

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em;">45</div>																					
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:40%; font-size: 0.8em;">FIRST</td> <td style="width:20%; font-size: 0.8em;">MI</td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: 1.5em;">Mrs. Estela</td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: 1.5em;">Chavez Vasquez</td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mrs. Estela			NICKNAME	LAST	SUFFIX	Chavez Vasquez			<div style="text-align: center; font-weight: bold; font-size: 0.9em;">OFFICE USE ONLY</div> <hr/> <p style="text-align: center; font-size: 0.8em;">Date Received</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">MAY 16 2016</p> <p style="text-align: right; font-size: 0.8em;">5:00pm</p> <div style="text-align: center; font-size: 1.5em; font-weight: bold; margin-top: 10px;">RECEIVED</div> <p style="text-align: center; font-size: 0.8em; margin-top: 5px;">Date Hand Delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged					
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:25%;">ADDRESS / PO BOX;</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:30%;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: 1.2em;">955 E. Tyler</td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: 1.2em;">Brownsville, TX 78520</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	955 E. Tyler					Brownsville, TX 78520												
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:20%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:40%;">EXTENSION</td> </tr> <tr> <td style="font-size: 1.2em;">(956)</td> <td style="font-size: 1.2em;">434-9207</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(956)	434-9207																		
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Ricardo																								
NICKNAME	LAST	SUFFIX																						
Sanchez																								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:45%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: 1.2em;">3012 Resaca Vista Drive</td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: 1.2em;">Brownsville, TX 78526</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	3012 Resaca Vista Drive					Brownsville, TX 78526										
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)													
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:20%;">Year</td> </tr> <tr> <td colspan="7" style="text-align: center; font-size: 1.2em;">02 / 21 / 2016</td> </tr> <tr> <td colspan="7" style="text-align: center; font-size: 1.2em;">05 / 14 / 2016</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	02 / 21 / 2016							05 / 14 / 2016						
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11 ELECTION	<table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:30%;">ELECTION DATE</td> <td colspan="2" style="width:70%;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 0.8em;">Month Day Year</td> <td><input type="checkbox"/> Primary</td> <td><input checked="" type="checkbox"/> Runoff</td> </tr> <tr> <td style="font-size: 0.8em;">Month Day Year</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td colspan="3" style="font-size: 0.8em;">Other Description</td> </tr> <tr> <td colspan="3" style="font-size: 1.2em;">05 / 24 / 2016</td> </tr> </table>			ELECTION DATE	ELECTION TYPE		Month Day Year	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	Month Day Year	<input type="checkbox"/> General	<input type="checkbox"/> Special	Other Description			05 / 24 / 2016								
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Other Description																								
05 / 24 / 2016																								
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)																						
		Judge of Cameron County Court No. 5																						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME Estela Chavez Vasquez 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

COMMITTEE TYPE: GENERAL SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

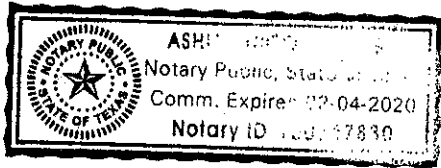
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,755 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 47,734 ⁰⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 23,634.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 55,000 ⁰⁰

18 AFFIDAVIT



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.

Estela Chavez Vasquez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Estela Chavez Vasquez, this the 16th day of May, 2016, to certify which, witness my hand and seal of office.

Ashley Rangel
Signature of officer administering oath

Ashley Rangel
Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME <i>Estela Chavez Vasquez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ <i>5,753.00</i>
2. <input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ - 0 -
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$ - 0 -
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)		\$ <i>55,000.00</i>
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>38,241.98</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ - 0 -
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ - 0 -
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ <i>9,492.00</i>
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ - 0 -
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ - 0 -
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ - 0 -
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ - 0 -

