

**Victor Jr.**

**Cortez**

# FINAL REPORT

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:  <div style="text-align: center; font-size: 1.5em;">22</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.2em; font-weight: bold;">VICTOR</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em; font-weight: bold;">CORTEZ JA</div>	<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION  <div style="text-align: center; font-size: 1.2em;">JAN 20 2017</div> RECEIVED BY: <u>[Signature]</u>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">136 CALE HERMOSA BAYVIEW, TX 78566</div>	Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION  <div style="text-align: center; font-size: 1.2em;">JAN 20 2017</div> RECEIVED BY: <u>[Signature]</u>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">(956) 469-1878</div>	Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged									
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.2em; font-weight: bold;">CARLOS</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em; font-weight: bold;">INALTERS M</div>	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 / SUITE #; CITY; STATE; ZIP CODE  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">5577 MYSTIC BEND BROWNSVILLE, TX 78526</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">(956) 543-4746</div>										
9 REPORT TYPE	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)
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<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Month    Day    Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">10 / 09 / 2016</td> <td></td> <td style="text-align: center; font-size: 1.2em;">12 / 05 / 2016</td> </tr> </table>			Month    Day    Year	THROUGH	Month    Day    Year	10 / 09 / 2016		12 / 05 / 2016		
Month    Day    Year	THROUGH	Month    Day    Year									
10 / 09 / 2016		12 / 05 / 2016									
11 ELECTION	ELECTION DATE Month    Day    Year <div style="text-align: center; font-size: 1.2em; font-weight: bold;">11 / 08 / 2016</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any)  <div style="text-align: center; font-size: 1.5em;">—</div>	13 OFFICE SOUGHT (if known)  <div style="text-align: center; font-size: 1.5em; font-weight: bold;">CAMERON COUNTY SHERIFF</div>									

11:28 a.m.

**GO TO PAGE 2**

# FINAL REPORT

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

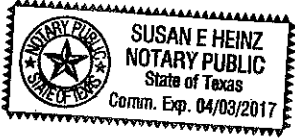
<b>14 C/OH NAME</b> <span style="font-size: 1.2em; font-family: cursive;">VICTOR CORTEZ JR.</span>	<b>15 Filer ID (Ethics Commission Filers)</b>
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	<p style="font-size: 0.8em;">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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">COMMITTEE TYPE</td> <td style="padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL		<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL											
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS										
	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <span style="font-size: 1.2em;">850</span>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <span style="font-size: 1.2em;">13762</span>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <span style="font-size: 1.2em;">-0-</span>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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.



AFFIX NOTARY STAMP / SEAL ABOVE

Victor L

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Victor Cortez, this the 11 day of July, 2017, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Susan E Heinz

Printed name of officer administering oath

[Signature]

Title of officer administering oath

# FINAL REPORT

## SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>VICTOR CORTEZ JR.</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <b>850</b>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <b>8100</b>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>5662</b>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <b>8100</b>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# FINAL REPORT

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2</b>
2 FILER NAME <b>VICTOR CORTEZ JR</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10.17.2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SAVADOR GARCIA</b> 6 Contributor address; City; State; Zip Code <b>914 E. VAN BUREN BROWNSVILLE, TX 78520</b>	7 Amount of contribution (\$) <b>250</b>
8 Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		9 Employer (See Instructions) <b>SELF</b>
Date <b>10.18.2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT MACEACHERN</b> Contributor address; City; State; Zip Code <b>1584 ZAMORA DR. BROWNSVILLE, TX 78526</b>	Amount of contribution (\$) <b>200</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>—</b>
Date <b>10.19.2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ZACKARY T. RHINEHART</b> Contributor address; City; State; Zip Code <b>2901 HAINE DR. HARLINGEN, TX 78550</b>	Amount of contribution (\$) <b>100</b>
Principal occupation / Job title (See Instructions) <b>INVESTIGATOR</b>		Employer (See Instructions) <b>CAMERON County D.A.</b>
Date <b>10.22.2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARIA CANALES</b> Contributor address; City; State; Zip Code <b>BROWNSVILLE, TX</b>	Amount of contribution (\$) <b>300</b>
Principal occupation / Job title (See Instructions) <b>HOUSE WIFE</b>		Employer (See Instructions) <b>—</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# FINAL REPORT

## LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>2</b>
2 FILER NAME <b>VICTOR CORTEZ JR.</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>8,100</b>
5 Date of loan <b>10.17.2016</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>SELF</b>	9 Loan Amount (\$) <b>2,500</b>
6 Is lender a financial institution? <b>Y</b> <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <b>136 CRIE HERMOSA BAYVIEW, TX 78566</b>	10 Interest rate
12 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		11 Maturity date
13 Employer (See Instructions) <b>—</b>		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
14 Description of Collateral <input checked="" type="checkbox"/> none	16 GUARANTOR INFORMATION	
17 Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>10.18.2016</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>SELF</b>	Loan Amount (\$) <b>1,000</b>
Is lender a financial institution? <b>Y</b> <input type="radio"/> <b>N</b> <input checked="" type="radio"/>	Lender address; City; State; Zip Code <b>136 CRIE HERMOSA BAYVIEW, TX 78566</b>	Interest rate
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Maturity date
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		
Principal Occupation (See Instructions)		Employer (See Instructions)

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

# FINAL REPORT

## LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>2</b>
2 FILER NAME <b>VICTOR CORTEZ JR.</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>8,100</b>
5 Date of loan <b>10.25.2016</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>SELF</b>	9 Loan Amount (\$) <b>3,000</b>
6 Is lender a financial institution? <b>Y</b> <input checked="" type="radio"/> <b>N</b>	8 Lender address; City; State; Zip Code <b>136 CALLE HERMOSA BAYVIEW, TX 78566</b>	10 Interest rate
12 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		11 Maturity date
14 Description of Collateral <input checked="" type="checkbox"/> none		13 Employer (See Instructions) <b>—</b>
15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>		
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>10.26.2016</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>SELF</b>	Loan Amount (\$) <b>1600</b>
Is lender a financial institution? <b>Y</b> <input checked="" type="radio"/> <b>N</b>	Lender address; City; State; Zip Code <b>136 CALLE HERMOSA BAYVIEW, TX 78566</b>	Interest rate
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Maturity date
Description of Collateral <input checked="" type="checkbox"/> none		Employer (See Instructions) <b>—</b>
Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# FINAL REPORT

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
Fees  
Food/Beverage Expense  
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.

<b>1</b> Total pages Schedule F1: <i>4</i>	<b>2</b> FILER NAME <i>VICTOR CORTEZ JR.</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>10.13.2016</i>	<b>5</b> Payee name <i>PINK APE MEDIA (RODRIGO MORENO)</i>	
<b>6</b> Amount (\$) <i>4,500</i>	<b>7</b> Payee address; City; State; Zip Code <i>3101 PABLO KISEL BLVD BROWNSVILLE, TX 78526</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>POLLING POLITICAL CONSULTATION</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>VICTOR CORTEZ JR.</i>	Office sought <i>CAMERON COUNTY SHERIFF</i>
		Office held <i>—</i>
Date <i>10.15.2016</i>	Payee name <i>SOLICE</i>	
Amount (\$) <i>600</i>	Payee address; City; State; Zip Code <i>7200 BANHAM RD. BROWNSVILLE, TX 78521</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>PUSH CARD</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>VICTOR CORTEZ JR.</i>	Office sought <i>CAMERON COUNTY SHERIFF</i>
		Office held <i>—</i>
Date <i>10.17.2016</i>	Payee name <i>BROWNSVILLE HERALD</i>	
Amount (\$) <i>720</i>	Payee address; City; State; Zip Code <i>1135 E. VAN BUREN ST. BROWNSVILLE, TX 78520</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>VICTOR CORTEZ JR.</i>	Office sought <i>CAMERON COUNTY SHERIFF</i>
		Office held <i>—</i>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# FINAL REPORT

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4</b>	2 FILER NAME <b>VICTOR CORTEZ JR.</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10.17.2016</b>	5 Payee name <b>PINK APE MEDIA (Rodrigo MORENO)</b>
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6 Amount (\$) <b>1,500</b>	7 Payee address; City; State; Zip Code <b>3101 PABLO KISEL BLVD BROWNSVILLE, TX 78526</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>POLITICAL CONSULTING MAIL OUTS</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>VICTOR CORTEZ JR</b>	Office sought <b>CAMERON COUNTY SHERIFF</b>	Office held <b>—</b>
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Date <b>10.17.2016</b>	Payee name <b>DAIRY QUEEN</b>
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Amount (\$) <b>871</b>	Payee address; City; State; Zip Code <b>7284 PADRE ISLAND HWY. BROWNSVILLE, TX 78521</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD + BEVERAGES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>VICTOR CORTEZ JR</b>	Office sought <b>CAMERON COUNTY SHERIFF</b>	Office held <b>—</b>
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Date <b>10.25.2016</b>	Payee name <b>PINK APE MEDIA (Rodrigo MORENO)</b>
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Amount (\$) <b>1,000</b>	Payee address; City; State; Zip Code <b>3101 PABLO KISEL BLVD BROWNSVILLE, TX 78526</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>POLITICAL CONSULTATION</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>VICTOR CORTEZ JR.</b>	Office sought <b>CAMERON COUNTY SHERIFF</b>	Office held <b>—</b>
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# FINAL REPORT

