDIDATE / MS MRS MR FIRST MI OFFICEHOLDER NAME  MS MRS MR FIRST MI ESTERMINE	OFFICE USE ONLY  Date Received
Chave UASS JEZ	and a could be
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  955 5. Tyler	CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION
Change of Address Druun Sville (x. 78520	JAN 1 5 2016
5 CANDIDATE/ OFFICEHOLDER PHONE  AREA CODE PHONE NUMBER  EXTENSION  5 71 5	Date Hand-delivered of Date Posimarked Redelpt # Amount \$
6 CAMPAIGN TREASURER NAME  MS / MRS / MR FIRST  MI  Carl o	Date Processed
Sanchez	Date Imaged
7 CAMPAIGN TREASURER ADDRESS  (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;  3012 Resear U; sta Drive.	ZIP CODE
(Residence or Business) Brownsulle, Tx. 78526	XF: MOHUER FOHALL
8 CAMPAIGN TREASURER PHONE  AREA CODE (954)  PHONE NUMBER  EXTENSION  543.  711	On Mangellino Albanda (Albanda
9 REPORT TYPE January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
July 15 Sth day before election Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED  Month Day Year THROUGH  THROUGH  12 / 3 I	Year
11 ELECTION    Special   Special   ELECTION TYPE	STA, E OF TE LLESICA MIROSLAV MY COMM, EXP. OF
12 OFFICE OFFICE HELD (If any)  13 OFFICE SOUGHT (If known)  Judge Consult  Law Ho	ly Cont at
GO TO PAGE 2	Jack Lange

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME	. 01		15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THURES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
VPS IC TO LICENSE	COMMITTEE TYPE	COMMITTEE NAME	i		
40 Technology	GENERAL	COMMITTEE ADDRESS	778		
30/19 11 11 11		COMMITTEE CAMPAIGN TREASURER NAME	A		
Additional Pages		543 - 8715	978 11 17		
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
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)	\$ 0 -		
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,     UNLESS ITEMIZED				
	4. TOTAL	\$ 58,745.			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$ 18,950.		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$ 65,600		
18 AFFIDAVIT	704		perjury, that the accompanying report is permation required to be reported by me		
LLESICA	OTARY PUBLIC ATE OF TEXAS MIROSLAVA CRAFTS MM. EXP. 01-22-2016		didate or officeholder		
AFFIX NOTARY STAME	P/SEALABOVE		· th		
Sworn to and subscr	1/1	by the said Estela Chayez Vasq			
day of JCY (V C	20, 20,	to certify which, witness my hand and seal of office.	Noton Public		
Signature of officer as	mirlistering oath	Printed name of officer administering oath	Title of officer administering oath		

## **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

19	ESTELA Chaver Vasquet 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,50000
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ 8
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$ 65,600
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$31,563,24
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$27,232.0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ &
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this f	iorm. 1 Total pages Schedule A(J)1:
2 FILERNAME PStela Chaver Vasqu	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC  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	
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  out-of-state PAC  Contributor address;  City; State:	Amount of contribution (\$)  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)	

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

	The Instruction Guide explains how to complete this for	m. 1779 - 2017	1 Total pages Schedule A2:
2 FILER NA	La Chaver Vasque	3 Filer ID (Ethics Commission Filers)	
4 TOTAL	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of Contribution \$ 9 In-kind contribution description \$ 3,500.00 Pile Access  Check if travel outside of Texas. Complete Schedule
0 Principal od	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICIAL)(See Instructions)
2 Contributor	's principal occupation (FOR JUDICIAL)	13 Contribut	or's job title (FOR JUDICIAL) (See Instructions)
4 Contributor	's employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
6 If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of . In-kind contribution Contribution \$ . description
Principal occ	Cupation / Joh title (EOR NON HUDIOIAL) (Co. 1	- i [	
m	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outside of Texas. Complete Schedule (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Employer	
Contributor's	s principal occupation (FOR JUDICIAL) s employer/law firm (FOR JUDICIAL)	Employer	(FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Employer	(FOR NON-JUDICIAL) (See Instructions) or's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL) s employer/law firm (FOR JUDICIAL)	Employer	(FOR NON-JUDICIAL) (See Instructions) or's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL) s employer/law firm (FOR JUDICIAL)	Employer	(FOR NON-JUDICIAL) (See Instructions) or's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL) s employer/law firm (FOR JUDICIAL)	Employer	(FOR NON-JUDICIAL) (See Instructions) or's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL) s employer/law firm (FOR JUDICIAL)	Employer	or's job title (FOR JUDICIAL) (See Instructions)

