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:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST EStela NICKNAME LAST	MI	OFFICE USE ONLY Date Received
4 CANDIDATE/ OFFICEHOLDER MAILING	Chavez 1 ADDRESS / PO BOX; APT / SUITE #; Q55 E. Tyler	JOSQUEZ CITY; C STATE; ZIP CODE	CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 5:0097 MAY 1 6 2016
ADDRESS Change of Address	Brownsuille	TX 78576	inches and the second s
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 434-97	EXTENSION	Brate Hand be week of Command
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Ricardo NICKNAME LAST Sancho	MI 	Pecelpl # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 3012 Resa Brownsville		zip code Drive
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 543-5	EXTENSION	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THRO	ough 05/14/	Year 2016
11 ELECTION	ELECTION DATE Month Day Year Primary 05/24/2016 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (11 known) Judge of (County Cou	Cameron rt No. 5
·	go to	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME	Λĺ		15 Filer ID (Ethics Commission Filers)	
tstela 1	Mayer	Vasquer		
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	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		,		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		o, Lorina, or dominateles of Lorina, oneless members		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,755	
EXPENDITURE TOTALS	E 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$47.734			
CONTRIBUTION , BALANCE	Total political contributions maintained as of the last day of reporting period \$ 3,631.66			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY \$ 31.66 LAST DAY OF THE REPORTING PERIOD \$ 55,000			
18 AFFIDAVIT				
ASH: defended by me under Title 15, Election Code. Notary 10 and 37830 Signature of Candidate or Officeholder				
AFFIX NOTARY STAME	P/SEALABOVE			
Sworn to and subscr		by the said Estela Chauez Vas	7WZ, this the <u>lle</u>	
ay or the same	D	o certify which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

Estela Chaver Vasquer 20 Filer ID (Ethics Con	nmission Filers)
SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$5,765°
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ - 0 -
SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ -0-
SCHEDULE E(J): LOANS (JUDICIAL)	\$65,000°
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$38,241.98
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 6
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	59,492.00
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-
	SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) SCHEDULE E(J): LOANS (JUDICIAL) SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME Chauer Vasquer	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor	7 Amount of contribution (\$)
504 E. Ste Francis Brownsuille.	TK
8 Contributor's principal occupation 9 Contributor's job title	
10 Contributor's employer/law firm Law office of Gilberto Hingiose Law Offi 12 If contributor is a child, law firm of parent(s) (if any)	
Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
Construction Management Contributor's job title	e .
Under Construction Contributed Law firm of contributed Construction Contributed Contributor is a child, law firm of parent(s) (if any)	or's spouse (if any)
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
4/24/16 law Office of Robert Garza Contributor address; City; State: Zip Code 7853 (200 E. Harrison Brownsville, TX	\$5000
Contributor's principal occupation Contributor's job titie Attorna	•
Contributor's employer haw firm Law firm of contribution of C	tor's spo use (if any)
If contributor is a child, law firm of parent(s) (if any)	e