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Estela Chavez Vasquez		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Cynthia Hinojosa	7 Amount of contribution (\$) \$1,000 ⁰⁰
6 Contributor address; City; State; Zip Code 504 E. St. Francis Brownsville, TX 78520		
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm Law Office of Gilberto Hinojosa		11 Law firm of contributor's spouse (if any) Law Office of Gilberto Hinojosa
12 If contributor is a child, law firm of parent(s) (if any)		
Date 4/24/16	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Yvon Barbosa	Amount of contribution (\$) \$250 ⁰⁰
Contributor address; City; State; Zip Code 560 Geraldine Ln. Brownsville, TX 78526		
Contributor's principal occupation Construction Management		Contributor's job title
Contributor's employer/law firm Under Construction Contractor Services		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 4/24/16	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Law Office of Robert Garza	Amount of contribution (\$) \$500 ⁰⁰
Contributor address; City; State; Zip Code 1200 E. Harrison Brownsville, TX 78520		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Robert Garza →		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.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Estela Chavez Vasquez		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Erin Gomez	7 Amount of contribution (\$) \$165⁰⁰
	6 Contributor address; City; State; Zip Code 777 E. Harrison Brownsville, TX 78520	
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of Ernesto Gomez P.C.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 4/24/16	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Helen Delgadillo	Amount of contribution (\$) \$100⁰⁰
	Contributor address; City; State; Zip Code 1104 E. 7th St. Brownsville, TX 78520	
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Helen Delgadillo		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 4/25/16	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Daisy & Amin Saad	Amount of contribution (\$) \$100⁰⁰
	Contributor address; City; State; Zip Code Dallas, TX	
Contributor's principal occupation Doctor / Doctor		Contributor's job title Doctor / Doctor
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)		

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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Estela Chavez Vasquez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/25/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Raul & Teresa Gracia</i>	7 Amount of contribution (\$) <i>\$100⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>6296 Tecate Dr. Brownsville, TX 78520</i>		
8 Contributor's principal occupation <i>Retired</i>		9 Contributor's job title <i>Retired</i>
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 <i>4/24/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Flor Robinson</i>	Amount of contribution (\$) <i>\$200⁰⁰</i>
Contributor address; City; State; Zip Code <i>3442 Chablis Brownsville, TX 78526</i>		
Contributor's principal occupation <i>Area Superintendent</i>		Contributor's job title <i>Area Superintendent</i>
Contributor's employer/law firm <i>Athlos/Jubilee School</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>4/24/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Miguel Salinas</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>
Contributor address; City; State; Zip Code <i>30 Providencia Ct. Brownsville, TX</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Law Office of Miguel Salinas</i>		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
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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Estela Chavez Vasquez		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Baldomero Treviño	7 Amount of contribution (\$) \$250⁰⁰
6 Contributor address; City; State; Zip Code 5921 Hidden Hideaway Brownsville TX 78521		
8 Contributor's principal occupation Car Dealer		9 Contributor's job title
10 Contributor's employer/law firm Mr. B's Car Lot		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 4/24/16	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Linda Gonzalez	Amount of contribution (\$) \$300⁰⁰
Contributor address; City; State; Zip Code 777 E. Harrison Brownsville, TX 78500		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Maria Linda Gonzalez		Law firm of contributor's spouse (if any) Law Office of Brian Janis
If contributor is a child, law firm of parent(s) (if any)		
Date 4/24/16	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Gerardo Lopez	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 3021 Resaca Vista Dr. Brownsville Texas 78526		
Contributor's principal occupation Drafter		Contributor's job title
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Estela Chavez Vasquez		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Linebarger, Goggan, Blair & Sapson LLP	7 Amount of contribution (\$) \$ 300⁰⁰
6 Contributor address; City; State; Zip Code Austin, TX 78760		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Linebarger, Goggan, Blair & Sapson, LLP.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 4/24/16	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Denise Chavez	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code 7248 Mulberry St. Brownsville, TX 78526		
Contributor's principal occupation Economist		Contributor's job title
Contributor's employer/law firm Siemens Building Technologies		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 <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Estela Chavez Vasquez		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Derrick Suarez	7 Amount of contribution (\$) \$40⁰⁰
6 Contributor address; City; State; Zip Code 1104 E. 7th St. Brownsville, TX 78520		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of Derrick Suarez		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 3/22/16	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Maria Linda Gonzalez	Amount of contribution (\$) \$1,000⁰⁰
Contributor address; City; State; Zip Code 777 E. Harrison Brownsville, TX 78520		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Maria Linda Gonzalez P.C.		Law firm of contributor's spouse (if any) Law Office of Brian Janis, P.C.
If contributor is a child, law firm of parent(s) (if any)		
Date 3/22/16	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Fred A. Kowalski	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code 902 E. Madison St. Brownsville, TX 78520		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Fred Kowalski		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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2 FILER NAME <i>Estela Chavez Vasquez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/10/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Gilberto Falcon</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>404 N. Britton Ave Rio Grande 78582 City, TX</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title
10 Contributor's employer/law firm <i>Law Office of Gilberto Falcon, PLLC →</i>		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 <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Estela Chavez Vasquez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u> 0 </u>	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B(J):	
2 FILER NAME <i>Estela Chavez Vasquez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$ <i>— 0 —</i>	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
10 Pledgor's principal occupation		11 Pledgor's job title	
12 Pledgor's employer/law firm		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			

