CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:					
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR Michael NICKNAME LAST	SUFFIX	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		state; ZIP CODE	FEB 0 1 2016 P.					
Change of Address		7855/	RECEIVED					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (BS6) 454-3888	EXTENSION	Date Hand-delivered or Date Postmarked					
6 CAMPAIGN TREASURER NAME	Mrs Mary	MI	Receipt # Amount \$ Date Processed					
	NICKNAME AGUILANT	SUFFIX	Date Imaged					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 2876/ Baker PoHS		ZIP CODE 78552					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 230-3030	EXTENSION						
9 REPORT TYPE	January 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month Day Year	THROUGH / Month	Day Year / / / / /					
11 ELECTION	ELECTION DATE Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special						
12 OFFICE	Thefice of the Pence Pct, 5-3	13 OFFICE SOUGHT (if known)						
	GO TO	PAGE 2	GO TO PAGE 2					



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1:	5 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI		
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	1	POLITICAL EXPENDITURES OF \$100 OR LESS,	\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$1713.38	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	\$1713.38 \$1000.00	
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST D			
18 AFFIDAVIT				
		true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me	
AFFIX NOTARY STAM	P/SEALABOVE	V		
Sworn to and subsci	ribed before me, t	by the said MIChael E. Ire	this the	
day of		to certify which, witness my hand and sear or or or or		
	A CONTRACTOR OF THE PARTY OF TH	Filindal Portion	BELINDA L RODRIGUEZ Nejary Public STATE OF TEXAS My Clariff By 18 11 3515	
Signature of officer a	dministering oath	Printed name of officer administering dath	White of thice administering dain	

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY PO	\$/000000		
2.	SCHEDULE A2: NON-MONETA	RY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CON	TRIBUTIONS		\$
4.	4. SCHEDULE E: LOANS			\$811.88
5.	SCHEDULE F1: POLITICAL E	XPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$811.88 \$957.25
6.	SCHEDULE F2: UNPAID INCUI	RRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE (\$		
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$
9,	SCHEDULE G: POLITICAL EX	PENDITURES MADE FROM PERSONAL FU	JNDS	\$
10.	SCHEDULE H: PAYMENT MAD	DE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL	EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CR RETURNED TO FILER	EDITS, GAINS, REFUNDS, AND CONTRIBU	TIONS	\$

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date 1/11/16	5 Full name of contributor out-of-state PAC(ID#:_ OSCOW LONGOTIO 6 Contributor address; City; State; Zip Code POBX 4224 Mission X	7853	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
•		•	/If trough outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	`	or (exas, complete scriedule 1)
Date 1/15/16	Full name of contributor out-of-state PAC (ID#_ In Planger, Goggan, Blair, Jampson Contributor address; City; State; Zip Code D R DX 17428 Aug 1	,UP R 18760	Amount of contribution (\$)	In-kind contribution description (if applicable)
,			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside	 - of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or rexas, complete conecute 1)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

	PLEDG	ED CONTRIBUTIONS			SCHEDULE B
	The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule B:
2	FILER NAME	And a shade or shade is a	2	3 ACCOUNT # (Et	thics Commission Filers)
4	ТОТ	AL OF UNITEMIZED PLEDGES:	라 라 라	⇔ ⇒	\$
5	Date	6 Full name of pledgor out-of-state PAC (ID#		8 Amount of pledge (\$)	9 In-kind description (if applicable)
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See I	de-	of Texas, complete Schedule T)
		,			
	Date	Full name of pledgor cut-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
				(If travel outside o	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
				(If travel outside of	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
	Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (If applicable)
			33.3	(If travel outside	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	If (ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see instru			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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 4 Date 6 Amount (\$) State; (b) 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 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 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 Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	at Committee Legal Services	Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	The Instruction Guide explains 2 FILEBANAME (A) (A) (B) (C)		3 Filer ID (Ethics Commission Filers)
4 pale	5 Ayee name		
6 Amount (\$)		Code 8 7 1 / 1	
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8 PURPOSE	(a) Category (see Categories listed at the top of this son		de of Texas. Complete Schedule T.
OF EXPENDITURE	Supplies	Check if Austin, T	"X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
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Amount (\$)	Payee address; City; State; Zip	Code	
4811.BB	74 S. Porce Rd Ste:	2 Brownsulle	72 7852/
PURPOSE OF	Category (See Categories listed at the top of this sch	Check if travel outsid	le of Texas. Complete Schedule T. X, officeholder living expense
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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip	Code	
	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF			ie of Texas. Complete Schedule T. X. officeholder living expense
EXPENDITURE		Oneux ii Austili, 17	ng omoonoud siring opported
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEED	ED

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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

SCHEDULE F

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	EXPENDITUR	E CATEGORIES F	OR BOX 8(a)	1	
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Accounting/Banking	Legal Services	Solicitation/Fundrais	sing Expense		quipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Do	
Event Expense	Polling Expense	Travel Out Of Distr	ict	Candidate/Off	ficeholder/Political Committee
Fees	Printing Expense	Office Overhead/Re	ental Expense	OTHER (enter a	category not listed above)
, 555	189 18		20	20	
	The Instruction Guid	ie explains now to c	ompiete uns ro) III.	
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a DUDBOOF	(a) Category (See categories listed at the t	on of this schedule)	(h) Description	/If travel outside of Te	exas, complete Schedule T)
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