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A(J)1

The Instruction Guide explains how to complete thi	s form. 1 Total pages Schedule A(J)1:
2 FILER NAME La Chauer Vasq	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PA	C ID#:
4/24/16 Evin Gamer 6 contributor address; City; Sta 77 & Harrison Brown	ate; Zip Code 78590 #165
8 Contributor's principal occupation	9 Contributor's job title
10 Contributor's employer/law firm	C 11 Law firm of contributor's spouse (if any)
law Office of Ernesto Game	
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor 🗍 out-of-state PA	C ID#:
4/24/16 Helen Delgadille Contributor address; City; Sta	į į
1104 S. Th St. Brow	215 code 78580
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Attorney
Contributor's employer/law firm Law Office of Itelen Delgadillo If contributor is a child, law firm of parent(s) (If any)	Law firm of contributor's spouse (if any)
i continuitor is a clinic, law mini of parcintal (ii any)	
Date Full name of contributor	C ID#: Amount of contribution (\$)
4/25/6 Dais & Amin Standards; City; Sta	ate: Zip Code
Dallo	LS.TX
Contributor's principal occupation Octor Octor	Contributor's job title 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)	
ATTA OLI ADDITIONIAL OODIE	C OF THIS COUEDING AS MEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form	1 Total pages Schedule A(J)1:			
² FILER NAME Chauer Vasque	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC ID#: Raul & Teresa Gra 6 Contributor address; City; State;	cia Zip Code 78590 #100			
le 79 le Tecate. Dr. Brown 8 Contributor's principal occupation 9	Contributor's job title			
Retired 10 Contributor's employer/law firm 1	1 Law firm of contributor's spouse (if any)			
12 If contributor is a child, law firm of parent(s) (if any)				
Pate Full name of contributor cut-of-state PAC 10#: 4/24/16 Flor Robinson Contributor address; City; State; 3442 Chablis Bro	Zip Code 78536 \$ 30000			
Contributor's principal occupation Area Superintendent Contributor's employer/law firm Contributor's employer/law firm Contributor's spouse (if any)				
Contributor's employer/law firm Athlos/Jubilee Schoot Law firm of contributor's spouse (if any)				
If contributor is a child, law firm of parent(s) (if any)				
	Amount of contribution (\$) Zip Code Disconsist ILE, TX			
Contributor's principal occupation Contributor's employer/law firm	Contributor's job title A HO COUNTRIBUTE Law firm of contributor's spouse (if any)			
If contributor is a child, law firm of parent(s) (if any)	anas			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:			
2 FILER NAME Chaver Vasquer	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC ID#:	7 Amount of contribution (\$)			
4/24/16 Baldomero Treviño	de 70601 \$ 250°			
4 Date 5 Full name of contributor out-of-state PAC ID#: 4 Date 5 Full name of contributor out-of-state PAC ID#: 5 Full name of contributor out-of-state PAC ID#: 6 Contributor address; City; State; Zip Co 5921 Hidden Hideaway Br 8 Contributor's principal occupation 9 Con	de 78521			
8 Contributor's principal occupation 9 Con	tributor's job title			
Car Dealer				
	firm of contributor's spouse (if any)			
Mr. B's Car Lot				
12 If contributor is a child, law firm of parent(s) (if any)				
Date	Amount of contribution (dt)			
Full name of contributor out-of-state PAC iD#:				
4/24/16 Linda Gonzalez Contributor address; City; State; Zip Contributor	\$300			
Contributor address; City; State; Zip Con	de 7850			
777 E. Harrison Browns	SUIL TX			
Contributor's principal occupation Con	Contributor's principal occupation Contributor's job title			
Contributor's employer/law tilm	firm of contributed a Rica (if any)			
Contributor's employer/law firm may la Law firm of contributor's species (if any) Law firm of contributor's species (if any) Law firm of contributor's species (if any) If contributor is a child, law firm of parent(s) (if any)				
If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributor ☐ out-of-state PAC ID#:) Amount of contribution (\$)			
4/24/16 Gerardo Lopez	11 (0 - 00			
Contributor address: City State: Zin Co.	4/100			
3021 Resara Vista Dr.	Texas 78526			
	itributor's job title			
Drafter				
	firm of contributor's spouse (if any)			
Dely Employed				
If contrib t or is a child, law irm of parent(s) (if any)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

Т	he instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILERNAME ESTE	la Chauer Vasqu	er	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	D#:)	7 Amount of contribution (\$)
4/24/16	Une barger, Goggin, Blatre 6 Contributor address; City: State;	2 Sapson LCP	\$ 300°
	Hustin, TX	78760	•
Attor	principal occupation	9 Contributor's Job title	~
10 Contributor's e	, ,	11 Law firm of contributor's	s spouse (if any)
Linebar	er Goggan Blair & Sapson,	LLP,	
12 If contributor I	s a child, law firm of parent(s) (If any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
4/24/16	Contributor address; City; State; 7248 Mulberry St.	100001	\$ 100°°
Contributor's	principal occupation	Contributor's job title	
2000	mist		
Contributors 6	employer/law firm	Law firm of contributor's	s spouse (if any)
Stemens	Building Technologies a child, law firm of parent(s) (if any)		
If contributor is	s a child, law firm of parent(s) (if any)		
		'	
Date	Full name of contributor	D#:	Amount of contribution (\$)
	The state of solutions.	<i>Ou</i>	Amount of continuition (4)
	Contributor address; City; State:		
Contributoria			
Contributors	orincipal occupation	Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor	s snouse (if any)
	,		o opolico (ii arry)
If contributor is	s a child, law firm of parent(s) (if any)	•	
	•		1
	,		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