Check if travel outside of Texas. Complete Schedule T.

Check if travel outside of Texas. Complete Schedule T.

Check if travel outside of Texas. Complete Schedule T.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor 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):

2 FILER NAME

Estela Chavez Vasquez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

3/2/16

7 Name of lender

Antonio & Estela Vasquez

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

\$15,000⁰⁰

6 Is lender a financial institution?

Y (N)

8 Lender address;

City;

State;

Zip Code

955 E. Tyler
Brownsville, TX 78520

10 Interest rate

11 Maturity date

12 Lender's Principal Occupation

Optometrist / Attorney

13 Lender's Job Title

Optometrist / Attorney

14 Lender's Employer/Law Firm

Los Fresnos Eye Clinic / Law Office of Estela Vasquez

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

none

18 Check if personal funds were deposited into political account (See instructions)

19 GUARANTOR INFORMATION

20 Name of guarantor

22 Amount Guaranteed (\$)

21 Guarantor address;

City;

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):
2 FILER NAME Estela Chavez Vasquez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ — 0 —
5 Date of loan 3/16/16	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonio & Estela Vasquez	9 Loan Amount (\$) \$15,000 ⁰⁰
6 Is lender a financial institution? Y <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code 955 E. Tyler Brownsville, TX 78520	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation Optometrist/Attorney		13 Lender's Job Title Optometrist/Attorney
14 Lender's Employer/Law Firm Los Fresnos Eye Clinic/Law Office of Estela Vasquez, PC.		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 <input type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
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):
2 FILER NAME <i>Estela Chavez Vasquez</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>— 0 —</i>
5 Date of loan <i>3/29/16</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Antonio & Estela Vasquez</i>	9 Loan Amount (\$) <i>\$10,000⁰⁰</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>955 E. Tegner Brownsville, TX 78520</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Optometrist / Attorney</i>		13 Lender's Job Title <i>Optometrist / Attorney</i>
14 Lender's Employer/Law Firm <i>Los Fresnos Eye Clinic / Law Office of Estela Vasquez, P.C.</i>		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 <input type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
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):
2 FILER NAME <i>Estela Chavez Vasquez</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>— 0 —</i>
5 Date of loan <i>4/25/16</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Antonio & Estela Vasquez</i>	9 Loan Amount (\$) <i>\$10,000⁰⁰</i>
6 Is lender a financial institution? <i>Y (N)</i>	8 Lender address; City; State; Zip Code <i>955 E. Tyler Brownsville, TX 78520</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Optometrist / Attorney</i>		13 Lender's Job Title <i>Optometrist / Attorney</i>
14 Lender's Employer/Law Firm <i>Los Fresnos Eye Clinic / Law Office of Estela Vasquez, P.C.</i>		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 <input type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
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)		

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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):
2 FILER NAME Estela Chavez Vasquez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ — 0 —
5 Date of loan 4/25/16	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonio & Estela Vasquez	9 Loan Amount (\$) \$ 5,000⁰⁰
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 955 E. Tyler Brownsville, TX 78520	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation Optometrist/Attorney		13 Lender's Job Title Optometrist/Attorney
14 Lender's Employer/Law Firm Los Fresnos Eye Clinic / Law Office of Estela Vasquez, P.C.		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 <input type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
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)		

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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	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.

