Estela C. Vasquez



JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

			2 Total pages filed:
The JC/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages lieu.
3 CANDIDATE / OFFICEHOLDER NAME	MS ESTELA NICKNAME LAST	MI	Date Receive MERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION
	Chauez V	CITY STATE: ZIP CODE	JAN 1 7 2017
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; OSS E. Tyler Brownsville, AREA CODE PHONE NUMBER	STATE: ZIP CODE	BY: Date Hand-delivered or Date Postmarked
PHONE	(956) 434-970	MI	- Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Bicard NICKNAME LAST	SUFFIX	Date Processed Date Imaged
	Sanche	7	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / 3012 Resaca V Brownsuille, TX	ista Dr. 18526	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 543-571	EXTENSION 5	
9 REPORT TYPE	January 15 30th day befo	re election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before	e election Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year TH	12 /3 1°	2014
11 ELECTION	ELECTION DATE Month Day Year Prima	Description	- Section of
12 OFFICE	Cameron County No. 5 Judge Elect	Court 13 OFFICE SOUGHT (if kno	wn)
	GO T	O PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME	. Cha	wa Vasque 2	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THURES.	ATHOUT THE CANDIDATE'S OR OFFICEROLDER'S
THE RESERVE OF THE PARTY.	COMMITTEE TYPE	COMMITTEE NAME	
1980 1 1 1 1 1	GENERAL		
EHVE, Jay	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ D
EXPENDITURE TOTALS	3. TOTAL P UNLESS	OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 0
	4. TOTAL F	POLITICAL EXPENDITURES	\$ 6
CONTRIBUTION BALANCE	5. TOTAL PO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	DAY \$ 3,685.99
OUTSTANDING LOAN TOTALS	6. TOTAL PI LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	THE \$ 135,1000°
18 AFFIDAVIT	-	19	
E OF TUES M	Maribel Diaz NOTARY PUBLIC State of Texas y Comm. Exp. 05/19/20: Notary ID: 13066868-7	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me
		Signature of Cand	lidate or Officeholder
AFFIX NOTARY STAMP	SEALABOVE		
- the			L, this the
day of January	, 20 <u> </u>	certify which, witness my hand and seal of office.	
Signature of officer adr	ministering ath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form. 2 FILER NAME FOR Charles Commission Filer FOR I Date 5 Full name of contributor cerefestate PAC Date 7 Amount of contribution (\$) 6 Contributor's principal occupation 9 Contributor's principal occupation 11 Law firm of contributor's spouse (if any) Date Full name of contributor cerefestate PAC Date D				Na
A Date 5 Full name of contributor 6 Contributor's principal occupation 9 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Date Full name of contributor Contributor's principal occupation Date Full name of contributor Contributor's principal occupation Contributor's principal occupation Contributor's employer/law firm Law firm of contributor (\$) Contributor's principal occupation Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) Date Full name of contributor Contributor's employer/law firm Contributor's employer/law firm Contributor's a child, law firm of parent(s) (if any) Date Full name of contributor Contributor's principal occupation Contributor's employer/law firm Contributor's principal occupation Contributor's principal occupation Contributor's employer/law firm Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any)	Tł	ne Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
Amount of contribution (\$)	Estela	Chaver Vasquez		3 Filer ID (Ethics Commission Filers)
O Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Date Full name of contributor Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) Date Full name of contributor Out-of-state PAC ID#: Amount of contribution (\$) Amount of contribution (\$) Contributor's principal occupation Contributor's spouse (if any)		ra riba tera sa sa sa sana sa sa sa		7 Amount of contribution (\$)
11 Law firm of contributor's expouse (if any) 2 If contributor is a child, law firm of parent(s) (if any) Date	8 Contributor's pr	inclpal occupation	9 Contributor's job title	
Date Full name of contributor Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) Date Full name of contributor Out-of-state PAC ID#: Amount of contribution (\$) Law firm of contributor's spouse (if any) Amount of contribution (\$) Contributor's a child, law firm of parent(s) (if any) Date Full name of contributor Out-of-state PAC ID#: Amount of contribution (\$) Amount of contribution (\$) Contributor address; City; State: Zip Code Contributor's principal occupation Contributor's principal occupation Contributor's spouse (if any)	0 Contributor's er	nployer/law firm		's spouse (if any)
Full name of contributor Contributor address; City: State: Zip Code Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) Date Full name of contributor Out-of-state PAC ID#: Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Contributor is a child, law firm of parent(s) (if any) Contributor address; City: State: Zip Code Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation Contributor's spouse (if any)	2 If contributor is	a child, law firm of parent(s) (if any)		
Contributor's principal occupation Contributor's employer/law firm Contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Contributor address; City: State: Zip Code Contributor's spouse (if any) Amount of contribution (\$) Contributor's principal occupation Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any)	Date	Full name of contributor	ID#:)	Amount of contribution (\$)
Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Out-of-state PAC ID#: Contributor address; City; State: Zip Code Contributor's principal occupation Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any)				
Date Full name of contributor Out-of-state PAC ID#: Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) Amount of contribution (\$) Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any)	Contributor's pri	ncipal occupation	Contributor's job title	
Date Full name of contributor Out-of-state PAC ID#: Contributor address; City; State: Zip Code Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any)	Contributor's em	ployer/law firm	Law firm of contributor's	s spouse (if any)
Contributor's principal occupation Contributor's employer/law firm Contributor's employer/law firm Contributor's state PAC ID#: Amount of contribution (\$) Amount of contribution (\$) Contributor's job title Law firm of contributor's spouse (if any)	If contributor is a	t child, law firm of parent(s) (if any)		
Contributor address; City; State: Zip Code Contributor's principal occupation Contributor's iob title Contributor's employer/law firm Law firm of contributor's spouse (if any)	Date	Full name of contributor	D#:}	Amount of contribution (\$)
Contributor's employer/law firm Law firm of contributor's spouse (if any)			Zip Code	
Law IIIII of Contributor's spouse (if any)	Contributor's prin	icipal occupation	Contributor's job title	
If contributor is a child, law firm of parent(s) (if any)	Contributor's emp	oloyer/law firm	Law firm of contributor's	spouse (if any)
	If contributor is a	child, law firm of parent(s) (if any)		