# PLEDGED CONTRIBUTIONS (JUDICIAL)

## SCHEDULE B(J)

	The Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule B(J):	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED PLEDGES	\$		
5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:	)	8 Amount 9 In-kind contribution of Pledge \$ description	
ing the sign	7 Pledgor address; City; State; Zip		∤• • •	
			Check if travel outside of Texas. Complete Schedule T.	
10 Pledgor's pr	incipal occupation	11 Pledgor's job	title	
12 Pledgor's er	nployer/law firm	13 Law firm of p	ledgor's spouse (if any)	
14 If pledgor is	a child, law firm of parent(s) (if any)			
Date	Full name of pledgor	)	Amount . In-kind contribution of Pledge \$ . description	
	Pledgor address; City; State; Zi	,	• • • •	
			Check if travel outside of Texas. Complete Schedule T.	
Pledgor's p	rincipal occupation	Pledgor's job	title	
Pledgor's e	mployer/law firm	Law firm of p	oledgor's spouse (if any)	
If pledgor is	s a child, law firm of parent(s) (if any)			
Date	Full name of pledgor		Amount In-kind contribution of Pledge \$ description	
	Pledgor address; City; State; Z		Check if travel outside of Texas. Complete Schedule T.	
		D) L de le		
Pledgor's p	rincipal occupation	Pledgor's job	o title	
Pledgor's e	mployer/law firm	Law firm of p	oledgor's spouse (if any)	
If pledgor is	s a child, law firm of parent(s) (if any)			
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see instr			

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Polling Expense Consulting Expense Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule G: 4 Date Payee name Payee address; Reimbursement from political contributions (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Court Reimbursement from political contributions intended ories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date Reimbursement from political contributions intended Description ries 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 Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Travel In District Travel Out Of District Food/Beverage Expense Polling Expense Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME Date Payee name Payee address; State: eimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code Court Reimbursement from political contributions intended (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; 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 Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Event Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Consulting Expens Travel In District Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule G: Payee name Date Ю Payee address: Brownsville, TX 78520 eimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF ☐ Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Complete ONLY if direct Officeholder name expenditure to benefit C/OH Date Payee name Zip Code Pavee address: City; State; Brownsville, TX 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. Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Complete ONLY if direct Officeholder name expenditure to benefit C/OH Payee name Date Brownsulle, TX ren 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 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 PERSONAL FUNDS

## SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donatio

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

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

Candidate/Officeholder/Politic		Legal Services	,	Salaries/V	Vages/Contract Labor	Other (enter a cat	egory not listed above)
Credit Card Payment		The Instruction	Guide explains	how to d	complete this form.		
1 Total pages Schedule G:	2 FILER NA	ME C	aula	1)a	591112	3 Filer ID (Eth	nics Commission Filers)
4 Date	5 Payee nar	ne	1 1	()'00			
10/24/2015	Vis-	fa M	1001/2	<u>ل</u>	,		
6 Amount (\$)	7 Payee ad			Code			
Reimbursement from	30 B	rovider		Soi	te J		0-01
political contributions intended			RL		nsville	1 X - 19	8271
8 PURPOSE	(a) Category	(See Categories listed at	the top of this sche	edule) (	b) Description		d. d. T
OF	$\Lambda \Lambda$ .	who to		1		tside of Texas. Complete Son, TX, officeholder living	
EXPENDITURE	HOU	CK JI SIVE	)		Check if Austin	i, IX, officeriolder living	
9 Complete ONLY if direct expenditure to benefit C/G		ate / Officeholder	name		Office sought	1 0	Office held
experiantile to belief to	25-le	la Ch	aver 1	Jasq	uez Ba	ounty Co	ort No.5
Date	Payee nai	me		<u> </u>			
10 10 15	Viv	a M.	edia	6	roup	*.	
Amount (\$)	Payee ad	dress; City	; State; Zip	Code			
Reimbursement from	310	rabl.	Keis	e			
political contributions intended	Bri	ادی الادی	lle	Ty.	7852	4	
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EXPENDITURE	COMM	ring			Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/		late / Officeholder	name		Office sought		Office held
Date	Payee na	me					
Amount (\$)	Payee ad	dress; City	; State; Zip	Code	=		
Reimbursement from political contributions intended							
DUDDGGT	Category	(See Categories listed a	t the top of this sch	edule)	Description		
PURPOSE OF						utside of Texas. Complete So	
EXPENDITURE					Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/		date / Officeholder	name		Office sought		Office held
	ATTA	ACH ADDITIONA	L COPIES OF	THISS	CHEDULE AS NE	EDED	
Forms provided by Tayas F	thise Commiss	ion	www.ethics	state ty	us		Revised 9/8/201

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Advertising Expense Accounting/Banking Consulting Expense **Event Expense** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage 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 F1: FILER NAME 3 Filer ID (Ethics Commission Filers) 12 4 Date 5 Payee name 6 Amount (\$) Payee address; (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** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Valle Dr. Brownsville, Tx Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 755 2 Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF 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

