LEONEL

-		-	
			•

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	2 Total pages filed:					
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST LEONEL NICKNAME LAST LEO LITO LOPEZ	MI SUFFIX	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/		EXTENSION	NOV 0 7 2016			
OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	(954) 312-4853 MS/MRS/MA FIRST Reynald (NICKNAME LAST TREV GARZA	MI	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 680 E. ST CHAPLE BROWNSULLE, TEXAS 7	s st. Swite 600	ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (454) 545-7346	EXTENSION ?				
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Sept /30/2014	THROUGH Month	Day Year / 2016			
11 ELECTION	Month Day Year Primary NOV 8 2014 General	ELECTION TYPE Runoff Other Description Special				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known Cameron Co Tax Assesur	venty			
GO TO PAGE 2						

THE TOTAL TO THE ACTION OF A CHIEF MANAGEMENT.

CAMERON UQUINTY
DEPARTMENT OF ELECTRONS IN VOTES SECURIFICATION

ame i a den

OR WASTE

The CO all Miles

10 10 10

· ×

. . . .

X

2.

100

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	LEUNEL	LOPEZ	15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI			
	(V-902) 100 CO-900000	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5100.00		
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS,	\$ -0-		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4821.14		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 95.30		
OUTSTANDING LOAN TOTALS	420-0 Designation of the Control of	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	* - O -		
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. SANDRA M BETANCOURT Notary Public, State of Texas Comm. Expires 08-23-2020					
OF INOLAI)	Notary ID# 488292-4 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said, this the, this the					
Standar M. A.	Sandra Maketan agent Sandra Maketan agent Notice Dichin				
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	1DS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$

<i>i</i> .	r v	•	e e	due.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
2 FILER NAME LOPEZ	3 Filer ID (Ethics Commission Filers)				
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Jorge Green, The Green Law firm, P.C. 6 Contributor address; City; State; Zip Code 34 S. Cona St., Brownsville, Tx 78500	7 Amount of contribution (\$) 3500.00				
8 Principal occupation / Job title (See Instructions) Attorney at Lew Set F.	ions)				
Date Full name of contributor	Amount of contribution (\$)				
10-20-16 Mike Hermannsez, D&M Auto Leas ing Contributor address; City; State; Zip Code 17090 N. Dullins Parkway, Ste 200, Dalles Tx	2500.00				
Principal occupation / Job title (See Instructions) Our new / Operator DEM Auto Leasu Self Self					
Principal occupation / Job title (See Instructions)	Amount of contribution (\$)				
Date Full name of contributor Out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE					

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMZED IN-KIND POLITICAL CONTRIBUTIONS \$ 5 Date Amount of 6 Full name of contributor out-of-state PAC (ID#: 9 In-kind contribution Contribution/\$ description City; State; Zip Code 7 Contributor address; Check if travel outside of Texas. Complete Schedule T. 11 Employer (FØR NON-JUDICIAL) (See Instructions) 10 Principal occupation / Job title (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 ut-of-state PAC (ID#: In-kind contribution Contribution \$. description Contributor address; City; State; Zip Code 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 payent(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.

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedu	ule B:
2 FILER NAME			3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of Pledge \$. 9 In-kind contribution description
	7 Pledgor address; City; State; Z			· · · · · · · · · · · · · · · · · · ·
				de of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor but-of-state_PAC (ID#:		Amount of Pledge \$	 In-kind contribution description
	Pledgor address; City; State; Z	ip Code		
			Check if travel outsic	de of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Z	ip Code		· ·
			Check if travel outsic	de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Z	ip Code		· · ·
			Check if travel outside	le of Texas. Complete Schedule T.
Principal occup	pation /Job title (See Instructions)	Employer (See		to di Toxas. Complete denedale 1.
/	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instru			equirements.

			•

.