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense 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)
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**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule F1: <span style="font-size: 1.5em;">4</span>	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <span style="font-size: 1.2em;">10.25.2016</span>	<b>5</b> Payee name <span style="font-size: 1.2em;">PINK APE MEDIA (RODRIGO MORENO)</span>
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<b>6</b> Amount (\$) <span style="font-size: 1.5em;">2512</span>	<b>7</b> Payee address; City; State; Zip Code <span style="font-size: 1.2em;">3101 PABLO KISEL BLVD BROWNSVILLE, TX 78526</span>
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<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <span style="font-size: 1.2em;">POLITICAL CONSULTATION</span>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	--	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <span style="font-size: 1.2em;">VICTOR CORTEZ JR</span>	Office sought <span style="font-size: 1.2em;">CAMERON COUNTY SHERIFF</span>	Office held <span style="font-size: 1.2em;">—</span>
---	--	--	---

Date <span style="font-size: 1.2em;">10.26.2016</span>	Payee name <span style="font-size: 1.2em;">KGBT-TV</span>
---	--

Amount (\$) <span style="font-size: 1.5em;">1600</span>	Payee address; City; State; Zip Code <span style="font-size: 1.2em;">1212 W. EXPRESSWAY 83 PHARR, TX, 78577</span>
--	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <span style="font-size: 1.2em;">ADVERTISING TV</span>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <span style="font-size: 1.2em;">VICTOR CORTEZ JR.</span>	Office sought <span style="font-size: 1.2em;">CAMERON COUNTY SHERIFF</span>	Office held <span style="font-size: 1.2em;">—</span>
--	---	--	---

Date <span style="font-size: 1.2em;">10.18.2016</span>	Payee name <span style="font-size: 1.2em;">R+D PRINTING</span>
---	---

Amount (\$) <span style="font-size: 1.5em;">259</span>	Payee address; City; State; Zip Code <span style="font-size: 1.2em;">1800 STANFORD AVE BROWNSVILLE, TX 78520</span>
---	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <span style="font-size: 1.2em;">T-SHIRTS PRINTING</span>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <span style="font-size: 1.2em;">VICTOR CORTEZ JR.</span>	Office sought <span style="font-size: 1.2em;">CAMERON COUNTY SHERIFF</span>	Office held <span style="font-size: 1.2em;">—</span>
--	---	--	---

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# FINAL REPORT

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense 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 F1: <b>4</b>	2 FILER NAME <b>VICTOR CORTEZ JR.</b>	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date <b>11.15.2016</b>	5 Payee name <b>EL VALLE NOTICIAS</b>
-----------------------------	--

6 Amount (\$) <b>250</b>	7 Payee address; City; State; Zip Code <b>ONLINE ELVALLENOTICIA.COM</b>
-----------------------------	--

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>VICTOR CORTEZ JR. CAMERON COUNTY SHERIFF</b>	Office sought	Office held <b>—</b>
--	--	---------------	-------------------------

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

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

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

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2:	<b>2</b> FILERNAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

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

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

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

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

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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

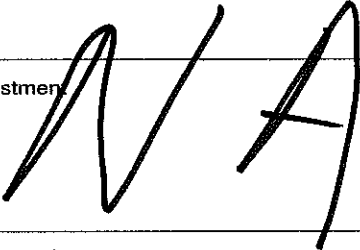
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

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

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date	<b>6</b> Payee name	
<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	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  
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.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
----------------------------------	---------------------	--

<b>4</b> Date	<b>5</b> Business name
---------------	------------------------

<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code
----------------------	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>	(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	
<b>PURPOSE OF EXPENDITURE</b>	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	
<b>PURPOSE OF EXPENDITURE</b>	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	
<b>PURPOSE OF EXPENDITURE</b>	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 Schedule K:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received  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 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 Code

Purpose for which amount is received  Check if political contribution returned to filer

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		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# FINAL REPORT

## 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)

VICTOR CORTEZ JR.

