

EVERARDO

SOLIS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em;">6</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST Everardo	MI
	NICKNAME Eddie	LAST Solis	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 27521 S White Ranch RD La Feria TX 78559		<div style="text-align: center; border: 1px solid black; padding: 5px;"> OFFICE USE ONLY CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION Date Received <div style="text-align: center; color: red; font-size: 1.5em;">OCT 31 2016</div> RECEIVED Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged </div>
	AREA CODE (956)	PHONE NUMBER 425-0055	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS	FIRST Vilma	MI R.
	NICKNAME	LAST Solis	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 27521 S White Ranch RD La Feria TX 78559		
	AREA CODE (956)	PHONE NUMBER 792-5219	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 09 / 30 / 2016		THROUGH
	Month Day Year 10 / 29 / 2016		
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 2016		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Cameron County Constable PCT. 5

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

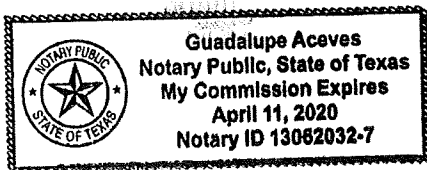
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Everardo Solis	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,800
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,133.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,024.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,520.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Everardo Solis

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Everardo Solis, this the 31st day of October, 20 16, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Guadalupe Aceves

Printed name of officer administering oath

Universal Branch Associate

Title of officer administering oath

Handwritten text, possibly a signature or stamp, located in the bottom right corner of the page.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/30/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelia Bence	7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 1018 E Tyler Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions)		
Date 10/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie Trevino	Amount of contribution (\$) 300	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 805 Media Luna #300 Brownsville TX 78526		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)		
Date 10/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gus Ruiz	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 21434 Retama rd Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)		
Date 10/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Ross	Amount of contribution (\$) 300	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 22673 Hand RD HARlingen TX 78552		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)		
Date 10/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norma Linda Alaniz	Amount of contribution (\$) 300	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code PO Box 217 Rio Hondo TX 78583		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Everardo Solis	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/04/2016	5 Payee name M5 Designs
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6 Amount (\$) 500	7 Payee address; City; State; Zip Code 1405 S Palm Court Dr Harlingen TX 78552
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising/Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Everardo Solis	Office sought Cameron County Constable PCT5	Office held
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Date 10/10/2016	Payee name McCoys
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Amount (\$) 50.76	Payee address; City; State; Zip Code 3601 W Ex 83 Harlingen TX 78552
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising/Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Everardo Solis	Office sought Cameron County Constable PCT5	Office held
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Date 10/16/2016	Payee name M5 Designs
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Amount (\$) 378.99	Payee address; City; State; Zip Code 1405 S Palm Court DR Harlingen TX 78552
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising/Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Everardo Solis	Office sought Cameron County Constable PCT5	Office held
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Date 10/23/2016	Payee name Allegra Printing
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Amount (\$) 38.93	Payee address; City; State; Zip Code 1801 S 77 Sunshine strip Harlingen Tx 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising/Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Everardo Solis	Office sought Cameron County Constable PCT5	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Everardo Solis	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/23/2016	5 Payee name M5 Designs
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6 Amount (\$) 97.43	7 Payee address; City; State; Zip Code 1405 S Palm Court DR Harlingen TX 78552
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising/Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Everardo Solis	Office sought Cameron County Constable PCT5	Office held
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Date 10/24/2016	Payee name Sams Club
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Amount (\$) 67.70	Payee address; City; State; Zip Code 624 N Expressway 77 Harlingen TX 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

1 C/OH NAME

Everardo Solis

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

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

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

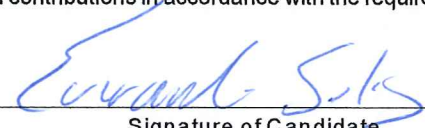
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual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

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

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



Signature of Candidate

5 OFFICEHOLDER

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

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

Signature of Officeholder