The Instruction Guide explains how to complete this	orm. 1 Total pages Schedule A(J)1:			
2 FILER NAME LA Chauer Vasque	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC 3 25 16 Derrick Suare2 6 Contributor address; City; State	7 Amount of contribution (\$) サルの ^{塩の} ; Zip Code			
8 Contributor's principal occupation	9 Contributor's job title			
Attorney	Attorney			
10 Contributor's employer/law firm Law Office of Derrick Juarez	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 out-of-state PAC				
3)22 lu Maria Linda Gonzale Contributor address; City; State;	2 \$1,000° 20 20 20 20 20 20 20 20 20 20 20 20 20			
777 E. Harrison Brows				
Contributor's principal occupation	Contributor's job title			
Httorney	Attorney			
Contributor's empleyer/law firm	Law firm of contributor's spouse (if any)			
Law Office of Maria Linda Gonza	lez land office of Brian Janis, P.			
If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributor out-of-state PAC				
3/22/16 Fred A. Kowalski				
Contributor address; City; State:				
Contributor's principal occupation	Contributor's job title			
Attorne	Attarnen			
Contributor's employer/law firm	Law firm of contributor's spouse (if any)			
Law Office of Fred Kowalski				
If contributor is a child, law firm of parent(s) (if any)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) Contributor's principal occupation 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) out-of-state PAC ID#: Full name of contributor City; State; Zip Code Contributor's job title Contributor's principal occupation 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 Amount of contribution (\$) Full name of contributor out-of-state PAC ID#:_ City; State: Zip Gode Contributor address; Contributor's job title Contributor's principal occupation 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 Estela Chavez Vasquez		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ -0	
5 Date	6 Full name of contributor)	8 Amount of . 9 In-kind contribution Contribution \$. description	
7 Contributor address; City; State; Zip Code		. Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Date Full name of contributor out-of-state PAC (ID#:)		Amount of . In-kind contribution Contribution \$. description	
Contributor address; City; State; Zip Code		<i></i> de	Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employ		Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	outor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Law		Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
lf	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B(J):		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Palal	Chause Masou	I A 🔿	,	
- L 7461	a Chauez Vasqu	رور		
4 TOTAL OF	UNITEMIZED PLEDGES		\$ -0-	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount 9 In-kind contribution of Pledge \$ description	
	7 Pledgor address; City; State; Zi			
			Check if travel outside of Texas. Complete Schedule T.	
10 Pledgor's prin	cipal occupation	11 Pledgor's job	,	
,				
12 Pledgor's emp	oloyer/law firm	13 Law firm of p	oledgor's spouse (if any)	
14 If pledgor is a	child, law firm of parent(s) (if any)			
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount . In-kind contribution of Pledge \$. description	
Pledgor address; City; State; Zip Code				
	·		· ·	
			Check if travel outside of Texas. Complete Schedule T.	
· Pledgor's principal occupation Pledgor's job		title		
Pledgor's employer/law firm		ladarda analas (itana)		
Law firm of p		oledgor's spouse (if any)		
If pledgor is a child, law firm of parent(s) (if any)				
ii pieugoi is a	csinu, law lim of parent(s) (if arry)			
Date	Full name of pledgor out-of-state PAC (ID#;)	Amount In-kind contribution of Pledge \$ description	
			·	
	Pledgor address; City; State; Zi	p Code	·	
			,	
			Check if travel outside of Texas. Complete Schedule T.	
Pledgor's prine	cipal occupation	Pledgor's job	title	
Pledgor's emp	oloyer/law firm	Law firm of p	eledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEE	DULE AS NEEDED	

LOANS (JUDICIAL)			SCHEDULE E(J)
The Instruction Guide explains how to complete this form.			1 Total pages Schedule E(J):
2 FILER NAME LA	Chauer Vasg	UC2	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNI	TEMIZED LOANS		\$
5 Date of loan 3 3 1 4	7 Name of lender out-of-state PAC Antonio & Estua Vas	(ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y (N)	Brownsville, TX	78520	11 Maturity date
12 Lender's Principal	of Attorney	13 Lender's Job Title Optometrist / F	Horney
14 Lender's Employer	Eye Clinic/Law Office of E	15 Law Firm of lender's spous	se (if any)
	law lirm of parent(s) (if any)	string virginity	
		18 Check if personal funds we account (See Instructions)	ere deposited into political
19 GUARANTOR INFORMATION	20 Name of guarantor	I. —	22 Amount Guaranteed (\$)
	21 Guarantor address; City;	State; Zip Code	
not applicable 23 Guarantor's Princip	pal Occupation	24 Guarantor's Job Title	
25 Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's s	pouse (if any)
27 If guarantor is a ch	ild, law firm of parent(s) (if any)		
if le	ATTACH ADDITIONAL COPIES (ander is out-of-state PAC, please see instruc		

LOANS (JUDICIAL)		SCHEDULE E(J)
The Instruction Guide explains how to complete this	form.	1 Total pages Schedule E(J):
2 FILER NAME Estela Chaver Vasque	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS	,	\$ - 0 -
5 Date of loan 7 Name of lender Out-of-state PAC 3 16 16 Antonio & Estela Va	9 Loan Amount (\$) \$ 15,000	
6 Is lender a financial Institution? Y N Brownsuille	State; Zlp Code	10 Interest rate 11 Maturity date
Brownsville, 12 Lender's Principal Occupation.	78530 13 Lender's Job Title	
Optometrist/Allornes 14 Lender's Employer/Law Firm	Optopodrist 15 Law Firm of lender's spous	Attorna ie (if any)
16 If lender is a child, law firm of parent(s) (if any)	Itstela Vasquez	Υ(
17 Description of Collateral none	18 Check if personal funds we account (See Instructions)	ere deposited into political
19 GUARANTOR INFORMATION 20 Name of guarantor	<u></u>	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 sp	oouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES If lender is out-of-state PAC, please see instruc		

