

**MARY
ESTHER
SOROLA**

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) <i>n/a</i>	2 Total pages filed: <i>23 24 PAGES</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>Mrs.</i> FIRST: <i>Maria</i> MI: <i>E.</i> NICKNAME: _____ LAST: <i>Sarola</i> SUFFIX: _____	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION <i>2:00 PM</i> JUL 12 2017 RECEIVED BY: <i>[Signature]</i> Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #: <i>1999 W. Jefferson St.</i> CITY: <i>Brownsville, TX</i> STATE: <i>TX</i> ZIP CODE: <i>78520</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <i>(956)</i> PHONE NUMBER: <i>572-4380</i> EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>Mr.</i> FIRST: <i>Ruben</i> MI: _____ NICKNAME: _____ LAST: <i>Gallegos Jr.</i> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <i>1850 Briarwyck Drive</i> CITY: <i>Brownsville, TX</i> STATE: <i>TX</i> ZIP CODE: <i>78521</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <i>(956)</i> PHONE NUMBER: <i>371-6135</i> EXTENSION: _____		
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 checked="" type="checkbox"/> July 15 <input 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: <i>01 / 01 / 17</i> THROUGH Month Day Year: <i>06 / 30 / 17</i>		
11 ELECTION	ELECTION DATE Month Day Year: <i>03 / 06 / 18</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Justice of the Peace Pct. 2 P. 3</i>	13 OFFICE SOUGHT (if known) <i>Justice of the Peace Pct. 2 P. 3</i>	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Maria Esther Sorola

15 Filer ID (Ethics Commission Filers)
N/A

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 18,525.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 1494.60

4. TOTAL POLITICAL EXPENDITURES

\$ 7997.48

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

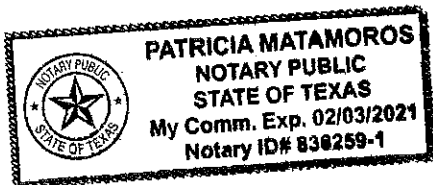
\$ 9032.92

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1700.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Maria Esther Sorola
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Maria Esther Sorola, this the 26th day of June, 20 17, to certify which, witness my hand and seal of office.

Patricia Matamoros
Signature of officer administering oath

Patricia Matamoros
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Maria Esther Sorka</i>		20 Filer ID (Ethics Commission Filers) <i>n/a</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>18,525.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>9,492.08</i>
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 12

2 FILER NAME
Maria Esther Sorola

3 Filer ID (Ethics Commission Filers)
N/A

4 Date: 1/31/17
5 Full name of contributor: out-of-state PAC (ID#: _____)
Linebarger, Goggen, Blair L. Simpson
6 Contributor address; City; State; Zip Code
P.O. Box 17428
Austin, TX 78760

7 Amount of contribution (\$)
\$500.00

8 Principal occupation / Job title (See Instructions)
attorneys at law

9 Employer (See Instructions)

Date: 2/6/17
Full name of contributor: out-of-state PAC (ID#: _____)
Jose G. Alvarez Jr.
Contributor address; City; State; Zip Code
6521 Paredes Line Rd
Brownsville, TX 78526

Amount of contribution (\$)
\$300.00

Principal occupation / Job title (See Instructions)
Contractor

Employer (See Instructions)

Date: 2/9/17
Full name of contributor: out-of-state PAC (ID#: _____)
Esequiel Silva - The Roast House
Contributor address; City; State; Zip Code
5226 Commercial Drive
Brownsville, TX 78521

Amount of contribution (\$)
\$200.00

Principal occupation / Job title (See Instructions)
business owner

Employer (See Instructions)

Date: 2/16/17
Full name of contributor: out-of-state PAC (ID#: _____)
Pro-Pack & Ship - Jesse Molina
Contributor address; City; State; Zip Code
400 E. Alton Gloor Blvd. Ste B
Brownsville, TX 78526

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)
business owner

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 12

2 FILER NAME
Maria Esther Sorola

3 Filer ID (Ethics Commission Filers)
n/a

4 Date
02/28/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Dean Owen - Korner Market

7 Amount of contribution (\$)
\$ 300.00

6 Contributor address; City; State; Zip Code
1905 N. Illinois Avenue
Brownsville, TX 78520

8 Principal occupation / Job title (See Instructions)
business owner.

9 Employer (See Instructions)

Date
3/2/17

Full name of contributor out-of-state PAC (ID#: _____)
All Star Metals LLC

Contributor address; City; State; Zip Code
13830 Bramard Avenue
Burnham, Illinois 60633

Amount of contribution (\$)
\$ 300.00

Principal occupation / Job title (See Instructions)
business

Employer (See Instructions)

Date
3/10/17

Full name of contributor out-of-state PAC (ID#: _____)
Blue Martin - Gary Meschi

Contributor address; City; State; Zip Code
2912 Padre Blvd
South Padre Island, TX 78597

Amount of contribution (\$)
\$ 300.00

Principal occupation / Job title (See Instructions)
business owner.