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

Friday Jan 20, 2017 10:57 AM

VICTOR CORTEZ FOR SHERIFF  
OR VICTOR CORTEZ JR  
136 Calle Hermosa  
Bayview TX 78566

Account 1011556103  
Balance 0.00  
Date Last Stmt 12/31/2016

Date	Description	Check Reference	Amount	Balance
01/13/2017	Check	175	363.03	363.03
	18000844 01/13/2017	18000844		158
Tran Date/Time	01/13/2017	8:14:08 AM	Tran Sequence	0
01/19/2017	Check	174	363.03	0.00
	18002751 01/19/2017	18002751		158
Tran Date/Time	01/19/2017	9:17:39 AM	Tran Sequence	0

IBC BANK  
1600 FM 902  
BROWNSVILLE, TX  
78526

**CLOSED ACCOUNT AUTHORIZATION AND QUESTIONNAIRE**



ACCOUNT TYPE: FREE CHECKING

PLEASE PRINT

ACCOUNT NAME: Victor Cortez For Sheriff or Victor Cortez Jr CLOSING BALANCE: \$ 0.00

ACCOUNT NO: 1011556103 YTD AVERAGE BALANCE: \$

ACCOUNT OFFICER: AAV

SIGNER: VICTOR CORTEZ FOR SHERIFF

IN ORDER TO BETTER SERVE OUR CUSTOMER'S NEEDS, PLEASE FILL OUT THIS FORM TO DETERMINE THE REASON FOR THE CLOSURE OF YOUR ACCOUNT AND NOTE IF YOU HAVE ANY ATMS OR CHECK CARDS.

**REASONS FOR CLOSING ACCOUNT**

- MONTHLY SERVICE CHARGES TOO HIGH
- BETTER INTEREST RATES ELSEWHERE
- UNABLE TO MAINTAIN BALANCE
- CLOSED DUE TO EXCESSIVE NON-SUFFICIENT FUND ACTIVITY
- MOVED OUT OF TOWN
- NEEDED FUNDS
- LOCATION
- PERSONNEL (UNFRIENDLY, RUDE, INEFFICIENT)
- OTHER Not use for the account.

**CANCEL/CLOSE OUT**

- ATM/CHECK CARD
- AUTOMATIC RECURRING TRANSFERS
- AUTO LOAN PAYMENTS
- OVERDRAFT PROTECTION
- ONLINE BANKING
- BILL PAY
- SAFE DEPOSIT BOX

LOCATION:

COMMENTS: Political account will not be used anymore since the election are over.

I AM AUTHORIZING INTERNATIONAL BANK OF COMMERCE TO CLOSE MY ACCOUNT. I UNDERSTAND THAT I MUST LEAVE THE BALANCE AT ZERO THE DAY I SIGN THIS QUESTIONNAIRE SO THAT THE ACCOUNT MAY OFFICIALLY CLOSE. ALL ITEMS PRESENTED AFTER THIS DATE WILL BE RETURNED "ACCOUNT CLOSED". FURTHERMORE, IT IS MY RESPONSIBILITY TO CANCEL ALL ACH DEBITS OR CREDITS TO THE ACCOUNT WITH THE ORIGINATING COMPANIES.

CUSTOMER'S SIGNATURE:  Signature Captured on 01/19/2017 at 10:20:37

DATE: 1/19/2017 PHONE: (956)489-1878

FORM PREPARED BY: Rosa Valencia EXT: 21262

BRANCH: 10

REFERRED TO:

DATE: 1/19/2017

BRANCH MANAGER/SUPERVISOR SIGNATURE:

**FOR QUALITY CONTROL USE**

ZERO BALANCE: \_\_\_\_\_

STATUS CODE: \_\_\_\_\_

OVERDRAFT LIMIT: \_\_\_\_\_

Folder:Services  
Account:1011556103  
Date:1/19/2017  
Time:10:19:54 AM  
CSR:Rosa Valencia  
Branch:10  
Phone:21262

0174

**VICTOR CORTEZ FOR SHERIFF**

136 CALLE HERMOSA  
BAYVIEW, TX 78566  
(956) 489-1878

E2Shield<sup>SM</sup> Check Fraud  
Protection for Business  
88-1158-11

DATE Jan 11, 2017

PAY  
TO THE  
ORDER OF

Mr. Gustavo Garza

\$ 363.03

Three hundred and sixty three

<sup>03</sup>/<sub>100</sub> DOLLARS

**IBC BANK**

Brownsville, TX IBC Voice - (956) 547-1040

FOR unexpended contributions

P. L. Infante



⑈000174⑈ ⑆114911580⑆1011556103⑈

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**VICTOR CORTEZ FOR SHERIFF**

136 CALLE HERMOSA  
BAYVIEW, TX 78566  
(956) 489-1878

E2Shield<sup>SM</sup> Check Fraud  
Protection for Business  
88-1158-11

DATE Jan 11, 2017

PAY  
TO THE  
ORDER OF

Mr. Ron Hienz

\$ 363.03

Three hundred and sixty three

<sup>03</sup>/<sub>100</sub> DOLLARS

**IBC BANK**

Brownsville, TX IBC Voice - (956) 547-1040

FOR unexpended contribution

P. L. Infante



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