LOANS	(JUDICIAL)		SCHEDULE E(J)
The	nstruction Guide explains how to complete this	form.	1 Total pages Schedule E(J):
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Estela	Chaver Vasquer		
	IITEMIZED LOANS		\$ -0 -
5 Date of loan	7 Name of lender out-of-state PAC	(ID#:)	9 Loan Amount (\$)
3/29/16	Antonio ¿Estela Vas	icto 7	410,000000
6 Is lender a financial Institution?		State; Zip Code	10 Interest rate
YN	Brownswille,	TX 78520	11 Maturity date
12 Lender's Principa	Occupation	13 Lender's Job Title	
Optometri.	st/Altorney	Optometrist	Attornay
14 Lender's Employe	•	15 Law Firm of lender's spou	
	S. Fye Clinic / Law Off	the ottstela	Vesquez, P.C.
i i i i i i i i i i i i i i i i i i i	, law aim or parent(s) (if any)		
17 Description of Co	lateral	18 Check if personal funds w	vere deposited into political
_ none		account (See Instructions)
none	20 Name of guarantor		
19 GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)
			_
	21 Guarantor address; City;	State; Zip Code	
not applicable			
23 Guarantor's Princ	ipal Occupation	24 Guarantor's Job Title	
25 Guarantor's Empl	pyer/Law Firm	26 Law Firm of guarantor's s	spouse (if any)
·			
27 If guarantor is a c	hild, law firm of parent(s) (if any)	1	
If I	ATTACH ADDITIONAL COPIES (ender is out-of-state PAC, please see instruc		

LOANS (JUDICIAL)	·	SCHEDULE E(J)
The in	struction Guide explains how to complete this f	orm.	1 Total pages Schedule E(J):
2 FILERNAME ESTELA	Chavez Vasque)	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNI	TEMIZED LOANS		\$ -0 -
5 Date of loan 4 25 1 6 6 Is lender a financial	7 Name of lender out-of-state PAC (Antonio & Stella V 8 Lender address; City;	9 Loan Amount (\$) \$\begin{align*} \$\begin{align*} \$10 & Interest rate \end{align*}	
Institution?	955 E. Tyler Brownsui	11e,TX 78520	11 Maturity date
Optometris 14 Lender's Employer/	Occupation Altorner	13 Lender's Job Title Optometr's 15 Law Firm of lender's spous	A JAHorney e (if any) Viscous PC
16 If lender is a child,	law firm of parent(s) (if any)	100 0 1 001010	Valsage
17 Description of Colle	uteral	18 Check if personal funds we account (See Instructions)	ere deposited into political
19 GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)
	21 Guarantor address; City;	State; Zip Code	
not applicable 23 Guarantor's Princip	al Occupation	24 Guarantor's Job Title	
25 Guarantor's Employ	ver/Law Firm	26 Law Firm of guarantor's sp	oouse (if any)
27 If guarantor is a chi	ild, law firm of parent(s) (if any)		
If le	ATTACH ADDITIONAL COPIES C		

LOANS (JUDICIAL)		SCHEDULE E(J)				
The Instruction Guide explains how to complete the	nis form.	1 Total pages Schedule E(J):				
2 FILERNAME Estela Chauez Vasqu	و کے	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED LOANS	\$ -0 -					
5 Pate of loan 7 Name of lender Dout-of-state & 4/25/16 Antonio & Sstela Va	9 Loan Amount (\$) \$ 5,000					
6 Is lender a financial Institution? 8 Lender address; City; 955 E.T.	Štate; Zip Code	10 Interest rate 11 Maturity date				
Y (N) Brown sul	16,TX 78520	II waterity date				
12 Lender's Principal Occupation Optometrist Attornes	13 Lender's Job Title Optometris	Altornam				
14 Lender's Employer/Law Firm Los Fresnos Eye Clinic / Law (15 Law Firm of lender's spou Office of Est	se (If any) La Vasquez, P.C.				
16 If lender is a child, law firm of parent(s) (if any)		•				
17 Description of Collateral	18 Check if personal funds were deposited into political account (See Instructions)					
19 GUARANTOR 20 Name of guarantor INFORMATION	L	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 s	spouse (if any)				
27 If guarantor is a child, law firm of parent(s) (if any)	ī					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payor payor				
8/22/16	Carrera Communications				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,000°	135 Paseo del Prado Edinburg, Texas 78541				
8	(a) Category (See Categories listed at the top of this schedule) (b) Description				
PURPOSE OF EXPENDITURE	Consulting Expande Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Printing Expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Office holder name Sole la Chauer Vasquer Scarty Court No. 5				
Date	Payee name				
2/26/16	Graciela Andrade				
Amount (\$)	Payee address; City; State; Zip Code				
181.25	Brownsville, TX 78521				
	Category (See Categories listed at the top of this schedule) Description				
PURPOSE OF EXPENDITURE	Contract labor Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Office holder name Office sought Office held				
expenditure to benefit C/OF	•				
Date	Payee name				
3/2/16	M3 Advertising Group				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,623.75	1160 E. Alton Gloon Brownsville, TX				
	Category (See Categories listed at the top of this schedule) Description				
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Advertising Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held				
expenditure to benefit C/OF	Estela Chaver Vasquez County Court No. 5				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED .				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Travel In District Contributions/Donations Made By 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) 4 Date 30 Providencia Sulte 2 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** mobile OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought 9 Complete ONLY If direct Office held expenditure to benefit C/OH (b) Date Payee name City; State; Zip Code Payee address; Brownsulle, TX Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Food Expense Check if Austin, TX, officeholder living expense EXPENDITURE Office held Complete ONLY II unico. expenditure to benefit C/OH Complete ONLY if direct Candidate / Officeholder name Office sought Payee name Date City; State; Zip Code Amount (\$) Suite C Brownswille Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Printing Expense Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