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 7 Payee address; State; Zip Code #516 Harlingen; (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Advertising EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Pavee address: 78526 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 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code 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** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Consulting Expense Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services 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 4 Date Payee name 7 Payee address; City; State; Zip Code (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date State: Zip Code 78 520 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 OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date State; Zip Code Payee address; 7852 (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** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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## SCHEDULE F1

		EXPENDITURE CA	TEGORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Travel In District Travel Out Of District Other (enter a category not listed ab	,
·		The Instruction Guide exp	olains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME Chaves	Vasa	uer	3 Filer ID (Ethics Commission	n Filers)
4 Date 10 28 15	5 Payee na	ame (A	(	9		
6 Amount (\$)	7 Payee ac	ddress; City; State;	; Zip Çode			
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8	(a) Category	/ (See Categories listed at the top of	this schedule)	(b) Description		
PURPOSE OF	Cons	sulting			utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
EXPENDITURE		J				
9 Complete ONLY if direct expenditure to benefit C/OI	-	late / Officeholder name	Vasqu	Office sought	Court at law	U2.5
Date	Payee na	ame	1	•		
12/0/15	Hec	box Hugo	Go	ircia		
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300	7949	5 N. Expr	m It	ay 11	78575	
	Category	(See Categories listed at the top of	this schedule)	Description		
PURPOSE		v a		Check if travel or	tside of Texas. Complete Schedule T.	
OF EXPENDITURE	11/2/11	acticina,		Check if Austir	n, TX, officeholder living expense	
EXTENDITORE	HOL	ar liber 9				•
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought	Office held	
Date	Payee n	ame				
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180.13		سعجدااء	Tr.	•		
	Categor	(See Categories listed at the top of	this schedule)	Description		
PURPOSE OF	C -	1000			utside of Texas. Complete Schedule T.  1, TX, officeholder living expense	
EXPENDITURE	TUR	and Exper	136	Olleck ii Adalii	, TX, discended living expense	
Complete CNI V if direct	Candic	late / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/Oh						
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## SCHEDULE F1

	EXPENDITURE CATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Expense Office Over Gift/Awards/Memorials Expense Printing Expense	thead/Rental Expense Trense Trense Trense Trages/Contract Labor Oi	olicitation/Fundraising Expense ansportation Equipment & Related Expense avel In District avel Out Of District ther (enter a category not listed above)
1 Total pages Schedule F1:			Filer ID (Ethics Commission Filers)
4 Date 12 115	5 Payee name Wista Mobile	*	
6 Amount (\$)	7 Payee address; City; State; Zip Code 30 Providencia Cou	rt Suite	2 Brownsville 2 Texas 7852
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Adwrtising		of Texas. Complete Schedule T. , officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 11 2 015	Payee name Wista Mobile		
Amount (\$)	Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)	Court S	rownsuffletx
PURPOSE OF EXPENDITURE	Aduer tising		of Texas. Complete Schedule T. officeholder living expense .
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 12 09 15	Payee name Print Works		•
Ambunt (\$) 1 53	Payee address; City; State; Zip Code  1414 fecor BLJ  Brownsylle: McMle	<u>~</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		of Texas. Complete Schedule T. , 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 NEEDE	:D

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#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services 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 4 Date 5 Payee name amar City; State; Zip Code 7 Payee address; San Benito, TX 78584 \$1,010.70 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date State: Zip Code Pavee address: City; 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** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Amount (\$) State: (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** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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## SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Political		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide exp	lains how to complete this form.	
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\$24900	1300 Wild Rose	e lane Brown	rsville, TX 78520
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EXPENDITURE			· · · · · · · · · · · · · · · · · · ·
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of t	Check if travel	outside of Texas. Complete Schedule T. itin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		•
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OF EXPENDITURE		Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NI	EDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement

Advertising Expense

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made B		Polling Expense Printing Expense	Transportation Equipment & Related Expense Travel In District Travel Out Of District
Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services The Instruction Guide explain	Salaries/Wages/Contract Labor is how to complete this form.	Other (enter a category not listed above)
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4 Date 11 2 15	5 Payee name San Benito Ne	us .	
6 Amount (\$)	7 Payee address; City; State; Z 354 N. Sam H San	buston Blud. Benito, TX	7858 le
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	Check if travel or	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		
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	Check if travel ou	ntside 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		•
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Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel In District Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) City; State; Zip Code Payee address; 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** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code 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 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/Memonals Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica		pense Travel Out Of District (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 Chaver 1	3 Filer ID (Ethics Commission Filers)		
4 pate		scratic Party		
6 Amount (\$)	7 Payee address; City; State, Zip Code	11		
<b>#1,500</b>	P.O. Box 4647 Bro	wnsville, TX 78523		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Filing Fee OTHER.	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	6	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
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Amount (\$)	Payee address; City; State; Zip Code			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	30 30 30	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
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OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
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0 1 0 0 0 0 0 0	Candidate / Officeholder name	Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OF		Onice 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
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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Cameron Ou nt Payee address; State; 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. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Contract Lebor