٠

	LOANS			SCHEDULE E		
	The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF UN	NITEMIZED LOANS		\$		
5	Date of loan	7 Name of lender ut-of-state f	PAC (ID#:)	9 Loan Amount (\$)		
6	Is lender a financial Institution?	8 Lender address; City; S	State; Zip Code	10 Interest rate		
	Y N			11 Maturity date		
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	1 10 10 10 10 10 10 10 10 10 10 10 10 10		
		` ,				
14	Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political		
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	INFORMATION					
		18 Guarantor address; City; S	State; Zip Code			
	not applicable					
20	Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)			
	Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)		
				Interest rate		
	ls lender a financial	Lender address; City; S	State; Zip Code	morescripto		
	Institution?			Maturity date		
	Y N	on / Job title (See Instructions)	Employer (See Instructions)			
	r meipai occupatio	on 7 dod title (dee manddions)	Employer (dee mairuellons)			
	Description of Colla	ateral	Check if personal funds were	deposited into political		
	none		account (See Instructions)			
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
		Guarantor address; City; S	State; Zip Code			
	not applicable	The Contract of the Contract o	Employer (Car fandauallana)			
	Principal Occupati	on (See Instructions)	Employer (See Instructions)			
		ATTACH ADDITIONAL CO.		EDED		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					

. .	•	~		-
			2	

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

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)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		/ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	and a second		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
67.39	1758 Boxa Chira Blud			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Trough the form of the schedule to the top of this schedule)		ide of Texas. Complete Schedule T. TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
1017-10/29/14	Stripes			
Amount (\$)	Payee address; City; State; Zip Code			
293.74	3570 W. Alten Glose	Brownsulle, 1	× 8520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transparation, Food & Barevases		de of Texas. Complete Schedule T. 'X, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10/24 - 10/31	Luby & Cofeler			
Amount (\$)	Payee address; City; State; Zip Code			
19.64				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Exporses		de of Texas. Complete Schedule T. 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				

· · · · · · · · · · · · · · · · · · ·		r - r - r - r - r - r - r - r - r - r -
	*	

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 Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica	,	ages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME LEONE LOREZ		3 Filer ID (Ethics Commission Filers)
4 Date (0/15/1/)	5 Payee name TOS (a fivio S		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
21.21	3001 Pehlo Kisd Blub , Brown	gedle, Tex	78524
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		[]	outside of Texas. Complete Schedule T.
OF EXPENDITURE	Food/Beveres, Expres	Greck it Austi	in. TX, officeholder living expense
Gomplete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/12/16	Rudys BB6		
Amount (\$)	Payee address; City; State; Zip Code		
10.83	2780 N. Expressury 16	Brownsulle	Tx 78526
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Food Berry	Check if Austir	n. TX. officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	1		
Date 10/12/	Starbucks Coffe		
Amount (\$)	Payee address; City; State; Zip Code		
22,17	1405 E. Ruba Toras But	, Bran	UN. Tx 78526
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Foud /Barenese / Gift	<u> </u>	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O		· ·	
	ATTACH ADDITIONAL CODIES CETTING	DOUEDINE 10 YE	FDFD
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
		*		
			4	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage 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 Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Qate 5 Rayee name SHU Boca Chica Blira, Browns, No, Tx 78520 (a) Category (See Categories listed at the top of this schedule) (b) Description __ Check if travel outside of Texas. Complete Schedule T. Food & Beverages **PURPOSE** OF __ Check if Austin, TX, officeholder living expense EXPENDITURE Gandidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City; State; Zip Code E. US Hwy 281, Los Indios, Tx 78567 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food & BALLVECK OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code E. Saturn, South Redre Island Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