SCHEDULE F1

		EXPEND	HURE CALE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Ex Gift/Awards/Mema Legal Services The Instruction	orlals Expense	Office Overl Polling Expe Printing Exp Salaries/Wa		Transportation E Travel In District Travel Out Of Di	
1 Total pages Schedule F1:	2 FILER N	1 0 1	laul7	Vesa	un 9	3 Filer ID (E	thics Commission Filers)
4 Date 3816	5 Payee na		man O	0 239	<u>ue (</u>		
6 Amount (\$)	7 Payee ac	idress; (Oity; State;	Zìp Code			
18.051461	1405	11	alm	Coo		ive	
8	(a) Category	/ (See Categories list	ngen	Cabadula)	7855	<u> </u>	
PURPOSE OF EXPENDITURE	_	iting (el outside of Texas. Compl stin, TX, officeholder 11	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-		late / Officeholde Chaue-	er name	uez	Office sought	~ Court	Office held Vo. 5
Date	Payee na	ıme					
3/7/16	San	Ber	vi to	Hich	Sch	ool C	hoir
Amount (\$)	Payee ad	ddress; (Olty; State;	Zip Code		_	
\$150°°	450	S. W:	Mams	Rd.	San 1	Benito	TX 584
PURPOSE OF EXPENDITURE		/ (See Calegories list	ted at the top of this	schedule)		outside of Texas. Comple	
Complete ONLY if direct		ate / Officeholde	er hame		Office sought		Office held
expenditure to benefit C/OH	454		quer V	asque	L Count	by Court	No.5
3/10/16	Payee n	Lu Kg	Carl	holic	Sch	00	
Amount (\$)	Payee a	ddress; (City; State;	Zip Code			
# 240°0	2850	Price	. Rd.	Brow	onsuille,	TX 78°	291
	Category	/ (See Categories list	ted at the top of this	schedule)	Description		
PURPOSE OF	_ ,	۸				loutside of Texas. Comple	
EXPENDITURE	Adu	extisir	F		LI Check if Au	stin, TX, officeholder li	ving expense
Complete ONLY if direct expenditure to benefit C/OF	Candio Selection	late / Officehold	er name _ \\QS9U	er	Office sought	burt Ne	Office held
	AT	TACH ADDITIO	ONAL COPIE	S OF THIS S	CHEDULE AS N	EEDED	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Gulde explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY If direct expenditure to benefit C/OH Payee name City; State; Amount (\$) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Office sought expenditure to benefit C/OH havez Payee name Brownsui Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Relmbursement Solicitation/Fundralsing Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulling 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 Gulde explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name State; Zip Code Court 11.963.6le Check if travel outside of Texas. Complete Schedule T. PURPOSE Printing Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name amar Amount (\$) City; State; Zip Code way san BenitoiTx Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check If Austin, TX, officeholder living expense EXPENDITURE Complete ONLY If direct Complete <u>UNLT II on the Complete UNLT II on the Compl</u> Payee name City; State; Zip Code Brownsull Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** K walking Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Court

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Office Overhead/Rental Expense Polling Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Contributions/Donations Made By 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: 3 Filer ID (Ethics Commission Filers) Brownsulle, TX Kisel Blud. (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH $N_{\varnothing} \subseteq$ McAllen, TX \$2,816.83 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Rushcards OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY it areas expenditure to benefit C/OH Soleta Candidate / Officeholder name Office sought Chauer Vasquez GD Projec State; Zip Code Amount (\$ Check if Iravel outside of Texas, Complete Schedule T. **PURPOSE** Findraisto OF Check if Austin, TX, officeholder living expense EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politics	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 13 Filer ID (Ethics Commission Filers) 15 Filer NAME 15 Filer ID (Ethics Commission Filers)
4 Date 3 31 14	5 Payee name Vista Mobile
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$324,75	30 Providencia Court Sulte 2 Brownsville, TX
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Check If Austin, TX, officeholder living expense
	Mobile Check if Austin, TX, officeholder living expense Advertising
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Office holder name Office sought Office held 25/2 la Chaver Vasquer County Court No.5
Date	Payee name
3/31/1le	David Mungia
Amount (\$)	Payee address; City; State; Zip Code
850000	
	Santa Rosa, Texas
	Category (See Categories listed at the top of this schedule) Description
PURPOSE	Contract labor Check If travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	mobile aduent stry Check if Austin, TX, officeholder living expense
LAN ENDITONE	block walking
Complete ONLY if direct	Candidate / Office holder name Office sought Office held
expenditure to benefit C/O	
	Estela Chaux Vasquer County Court No.5
Date	Payee name
Hollle	Carrera Communications
Amount (\$)	Payee address; City; State; Zip Code
17 000	135 Pases del Prado
12,00	Edinburg, Texas 78541
	Category (See Categories listed at the top of this schedule) Description
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OF EXPENDITURE	Check if Austin, TX, officeholder living expense
	commen
	Out the control of th
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Office holder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Event Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Candidate/Officeholder/Political Committee Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 6 Amount (\$) 7 Payee address: 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ('almo Payee name Payee address: 18557 Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Amount (\$) Browns u! 11 Description **PURPOSE** Check if travel outside of Taxas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

		EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Adventising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Pol Credit Card Payment	de By litical Committee	Event Expense Fees Food/Severage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Office O Polling I ense Printing Salaries	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor Complete this form	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
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4 Date	25-101	a Chaver	-Vasqu	er	C 1 MSI 10 (Lunes Commission Filers)	
414/16 6 Amount (\$)	5 Payee na	Mart	ine 7			
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#Levo				Santa	Maria IX	
8		(See Categories listed at the to	p of this schedule)	(b) Description	31/	
PURPOSE OF	mok	zile aduer	chising	. (itside of Texas. Complete Schedule T.	
EXPENDITURE	bloc	K walki	ins	Check if Austin	, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candida	ate / Officeholder name	Masa	Office sought	Office held	
Date	Payee nar	me		7 30	113 CONT NO. 5	
4/28/16	me	5 Des	isms			
Amount (\$)	Payee add	dress; City; Sta	te; Zip Code	· · · · · · · · · · · · · · · · · · ·	·	
41,311.99	1,405 H	S. Paln	Cou	rt Driv		
PURPOSE	Category	(See Categories listed at the top	of this schedule)	Description Check if travel outs	ide of Texas. Complete Schedule T.	
OF EXPENDITURE	Poir	Modera		1 f 1	TX, officeholder living expense	
•	20,20	TO 4 SKY	12		•	
Complete ONLY if direct expenditure to benefit C/O	Candidat	te / Officeholder name		Office sought	Office held	
Date	25,401	a Charer	Vasque	2 4 Cancer		
_1, 1,	Payee nam	10			0	
5/01/16	CA	SM			•	
Amount (\$)	Payee add:	ress; City; State	e; Zip Code			
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	Category (8	See Categories listed at the top of	of this schedule)	Description	I LOUIN	
PURPOSE OF		•		Check If travel outsid	e of Texas, Complete Schedule T.	
EXPENDITURE	dona	rost		L Check if Austin, To	X, officeholder living expense	
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expenditure to benefit C/OH	to le (a	Chauez	Va sque	Office sought	Office held Court No. 5	
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SCHEDULE F1

			EXPENDITURE CA	TECORIEC	FOR POY O(-)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		By al Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Rep Office Ov Polling E Printing E	psyment/Reimbursement /erhead/Rental Expense xpense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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	1 Total pages Schedule F1	2 FILER NA	\ME			3 Filer ID (Ethics Commission Filers)
	5 10 16	5 Payee na		nmi	enica to	∑ 3
١	6 Amount (\$)	7 Payee add	dress; City; State;		21000	· 10
•	12,00000	135	Paseo po	1 P	rado exas 7	8541
1	8	(a) Category	(See Categories listed at the top of th		(b) Description	0011
	PURPOSE OF EXPENDITURE		su Hing		Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida 2911	te/Officeholder name		Office sought	office held No.5
	Date	Рауее пал	10	フ		
•	5/3/16	Vis	da Mo	مهؤر	٩	
	Amount (\$)	Payee add	ress; City; State;	Zip Code		
•	324.75	30 Pre		(Surt	Ste. 2 Browns	will TV 78521
		Category (See Categories listed at the top of this	schedule)	Description	orrect in the sol
	PURPOSE OF EXPENDITURE	mob	•		Check if travel outsi	ide of Texas. Complete Schedule T. TX, officeholder living expense
		A	duentising	7		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate	/ Officeholder name		Office sought	Office held
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	Date	Payee nam	e		= JOHN!	> Lourt 1005
_	5/5/1Le	ms	Desta	nS		
	Amount (\$)	Payee addre	ess; City; State; Z	Zip Code		
ò	745.84	1405	S. Palm	Cov		
_		Category (9)			lingen T	tres 18552
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	Complete ONLY if direct	Candidate	/ Officeholder name	(_	Office sought	Office held
-	expenditure to benefit C/OH	2- tel	a C. Vasquez		Court Co	ort No.5
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Carel 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)

Credit Card Payment Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 5 Payee name 6 Amount (\$) Payee address: State; Zip Code <u>Zrowns</u> 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Advertising OF Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee пате Amount (\$) Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Circuit expenditure to benefit C/OH Candidate / Officeholder name Office held Date rint Works Amount (\$) McAllenITX 78501 1414 Pecan \$9,20le. lele Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Mailout EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Political Co		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)					
	The Instruction Guide explain	s how to complete this form.						
1 Total pages Schedule F2: 2	FILER NAME		3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEMIZ	ZED UNPAID INCURRED OBLIC	BATIONS	\$					
5 Date 6	Payee name							
7 Amount (\$) 8	3 Payee address; City; State;	Zip Code						
9 TYPE OF EXPENDITURE	Political	Non-Political						
10 (a	Category (See Categories listed at the top of thi	s schedule) (b) Descrip	tion					
PURPOSE		Chec	k if travel outside of Texas. Complete Schedule T.					
OF EXPENDITURE		Chec	k if Austin, TX, officeholder living expense					
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH								
Date	Payee name							
Amount (\$)	Payee address; City; State;	Zip Code						
TYPE OF EXPENDITURE	Political	Non-Political						
	Category (See Categories listed at the top of thi	s schedule) Descrip	ition					
PURPOSE		Chec	k if travel outside of Texas. Complete Schedule T.					
OF EXPENDITURE		Cher	k If Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held					
expenditure to benefit C/OH								
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Ŧ	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:				
2 FILER NAME		3 File	er ID (Ethics Commiss	sion Filers)		
4 Date	5 Name of person from whom investment is purchased					
	6 Address of person from whom investment is purchased; City	 y;	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	 G	State;	Zip Code		
	Description of investment					
	Amount of investment (\$)					
			÷	•		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NE	EDED			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