Employer (See Instructions)

Date
3/17/17

Full name of contributor out-of-state PAC (ID#: _____)
Rene O. Oliveira

Contributor address; City; State; Zip Code
855 W. Price Rd. Ste 22
Brownsville, TX 78520

Amount of contribution (\$)
\$ 1,500.00

Principal occupation / Job title (See Instructions)
State Representative

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 12

2 FILER NAME
Maria Esther Sorola

3 Filer ID (Ethics Commission Filers)
n/a

4 Date
3/17/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Roerig Oliveira & Fisher LLP

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
855 W. Price Rd. Ste 9
Brownsville, TX 78520

8 Principal occupation / Job title (See Instructions)
attorneys @ law

9 Employer (See Instructions)

Date
3/26/17

Full name of contributor out-of-state PAC (ID#: _____)
Javier Rivera - Bada Bing Bail Bonds

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
1126 Planeta
Brownsville, TX 78520

Principal occupation / Job title (See Instructions)
business owner

Employer (See Instructions)

Date
3/30/17

Full name of contributor out-of-state PAC (ID#: _____)
JLI Partners

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
9510 Cajun Blvd
Los Fresnos, TX 78566

Principal occupation / Job title (See Instructions)
Developer

Employer (See Instructions)

Date
3/31/17

Full name of contributor out-of-state PAC (ID#: _____)
Lillian's DME

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
2323 Ed Carey Drive Ste 7
Harlingen, TX 78550

Principal occupation / Job title (See Instructions)
business owner

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 12

2 FILER NAME
Maria Esther Sorola

3 Filer ID (Ethics Commission Filers)
n/a

4 Date
3/31/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Lillian Kim

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
5806 Acacia
Harlingen, TX 78550

8 Principal occupation / Job title (See Instructions)
business owner

9 Employer (See Instructions)

Date
4/6/17

Full name of contributor out-of-state PAC (ID#: _____)
Pronto Bail Bonds- Juan Martinez

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
554 E. Jackson
Brownsville, TX 78520

Principal occupation / Job title (See Instructions)
business owner

Employer (See Instructions)

Date
4/6/17

Full name of contributor out-of-state PAC (ID#: _____)
Royston, Rayzor Vickery & Williams

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
55 Cove Circle
Brownsville, TX 78521

Principal occupation / Job title (See Instructions)
attorneys at law

Employer (See Instructions)

Date
4/6/17

Full name of contributor out-of-state PAC (ID#: _____)
Esparrza L Garza LLP

Amount of contribution (\$)
\$300.00

Contributor address; City; State; Zip Code
964 E. Los Ebanos Blvd.
Brownsville, TX 78520

Principal occupation / Job title (See Instructions)
attorneys at law.

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 12

2 FILER NAME

María Esther Sorola

3 Filer ID (Ethics Commission Filers)

n/a

4 Date

4/6/17

5 Full name of contributor

out-of-state PAC (ID#: _____)

Rodriguez, Lucio Law Group

6 Contributor address;

City; State; Zip Code

946 E. Van Buren St.
Brownsville, TX 78520

7 Amount of contribution (\$)

\$500.⁰⁰

8 Principal occupation / Job title (See Instructions)

Attorneys @ Law

9 Employer (See Instructions)

Date

4/10/17

Full name of contributor

out-of-state PAC (ID#: _____)

Pro Pack & ship - Jesse Molina

Contributor address;

City; State; Zip Code

400 E. Alton Glen St B.
Brownsville, TX 78526

Amount of contribution (\$)

\$200.⁰⁰

Principal occupation / Job title (See Instructions)

business owner

Employer (See Instructions)

Date

4/10/17

Full name of contributor

out-of-state PAC (ID#: _____)

Int'l Crossing Freight

Contributor address;

City; State; Zip Code

7750 E. Padre Island Hwy
Brownsville, TX 78521

Amount of contribution (\$)

\$300.⁰⁰

Principal occupation / Job title (See Instructions)

business owner

Employer (See Instructions)

Date

4/10/17

Full name of contributor

out-of-state PAC (ID#: _____)

Prestige Home Builders - ^{Luis} Arrevalo

Contributor address;