-	_	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	EDNIEL LOPEZ	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
10-5-2014	EMILIOS YLESTYUCH	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
54.69	2223 Central Blud.	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Food & Beverouse Expanse,	Check if travel outside of Texas. Complete Schedule T.
OF	1000 & DEVELOGE EXPOSE	Check if Austin, TX, officeholder living expense
EXPENDITURE	/	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	1	
		The state of the s
Date	Payee name	
10-18-11,	Nicho's Cafe & Toquere	
Amount (\$)	Payee address; City; State; Zip Code	
34.46	2774 W. Alky Gloom	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	foul & Beveroge Eyers.	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	1000 & DAMERO OF PARENCE !	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	1	
D. I.	Payoo namo	
Date	Payee name	
10/3 - 10/21/11	Murch's 1	
Amount (\$)	Payee address; City; State; Zip Code	
		I former the
32.44	2395 Boca Clinca, Bron	noull, Texas
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF		Check if Austin, TX, officeholder living expense
EXPENDITURE		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OI		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

. •	- " " , ,	•	• •
		-	
			•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Fees Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By 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 Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME LEONE 4 Date 5 Payee name 10-4-16 (100) Prop Rd., Brownsville, Tx 785021 29.74 (b) Description (a) Category (See Categories listed at the top of this schedule) ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Gifts / Mwonns Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought 9 Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH SAME Club 10-14-2016 City; State; Zip Code 56.89 Alim Glov Blut, Bramsille, Tx 78520 Check if travel outside of Texas. Complete Schedule T. Other Office of Hickory **PURPOSE** Check if Austin, TX. officeholder living expense **EXPENDITURE** SUMPL Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date LOWES Home Ctn City; State; Zip Code 525 E. Ruber Torres Mid., Brown sulle To 78520 Category (See Categories listed at the top of this schedule) Description Sign planing Hard warr ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

	· ·	
	,	
		et.

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 Gill/Awards/Memorials Expense 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