	Contributions/Donations Made By Candidate/Officeholder/Politica		Glft/Awar Legal Ser	ds/Memorials Ex vices	pense	Printing Expense Salaries/Wages/		Travel Out Of Distri Other (enter a caleg	ot ory not listed above)
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4	TOTAL OF UNITEM	IZED EXPI				•		\$	
5	Date 14 110	6 Payee r		2055 (~ >*******************	P, Ir	3 C		
	Amount (\$)	8 Payee		City:		Zip Code			
#	155376	P.O.	Bex			Port	land, C	regon	97280
9	TYPE OF EXPENDITURE	F	olitical			Non-Political			
10		(a) Catego	ry (See Ca	tegories listed at t	he top of this	schedule)	(b) Descriptio	n	
	PURPOSE OF EXPENDITURE	Phon	e F	Bank	irs			travel outside of Texas. Con	
11	11 Complete ONLY if direct expenditure to benefit C/OH Stela Chauer Vasquer Court No.5								
5	Date 12-116	Payee I		Sul	1e	Hero	rld		
18	Amount (\$)	Payee	address;	Oity; Van	State; S	Zip Code	A. Bre	lluence.	16,7X
•	TYPE OF EXPENDITURE	VF	Political			Non-Political			
	PURPOSE OF EXPENDITURE		ry (See Ca	tegories listed at ti	he top of this	schedule) Hall Lis Significant	,——,	rn Iravel oulside of Texas. Con I Auslin, TX, officeholder	·
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH			Officeholder n	ame Væsg	1.00 A	sought Ounty	Office I	
		ATTAC	H ADDI	TIONAL CO	PIES OF	THIS SCHE	DULE AS NE	EDED	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Contributions/Donations Made By Candidate/Officeholder/Politica	
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F4:	2 FILER NAME & Chaver Vasquer 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 5 le 11 le	8 Payee name Brownshille Herald
7 Amount (\$)	8 Payee address; City; State; Zip Code
\$7500	1135 F. Van Buren St. Brownsville, TX 78520
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Adverth Sirs Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Digital Post It 5/8/16
11 Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/O	
	Estela Chaver Vasque County Court No.5
515/1le	Brownsuille Herald
Amount (\$)	Payee address; City; State; Zip Code
\$450°°	1135 E. Ven Buren Brownsville, TX 78520
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Aduentising expense Print Ad 5/8/16
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/C	Estela Chauer Vesquer County Court No.5
}	
1	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Committee Legal Services Salaries/Wages/Contract Labor Other (enter a calegory not listed above)
	The instruction Guide explains how to complete this form.
1 Total pages Schedule F4:	2 FILER NAME (Laur Vasquer 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 pate 5/04/16	Brownsville Herald
7 Amount (\$)	8 Payee address; City; State; Zip Code
#880°E	1135 E. Van Buren Brownsuille, TX 78520
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	AdulthSing Check If Austin, TX, officeholder living expense
	Post Its Sun. 5/15/16
11 Complete ONLY if direct expenditure to benefit C/OH	
	Estela Chauez Vasquez County Court No.5
Date 04/27/16	Payee name Brown SVIIL Herald
Amount (\$)	Payee address; City; State; Zip Code
4593.95	1135 E. Van Buren Brownsville, TX 78520
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Sun. Print Dost Its may 8,2016
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held
expenditure to benefit G/Or	Estela Chauer Vasquez County Court No. 5
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Candidate/Officeholder/Political				
1 Total pages Schedule F4:	2 FILER NAME Solla Chaus Vasquer 3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$			
5 Date 4 11 1 (e	IIIILE Brownsville Herald			
\$125°°	1135 E. Van Buren Brownsville, TX 78520			
9 TYPE OF EXPENDITURE	Political Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Calegories ilsted at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense LF CISO 100 Ad.			
11 Complete ONLY If direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Este la Chavez Vasquez County Court Vo. 5				
Date 03 24 1 Le	Brown Sville Herald			
450°	Payee address; City; State; Zip Code 1135 E. Van Buren Browns VIIIe, TX 78570			
TYPE OF EXPENDITURE	Political Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ESTERA Charles Vasques County Court No. S				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

Transportation Equipment & Related Expense Travel in District Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense

Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	Estela Chaver Vasquer	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
5 Pate 3 15 14	Brownsville Herald				
7 Amount (\$)	8 Payee address; City; State; Zip Code 1135 E. Van Buren Brownsuille, TX 78520				
9 TYPE OF EXPENDITURE	Political Non-Political				
10 PURPOSE OF EXPENDITURE		on I travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held Court Vo. 5			
30116	Payee name Brown SVIIL Herald				
Amount (\$) #3,000°	Payee address; City; State; ZIp Code 1135 E. Van Buren Brownst	116, 1x 78500			
TYPE OF EXPENDITURE	Political Non-Political				
PURPOSE	Category (See Categories listed at the top of this schedule) Descript Check	lorn .if travel outside of Texas. Complete Schedule T.			