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

			1 Total pages Schedule A2:
The	e Instruction Guide explains how to complete this form	•	1
2 FILER NAME	Chaver Vasquer		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ -0-
5 Date	6 Full name of contributor		8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State; Zip Cod		Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	Lupation / Job title (FOR NON-JUDICIAL) (See Instructions)		yer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	99. 1	butor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law fi	rm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of In-kind contribution Contribution \$. description
	Contributor address; City; State; Zip Co	ode	Check if travel outside of Texas. Complete Schedule T
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Emple	oyer (FOR NON-JUDICIAL)(See Instructions)
Contributor	's principal occupation (FOR JUDICIAL)	Conti	ributor'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 contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
			B
			EDITI E AS NEEDED
	ATTACH ADDITIONAL COPIES OF	- THIS SCH ion guide f	or additional reporting requirements.

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

PLEDGED CONTRIBUTIONS (JUDICIAL) SCHEDULE B(J) The Instruction Guide explains how to complete this form. 1 Total pages Schedule B(J): 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor out-of-state PAC (ID#:_ 8 Amount In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Pledgor's principal occupation 11 Pledgor's job title 12 Pledgor's employer/law firm 13 Law firm of pledgor's spouse (if any) 14 If pledgor is a child, law firm of parent(s) (if any) Date Full name of pledgor out-of-state PAC (ID#:_ Amount In-kind contribution of Pledge \$ description Pledgor address: City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Pledgor's principal occupation Pledgor's job title Pledgor's employer/law firm Law firm of pledgor's spouse (if any) If pledgor is a child, law firm of parent(s) (if any) Date Full name of pledgor out-of-state PAC (ID#: Amount In-kind contribution of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Pledgor's principal occupation Pledgor's job title Pledgor's employer/law firm Law firm of pledgor's spouse (if any) If pledgor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE E(J) LOANS (JUDICIAL) Total pages Schedule E(J): The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \$ 4 TOTAL OF UNITEMIZED LOANS Loan Amount (\$) out-of-state PAC (ID#:_ 7 Name of lender 5 Date of loan 10 Interest rate Zip Code State; 8 Lender address; City; Is lender a financial Institution? 11 Maturity date 13 Lender's Job Title 12 Lender's Principal Occupation 15 Law Firm of lender's spouse (if any) 14 Lender's Employer/Law Firm 16 If lender is a child, law firm of parent(s) (if any) 18 Check if personal funds were deposited into political 17 Description of Collateral account (See Instructions) none 22 Amount Guaranteed (\$) 20 Name of guarantor 19 GUARANTOR INFORMATION Zip Code State; 21 Guarantor address; City; not applicable 24 Guarantor's Job Title 23 Guarantor's Principal Occupation 26 Law Firm of guarantor's spouse (if any) 25 Guarantor's Employer/Law Firm 27 If guarantor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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/Wades/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Printing Expense Travel In District Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ESTER A Character	lains how to complete this form. 3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	0
6 Amount (\$)	7 Payee address; City; State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	is 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/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check if Austin, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Z	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	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/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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Committee Legal Services Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Garialdato/Officeriology/	The Instruction Guide explains how to complete this form.
Total pages Schedule F2:	2 FILERNAME To Chaus Vasquer 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED UNPAID INCURRED OBLIGATIONS \$
5 Date	6 Payee name
7 Amount (\$)	8 Payee address; City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political
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/O	Candidate / Officeholder name Office sought Office held H Payee name
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held OH
۰	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:
FILER NAME TSTEL Date	5 Name of person from whom investment is purchased	3 Filer ID (Ethics Commission Filers)
	6 Address of person from whom investment is purchased;	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased;	City; State; Zip Code
	Description of investment	
-	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Accounting/Banking Consulting Expense Contributions/Donations Made By	Fees Food/Beverage Expense Polling Expense Travel In District Food/Beverage Expense Polling Expense Travel Out Of District Frinting Expense Travel Out Of District Travel Out Of District Travel Out Of District Other (enter a category not listed above) Alaries/Wages/Contract Labor
Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
Total pages Schedule F4:	2 FILER NAME Chaus Vasque? 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date	6 Payee name
7 Amount (\$)	8 Payee address; City; State; Zip Code
9 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/C	Candidate / Officeholder name Office sought Office held OH
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name Office sought Office held /OH
	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