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

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Se	rvices Sa	laries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
		struction Guide explains he	ow to complete this form.		
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6 Amount (\$) \$1,596.92	7 Payee address; QSO I W	City; State; Zip Co.	sway 83	Harlingen, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Category (Se	tation	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
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Date	Payee name		)	·	
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	holder name	Office sought	Office held	
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	holder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

LOANS (J	UDICIAL)	Buran Papagun Daribatata ép	SCHEDULE E(J)	
The Ins	The Instruction Guide explains how to complete this form.			
2 FILER NAME Sola (	haver Vasquez		3 Filer ID (Ethics Commission Filers	
<sup>4</sup> TOTAL OF UNIT	EMIZED LOANS		\$	
5 Date of loan 7	Estela Chauez Vasquez	G (ID#:)	9 Loan Amount (\$)	
a financial	Q55 E. Tyler Br		<ul><li>10 Interest rate</li><li>11 Maturity date</li></ul>	
12 Lender's Principal Od A++++++++++++++++++++++++++++++++++++	ccupation	13 Lender's Job Title  15 Law Firm of lender's spou	1日 大	
7 Description of Collate	of Estela Vasquez v firm of parent(s) (if any)	18 Check if personal funds v	vere deposited into political	
9 GUARANTOR 2 INFORMATION	Name of guarantor		22 Amount Guaranteed (\$)	
not applicable	1 Guarantor address; City;	State; Zip Code	1 F MILL	
3 Guarantor's Principal	Occupation	24 Guarantor's Job Title		
5 Guarantor's Employer/	Law Firm	26 Law Firm of guarantor's s	spouse (if any)	
7 If guarantor is a child,	law firm of parent(s) (if any)			
			- A - C- VOPI	
			7 10 6 1	
If Ionda	ATTACH ADDITIONAL COPIES (			

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Printing Expense Salaries/Wages/C	ontract Labor	Travel Out Of Distric Other (enter a catego	
Credit Card Payment		The Instruction Guide expla	ins how to complet	te this form.		
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4 Date	5 Payee na	ame				
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6 Amount (\$)	7 Payee a	ddress; City; State;	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of thi	s schedule) (b) (		ntside of Texas. Complete S	
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Date	Payee no	ame			•	
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PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of th	is schedule) [		tside of Texas. Complete S	
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## LOANS (JUDICIAL) SCHEDULE E(J) Total pages Schedule E(J): The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED LOANS \$ Date of loan Name of lender ut-of-state PAC (ID#: Loan Amount (\$) 8 Lender address; Is lender Zip Code a financial Institution? 11 Maturity date 13 Lender's Job Title 15 Law Firm of lender's spouse (if any) 16 If lender is a child, law firm of parent(s) (if any) 17 Description of Collateral 18 Check if personal funds were deposited into political account (See Instructions) none 19 GUARANTOR 20 Name of guarantor 22 Amount Guaranteed (\$) INFORMATION 21 Guarantor address; State; Zip Code not applicable 23 Guarantor's Principal Occupation 24 Guarantor's Job Title 25 Guarantor's Employer/Law Firm 26 Law Firm of guarantor's spouse (if any) 27 If guarantor is a child, law firm of parent(s) (if any)

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

LOANS (JUDICIAL)		SCHEDULE E(J)
The Instruction Guide explains how to complete this	form.	1 Total pages Schedule E(J):
Stela Chaver Vasquer		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
	State; Zip Code	9 Loan Amount (\$)  10 Interest rate
Institution? 955 E. Tyler Browns	78520	11 Maturity date
12 Lender's Principal Occupation  Optomotrist Attorner  14 Lender's Employer/Law Firm  Los Rosses Ene Clinic Estela Vasquez  16 If lender is a child, law firm of parent(s) (if any)	13 Lender's Job Title  Attorne  15 Law Firm of lender's spouse	e (if any)
17 Description of Collateral	18 Check if personal funds wer account (See Instructions)	re deposited into political
20 Name of guarantor INFORMATION  Anhouse Ette Uag 21 Guarantor address; City; S  One of guarantor address a	State; Zip Code	22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation	24 Guarantor's Job Title	
25 Guarantor's Employer/Law Firm	26 Law Firm of guarantor's spo	buse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		6.
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ATTACH ADDITIONAL COPIES OF If lender is out-of-state PAC, please see instruction	THIS SCHEDULE AS NEFD	ED ag requirements.

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