ΟF Advertising EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Salaries/Wages/Contract Labor Legal Services The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer 1D (Ethics Commission Filers) 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 5 Date 8 Payee address; City; State; Zip Code Amount (\$) Brownsville, TX 78526 TYPE OF Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. expense OF Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH (oon Amount (\$) Zip Code Payee address; City; State; \$81.53 Drownsville TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE tres, nails Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Contributions/Donations Made By Candidate/Officeholder/Political	
	The Instruction Gulde explains how to complete this form.
1 Total pages Schedule F4:	2 FILER NAME (have Vasque? 3 Filer ID (Ethics Gommission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 3/08/16	6 Payee name M.J. Ross Group, Inc.
7 Amount (\$)	8 Payee address; City; State; Zip Code
18.218#	P.O. Box 19037 Portland, Oregon
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Phone Banking Check If Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Office holder name Office sought Office held Stela Chauer Vasquer Count Court No. 5
Date	Payee name
Amount (\$)	Payee address; City; State; Zlp Code
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE	Check If travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O.	Candidate / Officeholder name Office sought Office held
	-
	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 Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Gredit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	Estela Chauez Vaszu	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name	<u></u>		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
Reimbursement from political contributions intended	ş .	· /		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE	Category (See Categories listed at the lop of this schedule)	Description		
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Candidate / Officeholder name	.,,		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	OH Candidate? Oilicenoider name	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED		

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

SCHEDULE H

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/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

отоскови гаупец	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule H:	2 FILER NAME Chavez Vasq	uez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Cod	е	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if Iravel outside	e of Taxas. Complete Schedule T.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Coo		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if travel outside	e of Texas. Complete Schedule T. K., officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Cod-	9	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	$\overline{}$	of Texas. Complete Schedule T. ., officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	DED

SCHEDULE !

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	Estela Chavez Vasque	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code	2		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)		
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.)		
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.)		
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.)		

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

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Sched			dule K:
2 FILER NAME ESTELA	Chaver Vasquer	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 Gode	
	7 Purpose for which amount is received 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 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 Gode	
	Purpose for which amount is received 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;		
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

OUTSTANDING LOANS SCHEDULE L 1 Total pages Schedule L: The Instruction Guide explains how to complete this form. Filer ID (Ethics Commission Filers) 2 FILER NAME LENDER INFORMATION 5 Lender address; 6 Name of guarantor **GUARANTOR** INFORMATION not applicable 7 Guarantor address; City; State; Zip Code Name of lender LENDER INFORMATION Lender address; City; State; Zip Code **GUARANTOR** Name of guarantor INFORMATION not applicable State; Guarantor address; City: Zip Code LENDER Name of lender INFORMATION Lender address; City; State; Zip Code **GUARANTOR** Name of guarantor INFORMATION not applicable City; Guarantor address; State; Zip Code Name of lender LENDER INFORMATION Lender address; City; State; Zip Code Name of guarantor **GUARANTOR** INFORMATION not applicable Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

ASSETS VALUED AT \$500 OR MORE SCHEDULE M 1 Total pages Schedule M: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Chauer Vasquer 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 LA Chavez Vasque? 3 Filer 1D (Ethics Commission Filers)				
4 Name of Contributor	/ Corporation or Labor	t Organization / Pledgor	/ Payee	
5 Contribution / Expend	iture reported on:			
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
6 Dates of travel	7 Name of person(s) traveling		
	8 Departure city or	name of departure loca	tion	
	9 Destination city or	r name of destination lo	ocation	
10 Means of transportat	ion 11 Purp	ose of travel (including	name of conference, s	seminar, or other event)
Name of Contributor	/ Corporation or Labor	Organization / Pledgor	/ Payee	
Contribution / Expend	liture reported on:			
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel Name of person(s) traveling				
Departure city or name of departure location				
	Destination city or	r name of destination ic	ocation	
Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor	Corporation or Labor	Organization / Pledgor	/ Payee	
Contribution / Expend	liture reported on:			
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name of person(s) traveling		
	Departure city or i	name of departure loca	tion	
	Destination city or	name of destination lo	cation .	
Means of transporta	tion Purp	ose of travel (Including	name of conference,	seminar, or other event)
	ATTACH A	DDITIONAL COPIES	OF THIS SCHEDULE	S 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	SIGNA	IGNATURE				
	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					
		\cdot				
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Checi	conly 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.	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	OFFICI	HOLDER				
		olete this section <i>only</i> 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				