## **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS/MRS/MR МІ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received WIERUN COUNTY DEPARTMENT OF ELECTIONS SUFFIX NICKNAME VOTER REGISTRATION

	FJ014			
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	MAY 16 2016	
ADDRESS			l . Nechvéb	
Change of Address	San Bento, Tx.	'28596	37	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER  (956) 873 - 047	EXTENSION	Date Hand-delivered or Date Postmarked	
PHONE				
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI Â	Receipt # Amount \$	
NAME	mrs. mana		Date Processed	
•	NICKNAME LAST	SUFFIX		
	(verine	Ĵ	Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT /	SUITE #; CITY; STATE;	ZIP GODE	
ADDRESS	737 Ve per Shares	mod.		
(Residence or Business)	San Bento, Tx. 7	959 <b>L</b>		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(956) 456-77	77		
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 Sih day before el	eotion Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month Day Year	Month	Day Year	
COVERED	02/21/2016	THROUGH 05/	14/2016	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff Other		
	05/24/2016 General	Description Special		
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known)		
	· ~ ~ A	Judge-County C	contat Law Po:4	
GO TO PAGE 2				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

4:43 pm.

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Danie	e Tilobly	15 Filer ID (	Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THURES.	VITHOUT THE CA	NDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	N/4		•
	SPECIFIC	COMMITTEE ADDRESS		
Additional Bassa		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		O
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,900.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  \$		0	
	4. TOTAL POLITICAL EXPENDITURES \$ 3,330.08  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ \$0,92			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$	819.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT	,			
Note M	NOEMI AGUILAR iry Public, State of T y Commission Expir May 30, 2018	I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code. es		
Minaw		Signature of Cano	didate or Offi	ceholder
AFFIX NOTARY STAME	//SEALABOVE			
Sworn to and subscr		y the said Danl t, Rolls	, this	the 10th
day of Way, 20 , to certify which, witness my hand and seal of office.				
- Molais	l	Moomi aguilar	hota	ny public
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of o	fficer administering oath

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con	nmission Filers)
,	Danie Telbles	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,900,00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$3,330.08
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	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Naviel T. Roblep 5 Full name of contributor 7 Amount of contribution (\$) 4 Date Pobert Garza City; State; Zip Code \$ 1,000 1200 E. Harrison Street, Brand ranlle, Tx. 78580 8 Principal occupation / Job title (See Instructions) Attorny At law Settemployed out-of-state PAC (ID#;\_\_\_\_\_ Amount of contribution (\$) Paul Fourt 03/03/2016 Contributor address; City; State; Zip Code 1000 E. Vin Breez & Brownfulle, Tx. 78520 \$ 500,00 Amount of contribution (\$) 03/02/2016 Michael Gonzalez Contributor address; City; State; Zip Code \$ 250,00 336 Marningsile Ad. Brownsilly Tx 7856 Employer (See Instructions) Felf-engloy-el Principal occupation / Job title (See Instructions) Attorney At low Amount of contribution (\$) -03/08/2016 Ar mando Sarchez Contributor address; City; State; Zip Code 115 N. Volever Dr. Boyview, Tx. 79566 \$ 150,00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Margar at HDS.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Event Expense Fees Food/Beverage Expense Gilft/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement 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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Daniel Tibbly	3 Filer ID (Ethlos Commission Filers)
4 Date	5 Payee name MJ Sereen Prints.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,962.80	250 South Williams Rd. g.	En Sento, Tx. 74536
8	(a) Category (See Calegories listed at the top of this schedule)	(b) Description
PURPOSE OF	-D Europen Ge	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
EXPENDITURE	Printing Expense	Check if Austri, 17, billicentitues living expense
,		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held  Folge - Conney Court 4+ Low No 4 - Nove
Date	Payee name	
04/23/2016	WI RIAW	
Amount (\$)	Payee address; City; State; Zip Code	
\$ 75,00	250 South W. Manfel . ; Sent	Sento, TX. 78586
	Category (See Categories listed at the top of this schedule)	Description
		Character of transport and the set Tours of Control to Control to T
PURPOSE		Check if travel outside of Texas, Complete Schedule T.
PURPOSE OF EXPENDITURE	Thinky Experts	Check if Austin, TX, officeholder living expense
OF	Thinks Experts	·
OF EXPENDITURE  Complete ONLY if direct	Candidate / Officeholder name	Check if Auslin, TX, officeholder living expense  Office sought  Office held
OF EXPENDITURE	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense
OF EXPENDITURE  Complete ONLY if direct	Candidate / Officeholder name  Sign of the By  Payee name	Check if Auslin, TX, officeholder living expense  Office sought  Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Auslin, TX, officeholder living expense  Office sought  Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date OY/12/2016  Amount (\$)	Candidate / Officeholder name  And The Holder  Payee name  Payee address; City; State; Zip Code	Office sought  Office held  Tindge - County Count of law No. 4 - Nove
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date OY/IZ/Tollo	Candidate / Officeholder name  San Cotolog  Payee name  Roffmand Rinthythe	Office sought  Office held  Tindge - County Count of law No. 4 - Nove
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date OY/12/2016  Amount (\$)	Candidate / Officeholder name  And The Holder  Payee name  Payee address; City; State; Zip Code	Office sought  Office held  Judge - County Count of Law Wo, 4 - More
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date OY/12/2016  Amount (\$) 292.28	Candidate / Officeholder name  Sun Tuby  Payee name  Payee address; City; State; Zip Code  794 Rudy Live Vol., Browsin  Category (See Categories listed at the top of this schedule)	Office sought  Office held  Tadge-Courty Court of Low Way 4 - More  My Tx. 76521  Description  Check if ravel outside of Texas, Complete Schedule T.
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date OY/12/2016  Amount (\$) 292.28	Candidate / Officeholder name  Sun CTUBLY  Payee name  Pofessoral Rintingsor  Payee address; City; State; Zip Code  794 Rulp Live Vd., Browski	Office sought  Office held  Judge - County Count of Law Wo, 4 - More
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date OY/12/2016  Amount (\$) 292.28	Candidate / Officeholder name  Sun Tuby  Payee name  Payee address; City; State; Zip Code  794 Rudy Live Vol., Browsin  Category (See Categories listed at the top of this schedule)	Office sought  Office held  Tadge-Courty Court of Low Way 4 - More  My Tx. 76521  Description  Check if ravel outside of Texas, Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH  Date O 4/12/2016  Amount (\$) 292.28  PURPOSE OF EXPENDITURE	Candidate / Officeholder name  Sun CTGG  Payee name  Fofficeral Rindsoff  Payee address; City; State; Zip Code  794 Rudp Live Vol., Browfin  Category (See Categories listed at the top of this schedule)  Fofficeholder name	Office sought  Office held  Tadge - Gardy Cond of Town Ms, Y - More  Description Check if Austin, TX, officeholder living expense  Office sought  Office sought  Office sought  Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  OY/12/2016  Amount (\$)  292.28  PURPOSE OF EXPENDITURE	Candidate / Officeholder name  Sun CTGG  Payee name  Fofficeral Rindsoff  Payee address; City; State; Zip Code  794 Rudp Live Vol., Browfin  Category (See Categories listed at the top of this schedule)  Fofficeholder name	Office sought Office held  Judge - Goody Condidate living expense  Office sought Office held  Judge - Goody Condidate living expense