1 Total pages Schedule F1:	2 FILER NAME Estela Chavez Vasquez	3 Filer ID (Ethics Commission Filers)
4 Date 2/22/16	5 Payee name Carrera Communications	
6 Amount (\$) \$1,000⁰⁰	7 Payee address; City; State; Zip Code 135 Paseo del Prado Edinburg, Texas 78541	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense Printing 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Estela Chavez Vasquez Office sought: County Court No. 5 Office held:	
Date 2/26/16	Payee name Graciela Andrade	
Amount (\$) 181.25	Payee address; City; State; Zip Code Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Estela Chavez Vasquez Office sought: County Court No. 5 Office held:	
Date 3/2/16	Payee name M3 Advertising Group	
Amount (\$) \$1,623.75	Payee address; City; State; Zip Code 1160 E. Alton Gloom Brownsville, TX ste G4	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Estela Chavez Vasquez Office sought: County Court No. 5 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 | 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.

1 Total pages Schedule F1:	2 FILER NAME <i>Estela Chavez Vasquez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/2/16</i>	5 Payee name <i>Vista Mobile</i>
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6 Amount (\$) <i>\$324.75</i>	7 Payee address; City; State; Zip Code <i>30 Providencia Suite 2 Brownsville, TX 78521</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Mobile Advertising</i>	(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 <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No. 5</i>	Office held
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Date <i>3/5/16</i>	Payee name
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Amount (\$) <i>\$50⁰⁰</i>	Payee address; City; State; Zip Code <i>Brownsville, TX 785</i>
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	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 <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No. 5</i>	Office held
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Date <i>3/3/16</i>	Payee name <i>GD Project</i>
-----------------------	---------------------------------

Amount (\$) <i>\$43.30</i>	Payee address; City; State; Zip Code <i>2310 N. Expressway Suite C Brownsville, TX 78521</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	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 <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No. 5</i>	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 | 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.

1 Total pages Schedule F1:	2 FILER NAME Estela Chavez Vasquez	3 Filer ID (Ethics Commission Filers)
4 Date 3/8/16	5 Payee name MS Designo	
6 Amount (\$) \$2,470.81	7 Payee address; City; State; Zip Code 1405 S. Palm Court Drive Hawkingen, TX 78552	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Estela Chavez Vasquez Office sought: County Court No. 5 Office held:	
Date 3/7/16	Payee name San Benito High School Choir	
Amount (\$) \$150⁰⁰	Payee address; City; State; Zip Code 450 S. Williams Rd. San Benito, TX 78586	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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: Estela Chavez Vasquez Office sought: County Court No. 5 Office held:	
Date 3/10/16	Payee name St. Luke Catholic School	
Amount (\$) \$240⁰⁰	Payee address; City; State; Zip Code 2850 Price Rd. Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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: Estela Chavez Vasquez Office sought: County Court No. 5 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 | 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.

1 Total pages Schedule F1:	2 FILER NAME <i>Estela Chavez Vasquez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/14/16</i>	5 Payee name <i>Soe Treviño</i>
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6 Amount (\$) <i>\$1,000⁰⁰</i>	7 Payee address; City; State; Zip Code <i>Harlingen, TX</i>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract labor blockwalking mobile advertising</i>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No. 5</i>	Office held
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Date <i>3/16/16</i>	Payee name <i>Carrera Communications</i>
------------------------	---

Amount (\$) <i>\$2,000⁰⁰</i>	Payee address; City; State; Zip Code <i>135 Paseo del Prado Edinburg, Texas 78541</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>consulting Expense Printing Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No. 5</i>	Office held
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Date <i>3/17/16</i>	Payee name <i>Cameron County Democratic Party</i>
------------------------	--

Amount (\$) <i>\$150⁰⁰</i>	Payee address; City; State; Zip Code <i>Brownsville, TX</i>
--	--

PURPOSE OF EXPENDITURE	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 ONLY 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 | 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.