City; State; Zip Code

28010 Roberta Rd.
San Benito, TX 78586

Amount of contribution (\$)

\$200.⁰⁰

Principal occupation / Job title (See Instructions)

business owner

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 12

2 FILER NAME
Maria Esther Sorola

3 Filer ID (Ethics Commission Filers)
n/a

4 Date
4/11/17

5 Full name of contributor out-of-state PAC (ID#: _____)
La Feria Drug - William Andersen

6 Contributor address; City; State; Zip Code
258 Resaca Bend
Olmato, TX 78575

7 Amount of contribution (\$)
\$600.00

8 Principal occupation / Job title (See Instructions)
business owner

9 Employer (See Instructions)

Date
4/11/17

Full name of contributor out-of-state PAC (ID#: _____)
Alejandro Dominguez Law Office

Contributor address; City; State; Zip Code
855 E. Harrison St.
Brownsville, TX 78520

Amount of contribution (\$)
\$300.00

Principal occupation / Job title (See Instructions)
attorney @ law

Employer (See Instructions)

Date
4/11/17

Full name of contributor out-of-state PAC (ID#: _____)
El Padrino Bail Bonds - Luis Esquivel

Contributor address; City; State; Zip Code
P.O. Box 605
Harlingen, TX 78551-0605

Amount of contribution (\$)
\$300.00

Principal occupation / Job title (See Instructions)
business owner

Employer (See Instructions)

Date
4/12/17

Full name of contributor out-of-state PAC (ID#: _____)
Bryant Industrial Services - Daniel Bryant

Contributor address; City; State; Zip Code
P.O. Box 2460
South Padre Island, TX 78597

Amount of contribution (\$)
\$300.00

Principal occupation / Job title (See Instructions)
business owner

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **12**

2 FILER NAME
Maria Esther Sorola

3 Filer ID (Ethics Commission Filers)
n/a

4 Date
4/13/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Frontera Consultants RGV
6 Contributor address; City; State; Zip Code
**P.O. Box 533909
Harlingen, TX 78553.**

7 Amount of contribution (\$)
\$100.00

8 Principal occupation / Job title (See Instructions)
consultants

9 Employer (See Instructions)

Date
4/13/17

Full name of contributor out-of-state PAC (ID#: _____)
Mariol Anne Benavides
Contributor address; City; State; Zip Code
**6515 W. Lakeside Blvd.
Del Rio, TX 78840**

Amount of contribution (\$)
\$300.00

Principal occupation / Job title (See Instructions)
business owners

Employer (See Instructions)

Date
4/13/17

Full name of contributor out-of-state PAC (ID#: _____)
Law office of Jose W. Hernandez
Contributor address; City; State; Zip Code
**1305 E. Nolana Ste F
McAllen, TX 78504**

Amount of contribution (\$)
\$300.00

Principal occupation / Job title (See Instructions)
attorney

Employer (See Instructions)

Date
4/17/17

Full name of contributor out-of-state PAC (ID#: _____)
Cardiooncall LLC
Contributor address; City; State; Zip Code
**713 Santa Ana Ave.
Rancho Viejo, TX 78575-9747**

Amount of contribution (\$)
\$1000.00

Principal occupation / Job title (See Instructions)
cardiologist

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 12

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

n/a

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

4/18/17

Jaime Parra

\$200.⁰⁰

6 Contributor address; City; State; Zip Code

4374 Martin Rd
Brownsville, TX 78526.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

business owner.

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/18/17

Rogelio Moreno

\$150.⁰⁰

Contributor address; City; State; Zip Code

3100 S 2nd St. APT 22
McAllen, TX 78503

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Banker

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/18/17

Valley Tire Shop + Road Service

\$100.⁰⁰

Contributor address; City; State; Zip Code

1954 E. 14th St.
Brownsville, TX 78521-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

business owner.

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/19/17

S & B PAC

\$1000.⁰⁰

Contributor address; City; State; Zip Code

P.O. BOX 266245
Houston, TX 77207

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

engineering firm.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 12

2 FILER NAME
MARIA ESTHER SOROLA

3 Filer ID (Ethics Commission Filers)
n/a

4 Date: 4/19/17
5 Full name of contributor: RL Consulting Group LLC
 out-of-state PAC (ID#: _____)
6 Contributor address; City; State; Zip Code
1504 Santa Ana Ave.
Rancho, Ueja, TX 78575

7 Amount of contribution (\$)
\$300.00

8 Principal occupation / Job title (See Instructions)
consultants

9 Employer (See Instructions)

Date: 4/20/17
Full name of contributor: Action-Aire LLC
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
6460 Butler Rd.
Brownsville, TX 78520