1 Total pages Schedule F1: 2 FILER NAME LEONEL LOPE 7 4 Date 10 2	Candidate/Officeholder/Politica			vei Out Of District ler (enter a category not listed above)
Date	Gredit Card Payment	The Instruction Guide explains how to co	omplete this form.	
4 Date 10 2	1 Total pages Schedule F1:	2 FILER NAME	3 F	Filer ID (Ethics Commission Filers)
4 Date 10 2		LEONEL LOPEZ		
6 Amount (\$) 7 Payee address; / City; State; Zip Code PURPOSE PURPOSE Calegory (See Categories listed at the top of fine schedule) Check if award coded of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expenses Complete CNLY if direct Complete CNLY if direct Candidate / Officeholder name Complete Schedule T. Check if Austin. TX, officeholder living expenses Category (See Categories listed at the top of fine schedule) Check if award coded of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expenses Category (See Categories listed at the top of fine schedule) Check if Austin. TX, officeholder living expenses Category (See Categories listed at the top of fine schedule) Check if Austin. TX, officeholder living expenses Category (See Categories listed at the top of fine schedule) Check if Austin. TX, officeholder living expenses Category (See Categories listed at the top of fine schedule) Check if Austin. TX, officeholder living expenses Category (See Categories listed at the top of fine schedule) Check if Austin. TX, officeholder living expenses Category (See Categories listed at the top of fine schedule) Check if Austin. TX, officeholder living expenses Category (See Categories listed at the top of fine schedule) Check if Austin. TX, officeholder living expenses Category (See Categories listed at the top of fine schedule) Check if Austin. TX, officeholder living expenses	4 Date			
6 Amount (\$) 7 Payee address; / City; State; Zip Code PURPOSE PURPOSE Calegory (See Categories listed at the top of fine schedule) Check if award coded of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expenses Complete CNLY if direct Complete CNLY if direct Candidate / Officeholder name Complete Schedule T. Check if Austin. TX, officeholder living expenses Category (See Categories listed at the top of fine schedule) Check if award coded of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expenses Category (See Categories listed at the top of fine schedule) Check if Austin. TX, officeholder living expenses Category (See Categories listed at the top of fine schedule) Check if Austin. TX, officeholder living expenses Category (See Categories listed at the top of fine schedule) Check if Austin. TX, officeholder living expenses Category (See Categories listed at the top of fine schedule) Check if Austin. TX, officeholder living expenses Category (See Categories listed at the top of fine schedule) Check if Austin. TX, officeholder living expenses Category (See Categories listed at the top of fine schedule) Check if Austin. TX, officeholder living expenses Category (See Categories listed at the top of fine schedule) Check if Austin. TX, officeholder living expenses Category (See Categories listed at the top of fine schedule) Check if Austin. TX, officeholder living expenses	10/2-10/11/1	Office Deport 10 ffice max		
B PURPOSE EXPENDITURE Go Category (See Categories listed at the log of this schedule) Check if savet cutside of Texas. Complete Schedule T.	6 Amount (\$)	7 Payee address; City; State; Zip Code		
B PURPOSE EXPENDITURE Go Category (See Categories listed at the log of this schedule) Check if savet cutside of Texas. Complete Schedule T.	101 97	gen i per 15		
PURPOSE OF EXPENDITURE Gallegory (See Categories lated at the ley of this schedule) Check if available Schedule To Check if Available Office held	190,00	515 E. Morrison, Rd, Browns	Me, TY1852	4
Check if Auslin, TX, officeholder living expense	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
Somplete ONLY if direct expenditure to benefit C/OH Payee name Walmart	1	Knishing lotter Sundos		,
Date Payee name WCL Mart			Check if Austin, TX,	officeholder living expense
Date Payee name WCL Mart				
Date Payee name WCL Mart		O-dideta (Office Indiana)	Office sexuality	Office hold
Date Date Payee name W C Mart	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Onice sought	Onice neid
Doctor Payee name Payee name Payee address; City; State; Zip Code Candidate / Office holder name Office sought Total T				Approximation of the Control of the
Amount (\$) Payee address; City; State; Zip Code 5 1. 87 3500 W. Altern Gran BW, Brownsville, Ty 7852.0 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Office held Category (See Categories listed at the top of this schedule) Office held Check if Austin, TX. officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Date Payee name MARSHALLS Amount (\$) Payee address; City; State; Zip Code LL 6.51 Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Office held Description Category (See Categories listed at the top of this schedule) OF EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Complete ONLY if direct Candidate / Officeholder name Office sought Office held	Date	1		
Amount (\$) Payee address; City; State; Zip Code 5 1. 87 3500 W. Altern Goon BND, Brownsulle, Ty 78520 Category (See Categories listed at the top of this schedule) OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 19/10 - 1015111 Payee name MARSHALL S Amount (\$) Payee address; City; State; Zip Code LL U. 5 Payee address; City; State; Zip Code LL U. 5 Payee address; City; State; Zip Code LL U. 5 Payee address; City; State; Zip Code LL U. 5 Payee address; City; State; Zip Code LL U. 5 Payee address; City; State; Zip Code LL U. 5 Payee address; City; State; Zip Code LL U. 5 Payee address; City; State; Zip Code LL U. 5 Payee address; City; State; Zip Code LL U. 5 Posception Category (See Categories listed at the top of this schedule) Office beld Complete ONLY if direct Complete ONLY if direct Candidate / Officeholder name Office sought Office held Offi	10/24 - 10/24	Walmart		·
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Office sought Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held Office held Office held Payee name Office held Office held Officeholder inving expense	· /	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Office sought Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held Office held Office held Payee name Office held Office held Officeholder inving expense		2500 0 00 0 000	11	Para and all a
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	51.87	2000 W. Alton Glock BND, B	robunsville, 14 /	85120
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Marsharus Amount (\$) Payee address; City; State; Zip Code LUST Payee address; City; State; Zip Code Purpose Category (See Categories listed at the top of this schedule) Purpose Category (See Categories listed at the top of this schedule) Complete ONLY if direct Candidate / Officeholder name Office sought Complete ONLY if direct Candidate / Officeholder name Office sought Complete ONLY if direct Candidate / Officeholder name Office sought Office held		Category (See Categories listed at the top of this schedule)	Description	
Complete ONLY if direct expenditure to benefit C/OH Date Payee name O 10 - 10 13/14 Massharus Amount (\$) Payee address; City; State; Zip Code U S Payee address; City; State; Zip Code U S Payee address; City; State; Divided Blant, Paramounts, Ty 7852 C Purpose OF EXPENDITURE Candidate / Officeholder name Office sought Office held	PURPOSE	Office Stability of Sich mark	Check if travel outside of	Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH Date Payee name O 10 - 10 15 11 Amount (\$) Payee address; City; State; Zip Code U L L L L L Category (See Categories listed at the lop of this schedule) Description Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	1		Check if Austin, TX.	officeholder living expense
Date O 10 - 10 15 16 Amount (\$) Payee address; City; State; Zip Code U U S Description Purpose OF EXPENDITURE Candidate / Officeholder name Office sought Office held	EXPENDITORE	MICKNIC		
Date O 10 - 10 15 16 Amount (\$) Payee address; City; State; Zip Code U U S Description Purpose OF EXPENDITURE Candidate / Officeholder name Office sought Office held				
Date O 10 - 10 15 16 MARSHALLS Amount (\$) Payee address; City; State; Zip Code U.S. Payee address; City; State; Zip Code PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			Office sought	Office held
Amount (\$) Payee address; City; State; Zip Code H (1.5) 2850 Pablo Kisel Bird., Brownsult., Tx 78524 PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Candidate / Officeholder name City; State; Zip Code Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	experiorate to benefit G/OI	'		
Amount (\$) Payee address; City; State; Zip Code H () 2850 Pahlo Kisel Bld., Baownsult, Ty 78524 PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Candidate / Officeholder name City; State; Zip Code Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Date	Payee name		
Amount (\$) Payee address; City; State; Zip Code 2850 Pablo Kisel Bld., Paramsulus, Ty 78524 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held		Massississis		
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) 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	1 To Wishin	IVINUS/TAYLES		
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) 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	Amount (\$)			
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) 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		2850 Delale Kird Ald. R.	mussile TV 7	852 1
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	1 46.51	LUSU TWOID CASE TO JUST	Par Barrent A. C.	
Complete ONLY if direct Candidate / Officeholder name Check if Austin, TX, officeholder living expense Office sought Office held		Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Complete ONLY if direct Candidate / Officeholder name Complete ONLY if direct Candidate / Officeholder name	PURPOSE	Carple I Musom	Check if travel outside of	Texas. Complete Schedule T.
Complete ONLY if direct	OF	Dur Statement	Check if Austin, TX,	officeholder living expense
Complete ONLI if the city and t	EXPENDITURE			
Complete ONLI if the city and t				
expenditure to deneilt G/OH			Office sought	Office held
	expenditure to benefit C/OI	1		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDFI)

· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
		٥	
			,

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 605 W. MORRISON Rd., Brownsulle, Tx 78500 458.10 (a) Category (See Categories listed at the top of this schedule) Albert Son make tooks Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name AMERICAN POWN 10-7-2014 Payee address; City; State; Zip Code Amount (\$) 1840 Ruher, Torres Blud, Brownsville, Teras 78520 92.48 Category (See Categories listed at the top of this schedule) Description Other: Other Syphu for ☐ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX. officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Payee address; City; State; Zip Code 10/10-11/2/14 2800 Rblo Kisol, Brownsull, Texas 78526 88.77 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** 61th, Mounds OF EXPENDITURE Check if Austin, TX, officeholder living expense

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

, ,	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Other (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name City; State; Zip Code 2250 Bora Chica, Brownsulle, Texas 78526 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. FOOD BAVEVAGE EXPENSE **PURPOSE** OF EXPENDITURE ☐ Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Walmart City; State; Zip Code 2205 E. Ruber Tornes SR. Ward, Brownesully Tx 78526 201.56 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. EVEN Expenses **PURPOSE** OF Food at Buense Expense Check if Austin, TX. officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10-5-2014 McCoys mount (\$) Payee address; City; State; Zip Code 205.34 5500 E. 14th Street, Brownsully Tx 78520 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. e Sign splacing Hardwar ☐ Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 0 4 Date 5 Payee name Payee address; Brownsulle, Tx 78520 (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Advertizing Check if Austin. TX, officeholder living expense OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Payee address; 1025 Wilde Rose Ln, Brownsull, Tr 78523 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin. TX. officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

.