1 Total pages Schedule F1:	2 FILER NAME Estela Chavez Vasquez	3 Filer ID (Ethics Commission Filers)
4 Date 3/21/16	5 Payee name MS Designs	
6 Amount (\$) \$1,963.66	7 Payee address; City; State; Zip Code 1405 S. Palm Court Drive Harlingen, TX 78552	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Estela Chavez Vasquez Office sought: 4 County Court No. 5 Office held:	
Date 3/24/15	Payee name Lamar	
Amount (\$) \$2,160⁰⁰	Payee address; City; State; Zip Code 201 Industrial Way San Benito, TX 78586	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Estela Chavez Vasquez Office sought: County Court No. 5 Office held:	
Date 3/29/16	Payee name Mario Saenz	
Amount (\$) \$1,000⁰⁰	Payee address; City; State; Zip Code Brownsville, TX 7852	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) mobile Advertising Block walking Contract labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Estela Chavez Vasquez Office sought: County Court No. 5 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 | 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.

1 Total pages Schedule F1:	2 FILER NAME <i>Estela Chavez Vasquez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/30/16</i>	5 Payee name <i>Galaxy Bowling</i>
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6 Amount (\$) <i>\$285⁰⁰</i>	7 Payee address; City; State; Zip Code <i>3451 Pablo Kisel Blvd. Brownsville, TX 78526</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No. 5</i>	Office held
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Date <i>5/10/16</i>	Payee name <i>Print Works</i>
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Amount (\$) <i>\$2,816.83</i>	Payee address; City; State; Zip Code <i>1414 Pecan Blvd. McAllen, TX</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Pushcards / Door Hangers</i>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No. 5</i>	Office held
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Date <i>3/31/16</i>	Payee name <i>GD Project</i>
------------------------	---------------------------------

Amount (\$) <i>\$32.47</i>	Payee address; City; State; Zip Code <i>2310 N. Expressway Suite C Brownsville, TX 78521</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fundraising Invites Printing Expense</i>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No. 5</i>	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	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.

1 Total pages Schedule F1:	2 FILER NAME <i>Estela Chavez Vasquez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/31/16</i>	5 Payee name <i>Vista Mobile</i>	
6 Amount (\$) <i>\$324.75</i>	7 Payee address; City; State; Zip Code <i>30 Providencia Court Suite 2 Brownsville, TX 78521</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Mobile Advertising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Estela Chavez Vasquez</i> Office sought: <i>County Court No. 5</i> Office held:	
Date <i>3/31/16</i>	Payee name <i>David Mungia</i>	
Amount (\$) <i>\$500⁰⁰</i>	Payee address; City; State; Zip Code <i>Santa Rosa, Texas</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract labor mobile advertising block walking</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Estela Chavez Vasquez</i> Office sought: <i>County Court No. 5</i> Office held:	
Date <i>4/01/16</i>	Payee name <i>Carrera Communications</i>	
Amount (\$) <i>\$2,000⁰⁰</i>	Payee address; City; State; Zip Code <i>135 Paseo del Prado Edinburg, Texas 78541</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>consulting expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Estela Chavez Vasquez</i> Office sought: <i>County Court No. 5</i> 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	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:	2 FILER NAME <i>Estela Chavez Vasquez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/01/16</i>	5 Payee name <i>Johnny Cavazos</i>
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6 Amount (\$) <i>\$1,414⁰⁰</i>	7 Payee address; City; State; Zip Code <i>Los fresnos, TX 78566</i>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Printing Expens</i>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No. 5</i>	Office held
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Date <i>4/4/16</i>	Payee name <i>M5 Designs</i>
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Amount (\$) <i>\$914.17</i>	Payee address; City; State; Zip Code <i>405 S. Palm Court Drive Harlingen, TX 78552</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expens</i>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No. 5</i>	Office held
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Date <i>4/8/16</i>	Payee name <i>Valley Bargain Book</i>
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Amount (\$) <i>\$658⁰⁰</i>	Payee address; City; State; Zip Code <i>1300 Wild Rose Lane Brownsville, TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No. 5</i>	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	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.