Amount of contribution (\$)
\$225.00

Principal occupation / Job title (See Instructions)
business owners

Employer (See Instructions)

Date: 4/20/17
Full name of contributor: Law office of Fred Kawalski
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
902 E. Madison St.
Brownsville, TX 78520

Amount of contribution (\$)
\$250.00

Principal occupation / Job title (See Instructions)
attorney at law

Employer (See Instructions)

Date: 4/20/17
Full name of contributor: Robert Gracia
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
P.O. Box 4953
Brownsville, TX 78523

Amount of contribution (\$)
\$225.00

Principal occupation / Job title (See Instructions)
business owner

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 12

2 FILER NAME

Maria Esther Sorola

3 Filer ID (Ethics Commission Filers)

n/a

4 Date

4/21/17

5 Full name of contributor out-of-state PAC (ID#: _____)

ILT Enterprises - Ruben Gallegos

6 Contributor address; City; State; Zip Code
1850 Briarwyck Drive
 Brownsville, TX 78520

7 Amount of contribution (\$)

\$ 1000.00

8 Principal occupation / Job title (See Instructions)

business owner

9 Employer (See Instructions)

Date

4/21/17

Full name of contributor out-of-state PAC (ID#: _____)

Layas L Zamora Lawfirm

Contributor address; City; State; Zip Code
3100 E. 14th St.
 Brownsville, TX 78521

Amount of contribution (\$)

\$ 300.00

Principal occupation / Job title (See Instructions)

attorneys at law

Employer (See Instructions)

Date

4/21/17

Full name of contributor out-of-state PAC (ID#: _____)

Monica Benavides Team

Contributor address; City; State; Zip Code
721 Markowsky Ave.
 Harlingen, TX 78550

Amount of contribution (\$)

\$ 150.00

Principal occupation / Job title (See Instructions)

business owner

Employer (See Instructions)

Date

4/21/17

Full name of contributor out-of-state PAC (ID#: _____)

Benavides Motors - Arturo Benavides

Contributor address; City; State; Zip Code
721 Markowsky Ave.
 Harlingen, TX 78550

Amount of contribution (\$)

\$ 150.00

Principal occupation / Job title (See Instructions)

business owner

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 12

2 FILER NAME

3 Filer ID (Ethics Commission Filers)
n/a

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

4/22/17

Joe G. Rivera

\$ 100⁰⁰

6 Contributor address; City; State; Zip Code

P.O. Box 5868
Brownsville, TX 78520

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Retired

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/22/17

Amanda Saldaña Law firm

\$ 500⁰⁰

Contributor address; City; State; Zip Code

5111 N. 10th St. #115
McAllen, TX 78504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

attorney

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/22/17

Joel Martinez

\$ 225⁰⁰

Contributor address; City; State; Zip Code

2014 Pointwest
Edinburg, TX 78539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

information requested

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/24/17

C. Frank Wood

\$ 250⁰⁰

Contributor address; City; State; Zip Code

3505 Boca Chica Ste 100
Brownsville, TX 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

attorney

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 12

2 FILER NAME

3 Filer ID (Ethics Commission Filers)
n/a

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

4/25/17

Law Office of Fred Kawalski

6 Contributor address; City; State; Zip Code
902 E. Madison St
Brownsville, TX 78520

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

attorney

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/26/17

Craig F. Stong

Contributor address; City; State; Zip Code
15920 Reyes Rdg
Helotes, TX 78023-5106

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

engineer

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/26/17

Sofia C. Benandes

Contributor address; City; State; Zip Code
4090 Retama Drive
Brownsville, TX 78521

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

county commissioner

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

5/5/17

Jesus Salinas

Contributor address; City; State; Zip Code
1201 E. Interstate Hwy 2
Mission, TX 78572-4026

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

engineer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Maria Esther Sorola	3 Filer ID (Ethics Commission Filers) n/a
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4 Date 3/21/17	5 Payee name St. Lukes Catholic School
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6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 2850 Price Rd. Brownsville, TX 78521
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(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	Office sought	Office held
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Date 3/10/17	Payee name PAGA - Brownsville
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Amount (\$) \$150.00	Payee address; City; State; Zip Code P.O. Box 5013 Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	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	Office sought	Office held
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Date 4/11/17	Payee name Griselda Aramburo
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Amount (\$) \$250.00 -	Payee address; City; State; Zip Code 25 Picadilly Circle Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food beverage expense	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	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Maria Esther Garcia	3 Filer ID (Ethics Commission Filers) n/a
4 Date 4/14/17	5 Payee name All-Valley Media LLC	
6 Amount (\$) \$125.00	7 Payee address; City; State; Zip Code 821 W. Wilson Ave. Harlingen, TX 78550.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense.	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/17/17	Payee name Sams club.
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Amount (\$) \$254.85.	Payee address; City; State; Zip Code 3570 W. Alton Gloor Brownsville, TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense.	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/19/17	Payee name Sams club
------------------------	--------------------------------