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

Candidate/Officeholder/Politica		
	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
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		Check if Austin, TX, officeholder living expense
EXTENSITIONE		and the second s
11 Complete ONLY if direct expenditure to benefit C/O		sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Politica	ıl
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 expenditure to benefit C/OF	Candidate / Officeholder name Office	e sought Office held
	ATTACH ADDITIONAL CODIES OF THE COLUMN	EDIN E AC NEEDED
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDOLE 49 MEEDED

· •	· · ·	
		st.

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he 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; Cit	
	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; Gity	
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

	,
	v
	·

EXPENDITURES MADE BY CREDIT CARD

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 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 F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	sought Office held
expenditure to benefit O/O/	1	
Date Date	Payee name	
Date	Payee name	I
Date Amount (\$) TYPE OF	Payee name Payee address; City; State; Zip Code	Description Check if Austin, TX, officeholder living expense

 · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	. •
		•

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense 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 (extension of the Control of the Con

Candidate/Officeholder/Politic Credit Card Payment	The Instruction Guide explains how t	o complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	Annual An
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

•	. · · · · ·	re e¥	

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 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)

Other (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME 4 Date 5 Business name 6 Amount (\$) City; State; Zip Code 7 Business address; (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Business name Date City; State; Zip Code Amount (\$) Business address; Category (See Categories listed at the top of this schedule) Description __ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Business name Date Business address; City; State; Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX. officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

• •	• • • • • • • • • • • • • • • • • • •	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule I:	2 FILER NAME	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.)
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.)

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 Sched			le K:
2 FILER NAME		3 Filer ID (Ethics (Commission Filers)
4 Date	5 Name of person from whom amount is received		B Amount (\$)
	6 Address of person from whom amount is received; City; State;	Zip Code	
	7 Purpose for which amount is received Check if	political contribution re	eturned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	a; Zip Code	
	Purpose for which amount is received Check if	political contribution re	eturned 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 re	eturned 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 re	eturned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E 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					3 Filer ID (Ethics Commission Filers)
4 Name of Contributor	/ Corporation or I	_abor (Organization / Pledgor /	Payee	
5 Contribution / Expend	diture reported or	1:			
Schedule A2	Schedul	е В	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-				Schedule COH-UC Schedule B-SS
6 Dates of travel	7 Name of person(s) traveling				
	8 Departure	city or n	ame of departure locati	ion	
	9 Destination	city or	name of destination lo	cation	
10 Means of transportat	ion 11	Purpo	ose of travel (including i	name of conference, s	seminar, or other event)
Name of Contributor	/ Corporation or	Labor (Organization / Pledgor /	Payee	
Contribution / Expend	diture reported or	1:			
Schedule A2	Schedul	е В	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedu	le F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name of p	erson(s	s) traveling		
	Departure o	city or r	name of departure locat	ion	
	Destination	city or	name of destination lo	cation	
Means of transportat	tion	Purp	ose of travel (including	name of conference,	seminar, or other event)
Name of Contributor	/ Corporation or	Labor (Organization / Pledgor /	Payee	
Contribution / Expend	diture reported or	1:			
Schedule A2	Schedul		Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedu	le 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 name of destination location				
Means of transportat	l tion	Purp	ose of travel (including	name of conference,	seminar, or other event)
	ATTA	ACH A	DDITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED

• • • • • • • • • • • • • • • • • • • •	
	v .
	·
<i>CP</i>	