Candidate/Officeholder/Poli Credit Card Payment	tical Committee Legal Services Sala	rig Expense Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule G:	2 FILER NAME Chauez Vas	9(U) 7
4 Date	5 Payee name	1
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	77	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
	r ayee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description
OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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)	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 sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Donsulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	cal Committee Legal Services	Vages/Contract Labor Other (enter a category not listed dos 1.5)
Credit Card Payment	The Instruction Guide explains how to o	3 Filer ID (Ethics Commission Filers)
Total pages Schedule H:	PSILLA (hay) Vasque	2 3 Filer ID (Ethics Commission File)
Date	5 Business name	
Amount (\$)	7 Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check it Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name OH	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit (ct Candidate / Officeholder name C/OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDED Revised 9/8/2

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

p. C., 100 pp.	The Instruction Guide explains how to cor	nplete this form.
1 Total pages Schedule		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 Schedule K:
2 FILER NAME Chaver Vasquer	3 Filer ID (Ethics Commission Filers)
4 Date 5 Name of person from whom amount is received	8 Amount (\$)
6 Address of person from whom amount is received; City; Stat	te; 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; Sta	ate; Zip Code
Purpose for which amount is received Check	k 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; Sta	ate; Zip Code
Purpose for which amount is received Chec	k 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; S	State; Zip Code
Purpose for which amount is received Chec	ck if political contribution returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHED	DULE AS NEEDED

OUTSTANDING LOANS SCHEDULE L 1 Total pages Schedule L: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) LENDER INFORMATION Brownsville, TX 78520 **GUARANTOR** 6 Name of guarantor **INFORMATION** not applicable 7 Guarantor address; City; State; Zip Code Name of lender LENDER INFORMATION Lender address; City; State; Zip Code **GUARANTOR** Name of guarantor INFORMATION not applicable Guarantor address; City; State; Zip Code **LENDER** Name of lender **INFORMATION** Lender address; City; State; Zip Code **GUARANTOR** Name of guarantor INFORMATION not applicable Guarantor address; City; State; Zip Code LENDER Name of lender INFORMATION Lender address; City; State; Zip Code **GUARANTOR** Name of guarantor **INFORMATION** not applicable Guarantor address; City; State; Zip Code ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

	The Instruc	ction Guide 6	explains	how to complete thi	s form.	1 Total pages Schedule T:		
_	The Instruction Guide explains how to complete this form.				3 Filer ID (Ethics Commission Filers)			
2	FILER NAME	ISTE Chaves Vasque						
4	A Company / Pladger / Payon							
10000								
5	Contribution / Expendit			Schedule B(J)	Schedule C2	Schedule D Schedule F1		
	Schedule A2	☐ Sched	dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
	Schedule F2							
6	Dates of travel	7 Name of person(s) traveling						
		8 Departure	e city or n	ame of departure locat	ion			
		9 Destination	on city or	name of destination lo	cation	×		
-11	Means of transportation	on l	11 Purpo	ose of travel (including	name of conference, s	eminar, or other event)		
	o Means of transportation			•				
	Name of Contributor /	Corporation of	or Labor C	Organization / Pledgor	/ Payee			
		**************************************		020				
	Contribution / Expend	iture reported	on:					
	Schedule A2	Sched	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
	Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
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	Destination city or name of destination location							
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	Means of transporta	Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
	Name of Contributor	/ Corporation	or Labor (Organization / Pledgor	/ Payee			
	Name of Continuator	/ Corporation	or Eucor .	organization in a sp				
	Contribution / Expend	diture reported	l on:		Positive			
	Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
	Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
F	Dates of travel	Dates of travel Name of person(s) traveling						
	Departure city or name of departure location							
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	Destination city or name of destination location							
-	Means of transportation Purpose of travel (including name of conference, seminar, or other event)							
	anasaman Property of March 1997	0:						
F								
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

ASSETS VALUED AT \$500 OR MORE SCHEDULE M 1 Total pages Schedule M: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Description of Asset 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	n. Report" ••					
1	1 C/OH NAME 2 Filer ID (Ethics Co.							
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.							
		Signatur	e 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	k only one:						
		I do not have unexpended contributions or unexpended interest or income earned fro	m 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						
	Chec	k 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	OFFIC	CEHOLDER nplete this section <i>only</i> if you are an officeholder ··						
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.							
		S	ignature of Officeholder					

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