Amount (\$) \$241.47	Payee address; City; State; Zip Code 3570 W. Alton Gloor. Brownsville, TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense.	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 ONLY 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Maria Esther Sorola	3 Filer ID (Ethics Commission Filers) na	
4 Date 4/21/17	5 Payee name Maria Esther Sorola - cash.		
6 Amount (\$) \$1,100.⁰⁰	7 Payee address; City; State; Zip Code 1999 W. Jefferson St. Brownsville, TX 78520.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense / golf tourney cash prizes for 1st, 2nd, & 3rd prize winners	(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	Office sought
Date 4/24/17	Payee name Las Trevi		
Amount (\$) \$107.⁰⁰	Payee address; City; State; Zip Code 605 Central Blvd. Brownsville, TX 78520.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food beverage expense. golf tourney	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
Date 4/21/17.	Payee name Solice Technologies		
Amount (\$) \$560.⁰⁰	Payee address; City; State; Zip Code 7200 Bonham Rd Brownsville, TX 78520.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expenses.	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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 0	2 FILER NAME Maria Esther Sorola	3 Filer ID (Ethics Commission Filers) n/a
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4 Date 4/22/17	5 Payee name Lamar Cantu
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6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code P.O. Box 1607 Brownsville, TX 78522
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) consulting expense.	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/17	Payee name Michael Chavez - La Vaquita
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Amount (\$) \$700.00	Payee address; City; State; Zip Code 751 E. Stenger St. San Benito, TX 78566.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food bev. expense	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/17	Payee name River Bend Resort
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Amount (\$) \$2,127.12	Payee address; City; State; Zip Code 4541 Military Hwy 281 Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense goat journey.	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME	3 Filer ID (Ethics Commission Filers) n/a
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4 Date 5/1/17	5 Payee name Gourmet Central
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6 Amount (\$) \$100.85	7 Payee address; City; State; Zip Code 515 W. 4th St. Brownsville, TX 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food beverage expense.	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/19/17	Payee name TACO T.
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Amount (\$) \$139.64	Payee address; City; State; Zip Code 4414 Boca Chica Blvd. Brownsville, TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food beverage exp. breakfast / golf tourney	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 ONLY 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 <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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Maria Esther Jorola	3 Filer ID (Ethics Commission Filers) n/a
4 Date 5/9/17	5 Payee name Sams club.	
6 Amount (\$) \$126.06	7 Payee address; City; State; Zip Code Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food bev. expense.	(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: _____ Office sought: _____ Office held: _____	
Date 5/12/17	Payee name Juan Montoya	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 2665 Westaco Rd. Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense.	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: _____ Office sought: _____ Office held: _____	
Date 5/22/17	Payee name Sams club.	
Amount (\$) 173.11	Payee address; City; State; Zip Code 3570 W. Altar floor. Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food bev. exp.	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: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Mana Esthei Sorok	3 Filer ID (Ethics Commission Filers) n/a
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4 Date 5/21/17	5 Payee name Crush Fast Pitch
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6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 408 Via Sol. Dr. Edinburg, TX 78541
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(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	Office sought	Office held
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Date 5/25/17	Payee name All Valley Media
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Amount (\$) \$365.00	Payee address; City; State; Zip Code 221 W. Wilson Ave. Harlingen, TX 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense bumper stickers	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	Office sought	Office held
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Date 6/7/17	Payee name Allegra Print & Imaging
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Amount (\$) \$216.45	Payee address; City; State; Zip Code 1273 E. Alton Glor Ste A. Brownsville, TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing exp.	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	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Maria Esther Sorok	3 Filer ID (Ethics Commission Filers) m/a
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4 Date 6/12/17	5 Payee name Academy sports
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6 Amount (\$) \$110.93	7 Payee address; City; State; Zip Code 4305 Old Highway 77 Brownsville, TX 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising exp. camp shirts	(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	Office sought	Office held
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Date 6/15/17	Payee name Juan Manbya
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 2665 Westaco Rd. Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising exp.	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	Office sought	Office held
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Date 6/19/17	Payee name Alexis Acosta - TX Hosa Int'l
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 1344 Pinion Drive Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	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	Office sought	Office held
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