1 Total pages Schedule F1:	2 FILER NAME <i>Estela Chavez Vasquez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/14/16</i>	5 Payee name <i>Leo Martinez</i>
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6 Amount (\$) <i>\$600.00</i>	7 Payee address; City; State; Zip Code <i>Santa Maria, TX</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>mobile advertising block walking</i>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No. 5</i>	Office held
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Date <i>4/28/16</i>	Payee name <i>MS Designs</i>
------------------------	---------------------------------

Amount (\$) <i>\$1,311.99</i>	Payee address; City; State; Zip Code <i>1405 S. Palm Court Drive Hearlingen, TX 78552</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing signs + shirts</i>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought <i>Cameron County Court</i>	Office held <i>No. 5</i>
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Date <i>5/10/16</i>	Payee name <i>CASIA</i>
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Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>1740 Boca Chica #300 Brownsville, TX</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>donation</i>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No. 5</i>	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	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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 5/10/16	5 Payee name Carrera Communications
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6 Amount (\$) \$2,000 ⁰⁰	7 Payee address; City; State; Zip Code 135 Paseo del Prado Edinburg, Texas 78541
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Estela Chavez Vasquez	Office sought County Court No. 5	Office held
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Date 5/3/16	Payee name Vista Mobile
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Amount (\$) 324.75	Payee address; City; State; Zip Code 30 Providencia Court Ste. 2 Brownsville, TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) mobile Advertising	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Estela Chavez Vasquez	Office sought County Court No. 5	Office held
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Date 5/5/16	Payee name MS Designs
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Amount (\$) \$745.84	Payee address; City; State; Zip Code 1405 S. Palm Court Dr. Harlingen Texas 78552
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing yard signs	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Estela C. Vasquez	Office sought County Court No. 5	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	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.

1 Total pages Schedule F1:	2 FILER NAME <i>Estela Chavez Vasquez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/16/16</i>	5 Payee name <i>Big Bad Wolf Advertising</i>	
6 Amount (\$) <i>\$500⁰⁰⁰</i>	7 Payee address; City; State; Zip Code <i>Brownsville, TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No. 5</i>
Date <i>5/13/16</i>	Payee name <i>Tip of Texas</i>	
Amount (\$) <i>\$150⁰⁰⁰</i>	Payee address; City; State; Zip Code <i>455 E. Levee St. Brownsville, TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No. 5</i>
Date <i>5/15/16</i>	Payee name <i>Print Works</i>	
Amount (\$) <i>\$9,200.00</i>	Payee address; City; State; Zip Code <i>1414 Pecan Blvd McAllen, TX 78501</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Mail out</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No. 5</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 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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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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PURPOSE OF EXPENDITURE	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

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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City; State; Zip Code	
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City; State; Zip Code	
	Description of investment	
	Amount of investment (\$)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Estela Chavez Vasquez</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>5/14/16</i>	6 Payee name <i>M. J. Ross Group, Inc</i>	
7 Amount (\$) <i>\$1,553.76</i>	8 Payee address; City; State; Zip Code <i>P.O. Box 19037 Portland, Oregon 97280</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Phone Banking</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought / Office held <i>County Court No. 5</i>
Date <i>5/12/16</i>	Payee name <i>Brownsville Herald</i>	
Amount (\$) <i>\$875.00</i>	Payee address; City; State; Zip Code <i>1135 E. Van Buren St. Brownsville, TX 78520</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Post Its 5/15, 5/16 & 5/17 Print Ad 5/13, 5/15</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought / Office held <i>County Court No. 5</i>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Estela Chavez Vasquez</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date <i>5/6/16</i>	6 Payee name <i>Brownsville Herald</i>
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7 Amount (\$) <i>\$75⁰⁰</i>	8 Payee address; City; State; Zip Code <i>1135 E. Van Buren St. Brownsville, TX 78520</i>
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i> <i>Digital Post It 5/8/16</i>	(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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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No. 5</i>	Office held
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Date <i>5/5/16</i>	Payee name <i>Brownsville Herald</i>
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Amount (\$) <i>\$450⁰⁰</i>	Payee address; City; State; Zip Code <i>1135 E. Van Buren Brownsville, TX 78520</i>
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i> <i>Print Ad 5/8/16</i>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No. 5</i>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Estela Chavez Vasquez</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>5/04/16</i>	6 Payee name <i>Brownsville Herald</i>	
7 Amount (\$) <i>\$880⁰⁰</i>	8 Payee address; City; State; Zip Code <i>1135 E. Van Buren Brownsville, TX 78520</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held <i>Estela Chavez Vasquez County Court No. 5</i>		
Date <i>04/27/16</i>	Payee name <i>Brownsville Herald</i>	
Amount (\$) <i>\$593.95</i>	Payee address; City; State; Zip Code <i>1135 E. Van Buren, Brownsville, TX 78520</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Sun.</i>	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 <i>Estela Chavez Vasquez County Court No. 5</i>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Estela Chavez Vasquez</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date <i>4/11/16</i>	6 Payee name <i>Brownsville Herald</i>
--------------------------	---

7 Amount (\$) <i>\$125⁰⁰</i>	8 Payee address; City; State; Zip Code <i>1135 E. Van Buren Brownsville, TX 78520</i>
--	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising wed 4/13/16 LA CISD 100th Ad.</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	---	---

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No. 5</i>	Office held
--	---	--	-------------

Date <i>03/24/16</i>	Payee name <i>Brownsville Herald</i>
-------------------------	---

Amount (\$) <i>\$450⁰⁰</i>	Payee address; City; State; Zip Code <i>1135 E. Van Buren, Brownsville, TX 78520</i>
--	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising sun. 03/27/16</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No. 5</i>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Estela Chavez Vasquez</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date <i>3/15/16</i>	6 Payee name <i>Brownsville Herald</i>
--------------------------	---

7 Amount (\$) <i>\$550⁰⁰</i>	8 Payee address; City; State; Zip Code <i>1135 E. Van Buren Brownsville, TX 78520</i>
--	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Easter Post Its</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	--	---

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No.5</i>	Office held
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Date <i>3/01/16</i>	Payee name <i>Brownsville Herald</i>
------------------------	---

Amount (\$) <i>\$3,000⁰⁰</i>	Payee address; City; State; Zip Code <i>1135 E. Van Buren, Brownsville, TX 78520</i>
--	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	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 <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No.5</i>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date 3/27/16	6 Payee name Valley Star Fruits
-------------------	------------------------------------

7 Amount (\$) \$44.00	8 Payee address; City; State; Zip Code Brownsville, TX 78526
--------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food 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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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Estela Chavez Vasquez	Office sought County Court No. 5	Office held
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Date 3/17/16	Payee name Home Depot
-----------------	--------------------------

Amount (\$) \$81.53	Payee address; City; State; Zip Code Brownsville, TX 78526
------------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) zip ties, nails etc.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Estela Chavez Vasquez	Office sought County Court No. 5	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Estela Chavez Vasquez</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date <i>3/08/16</i>	6 Payee name <i>M.S. Ross Group, Inc.</i>
--------------------------	--

7 Amount (\$) <i>\$812.91</i>	8 Payee address; City; State; Zip Code <i>P.O. Box 19037 Portland, Oregon 97280</i>
----------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Phone Banking</i>	(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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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Estela Chavez Vasquez</i>	Office sought <i>County Court No. 5</i>	Office held
--	---	--	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	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 ONLY 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
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 G:	2 FILER NAME <i>Estela Chavez Vasquez</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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 (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	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
	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

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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.

1 Total pages Schedule H:	2 FILER NAME <i>Estela Chavez Vasquez</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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
	9 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>Estela Chavez Vasquez</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
	<i>[This row is crossed out with a diagonal line]</i>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	<i>[This row is crossed out with a diagonal line]</i>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	<i>[This row is crossed out with a diagonal line]</i>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	<i>[This row is crossed out with a diagonal line]</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

Estela Chavez Vasquez

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
6 Address of person from whom amount is received; City; State; Zip Code		
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

2 FILER NAME

Estela Chavez Vasquez

3 Filer ID (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

Antonio & Estela Vasquez

5 Lender address; City; State; Zip Code

955 E. Tyler Brownsville, TX 78520

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M:

2 FILER NAME

Esabella Chavez Vasquez

3 Filer ID (Ethics Commission Filers)

4 Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME <i>Estela Chavez Vasquez</i>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input checked="" type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input checked="" type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below *only* if you are not an officeholder. ..

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

.. Complete this section *only* if you are an officeholder ..

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder