RIGOBERTO BOCANEGRA

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: 27 fages
3(CANDIDATE) OFFICEHOLDER	MS / MRS (MR) FIRST	, MI	OFFICE USE ONLY
NAME	Rigoberto "Rigo"	Bocanegra	Date Received
	NICKNAME LAST	SUFFIX	CAMERON COUNTY
			DEPARTMENT OF ELECTIONS &
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	VOTER REGISTRATION
OFFICEHOLDER MAILING	1165 Champlain Drive	ž	JAN 1 6 2018
ADDRESS	Brownsville, Texas 788	526	RECEIVED . A
Change of Address			MILL
5 CANDIDATE/ OFFICEHOLDER	1.	EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	(956) <i>5</i> 89-5440		
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Receipt # Amount \$
NAME	Arda A. Montanaro - F	suffix	Date Processed
			Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS	603 E. St. Charles St	reet	
(Residence or Business)	Brownsville, Texas 785		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 507-0247	EXTENSION	
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	etion Exceeded \$500 limit	Final Report (Attach C/OH - FR)
i			
10 PERIOD COVERED	Month Day Year	jasa e e e e Month e : Sojii (e ≥	Day
*	07/15/2017	THROUGH CONTRACT	15 / 2018
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	03/06/2018 X General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	,	Cameron Cou	unty Commissioner
	N/A	Precinct 2	
			
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 File	er ID (Ethics Commission Filers)
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.		
a de la companya del companya de la companya del companya de la co	COMMITTEE TYPE	COMMITTEE NAME	
es de la companya de La companya de la co	GENERAL		
		COMMITTEE ADDRESS	
DATE OF A MAR	SPECIFIC .		
1. D.			•
	35.	COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
,	_		
TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$
18 AFFIDAVIT			
Maribel Diaz NOTARY PUBLIC State of Texas My Comm. Exp. 05/19/2020 Notary ID: 13066868-7 Notary ID: 13066868-7 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 under Title 15, Election Code Signature of Candidate or Officeholder			
AFFIX NOTARY STARA	P/SEALAROVE		
AFFIX NOTARY STAMP/ SEALABOVE			
Sworn to and subscribed before me, by the said Rigoberto Rigo Bolanegrasche 16th			
day of <u>Talwary</u> , 20 18, to certify which, witness my hand and seal of office.			
Maribel Dine Voter Public.			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: Employer (See Instructions) Business Full name of contributor out-of-state PAC (ID#; Date Amount of contribution (\$) \$300°0 City; State; Zip Code Employer (See Instructions) Full name of contributor | out-of-state PAC (ID#: Brownsville Fire Fighters ASSOCIATION LOCAL 970 Contributor address; City; State; Zip Code Date Amount of contribution (\$) P.O. BOX 4171, Brownsville, TX 78523 Principal occupation / Job title (See Instructions) Business Date Full name of contributor out-of-state PAC (ID#; Amount of contribution (\$) Principal occupation / Job title (See Instructions) munaville ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con		
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1.400°c	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1889.37	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	+ \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Office Overhead/Rental Expense Accounting/Banking Travel In District Food/Beverage Expense Polling Expense Consulting Expense Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name Los Camperos Restaurant 4 Date 9-18-17 City; State; Zip Code 7 Payee address; 6 Amount (\$) 2500 N. Expressivay 77 \$ 30.00 Brownsville, TX 78526 (b) Description (a) Category (See Categories listed at the top of this schedule) Gheck it travel outside of Texas. Complete Schedule T. Beverage PURPOSE Check If Austin, TX, officeholder living expense OF Food/Expense EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date mcDonalds 9-19-17 City; State; Zip Code Payee address; Amount (\$) 117 America Drive Brownsville, TX 78526 7.56 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense food/beverage Expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY If direct expenditure to benefit C/OH Payee name Date Palenque Gnill 9-20-17 City; State; Zip Code Payee address; Amount (\$) 4227 N. Expressivaly Brownsville, TX 78'520 \$24.02 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE food Beverage Check if Austin, TX, officeholder living expense EXPENDITURE Expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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
Other (enter a category not listed above)

Contributions/Donations Made by Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)
Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Date 9-15-17	5 Payee name CNICK-FII-A	
*18.30	7 Payee address; City; State; Zip Code 2150 Ruben M. Tomes Blvc Brownsville, TX 78526	j
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedula T. Check if Austin, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date 9-15-17	Payee name Cracker Barrel	
Amount (\$) \$28.73	Payee address; City: State; Zip Code 110 Bass Pro Drive Harlingen, TK 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOCH BEVERAGE Expense,	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/O	Candidate / Officeholder name	Office sought Office held
Date 9-15-17	Payor name Super Cream Restauran	-
Amount (\$) \$ 33.16	Payee address; City; State; Zip Code 1014 Ruben M. Torres Sr. Brownsville, TX 78521	Blvd
PURPOSE OF EXPENDITURE	Category (See Categories Hoted at the top of this schedule) Food / Beverage Expense	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/C	Candidate / Officeholder name DH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Loan Repayment/Relmbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica			
Candidate/Officerrolder/Politica Credit Card Payment	The instruction Guide explains how to co		·
Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission File	ers)
Date 9-6-17	5 Payee name Mc Donald's		
13.82	7 Payee address; City; State; Zip Code 117 America Dr. Brownsville, Texas	78526	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schadule T. Check if Austin, TX, officeholder living expense	: 1 4 y
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
9-7-17	Mc Donald's		
Amount (\$)	Payee address; City; State; Zip Code IIT America Drive Brownsville, Texas	785210	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beyerage Expense	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/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
9-7-17	Ricardo's Restaurant		
Amount (\$)	Payee address; City; State; Zip Code 425 E. 10th Street Brownsville, TX 78521		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expenses	Description Check if travel cutside of Texas. Complete Schedule T. Chack If Austin, TX, officeholder living expense	
Complete ONLY If direct expenditure to benefit G/C	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services

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

Solicitation/FundralsIng 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.

Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission	on Filers)
Date 9-7-17	5 Payee name SUNDCO		
3 Amount (\$)	7 Payee address; City; State; Zip Code 840 E. Ruben M. Towes Blu	ıd	
48.64	Brownsville, TX 78526		
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Transportation & Related Expenses	(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 he	ld
Date	Payee name		
9-8-17	Yukiś		
Amount (\$)	Payee address; City; State; Zip Code		·
16.21	2100 FM 802 Brownsville, TX 78526		<u> </u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Reverage Expenses	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	an de la companya de La companya de la companya de
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office he	eld
Date	Payee name		
9-11-17	frullati	11/2/2/2	
Amount (\$)	Payee address; City; State; Zip Code 2370 N. Expressivaly Brownskille, TX 78526		<u> </u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOCH REVERGE Expenses	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	100 - 345 1806 1807 - 1964 - 8
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office	held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees Office Food/Beverage Expense Polli y Gift/Awards/Memorials Expense Print al Committee Legal Services Sale	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense tries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The instruction Guide explains how	v to complete this form,	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9-21-07	5 Payee name CNICK-FII-A		
6 Amount (\$)	7 Payee address; City; State; Zip Co 2150 Ruben M. TOWES Brownsville, TX 7852	0	
8	(a) Category (See Categories listed at the top of this schedul	(b) Description	outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	fool/ Beverage		in, TX, officeholder living expense
	Expenses		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
9-22-17	Grafik Spot		
Amount (\$)	Payee address; Oity; State; Zip Co	ode	
\$100.00	1265 N. Expressivay 83 Brownsville, TX 78520	> · · · · · · · · · · · · · · · · · · ·	
	Category (See Categories listed at the top of this schedu	ule) Description	outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Advertising Expense	,	tin, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	Payee name		
Date 9-25-17	Whatablurger		
Amount (\$)	Payee address; City; State; Zip C	i.	
\$ 23.08	6100 Ruben Tomes Bl	_	
PURPOSE	Category (See Categories listed at the top of this sched	ule) Description Check it travel	outside of Texas. Complete Schedule T.
OF EXPENDITURE	food / Beverage Expense	LI Check If Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
1 .	Appendix Appendix and the control of		Davised 9/9/201

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

1 Total pages Schedule FT: 2 FILER NAME 4 Date 9-25-17 5 Payee name WAITMAY SUPERCENTER 9 Anount (8) 7 Payee address: City: State: Zip Code BAIL (9) Description Check It was deviated of Treas. Complete Schedule T. Candidate / Office held Category: Sea Ca	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/W The Instruction Guide explains how to committee	ages/Confract Labor Other (enter a category not listed above)	
\$ Payes address: City: State: Zip Code Candidate / Office hold Candidate / Office holder name				
SAMOUNT (8) Payee address City State; Zip Code 20°S RUBBLY TOTTICS BIVOL	t total pages objectule	E TEST CANON		
BY OUR SYSTEM TO SALE PURPOSE EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Purpose Office Sought Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Date Payee name Ricardo's Restaurant Amount (8) Payee address: Othy: State; Zip Code EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Purpose Office Sought Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Ricardo's Restaurant Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to Deserting on the complete Schedule To the complete Com		Wal-Mart Supercerio		
Purpose Expenditure Payee name Candidate / Officeholder name Office sought Office held		7 Payee address; City; State; Zip Code 2205 Public Tornes B	Ivol.	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	₹31.9U	Brownsville TX 78	ssalo	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	-	(a) Category (See Categories listed at the top of this schedule)	1 " 	
9 Complete CNLY if direct expenditure to benefit C/OH Date	OF	Event Expense	Check If Austin, TX, officeholder living expanse	
Amount (\$) Payee address; Chy; State; Zip Code # 9.28 Payee address; Chy; State; Zip Code # 9.28 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Payee name # 19.86 Payee address; City; State; Zip Code # 19.86 Oategory (See Categories listed at the top of this schedule) Purpose OF Expenditure # Complete ONLY if direct appenditure to benefit C/OH	Complete ONLY if direct expenditure to benefit C/O		Office sought Office held	
Amount (\$) Payee address; Chy; State; Zip Code \$\frac{4}{3} \in \text{L. (0.4)} \text{STreet}}{\text{STreet}} \ \text{Brownsyille_TX_7852D} Category (See Categories listed at the top of this schedule)	Date			
# 9.28 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Payee name 9-29-17 Ricardo's Restauran† Amount (\$) Payee address; City; State; Zip Code 4 19.86 Promany ille, TX 78530 Category (See Categories listed at the top of this schedule) Payee name 9-29-17 Amount (\$) Payee address; City; State; Zip Code 4 19.86 Promany ille, TX 78530 Category (See Categories listed at the top of this schedule) Purpose of Food Reverage Check if ravel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Laustin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office sought Office held	9-29-17			
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Food [Schedule] Food [Schedule] Food [Schedule] Food [Schedule] Food [Schedule] Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held Office held Payee name Ricardo's Restaurant Amount (\$) Payee address; City; State; Zip Code Uas E. IOHL Street BYOUNSYITE, TX 785 20 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete QNLY if direct expense Complete QNLY if direct expense Candidate / Officeholder name Office sought Office sought Office held Office held	Amount (\$)	Payee address; City; State; Zip Code U25 E. 10 4 Street		
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Food [Schedule] Food [Schedule] Food [Schedule] Food [Schedule] Food [Schedule] Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held Office held Payee name Ricardo's Restaurant Amount (\$) Payee address; City; State; Zip Code Uas E. IOHL Street BYOUNSYITE, TX 785 20 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete QNLY if direct expense Complete QNLY if direct expense Candidate / Officeholder name Office sought Office sought Office held Office held	\$ 9.28	Brownsville, TX 785	2D	
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Ricardo's Restaurant Amount (\$) Payee address; City; State; Zip Code U25 E. 1044 Street BYOWNSY'IIe, TX 78520 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name	OF	Category (See Categories listed at the top of this schedule) Food 186 16706	Description Check if travel outside of Texas. Complete Schedule T.	
Purpose OF EXPENDITURE Ricardo's Restaurant Payee address; City; State; Zip Code U25 E. 1040 Street BYOUNSYITE TX 78520 Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	Complete ONLY if direct expenditure to benefit C/C		Office sought Office held	
Amount (\$) Payee address; City; State; Zip Code U25 E. 1044 Street BYOWNSY'ITE, TX 78520 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Payee address; City; State; Zip Code U25 E. 1044 Street Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held	Date	Payee name		
# 19.86 ### PURPOSE OF EXPENDITURE #### Candidate / Officeholder name ###################################	9-29-17			
PURPOSE OF EXPENDITURE Candidate / Officeholder name PURPOSE OF EXPENDITURE Candidate / Officeholder name	Amount (\$)	,,		
PURPOSE OF EXPENDITURE FOOD BEVEYOUGE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Office sought Office held Office held	£ 19.86	Brownsville, TX 785		
Complete ONLY if direct Candidate / Officeholder name Cinice sought expenditure to benefit C/OH	OF	food / Beverage	Check if travel outside of Texas, Complete Schedule T.	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Complete ONLY if direct expenditure to benefit C/		Office sought Office held	
D-11-4-010/00	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Advertising Expense Office Overhead/Rental Expense Accounting/Banking Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Consulting Expense Travel Out Of District Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name Gratik Spot 4 Date 10-2-17 City; State; Zip Code 7 Payee address; 6 Amount (\$) 1265 N. Expressivay 83 \$270.63 Brownsville, TX 78520 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising Expense Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Ricardo's Restaurant 10-5-17 Payee address; City; State; Zip Code 425 E. 10th Street Amount (\$) Brownsville, TX 78521 \$12.12 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense food Beverage EXPENDITURE Expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Camperos Grill 10-5-17 City; State; Zip Code Pavee address; Amount (\$) 2500 N. Ex pressway 77 \$ 97.36 Brownsville, TX 78526 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Food / Beverage Check if Austin, TX, officeholder living expense OF EXPENDITURE Expense Office held Office sought Candidate / Officeholder name Complete ONLY If direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Loan Repayment/Relmbursement Advertising Expense Accounting/Banking Event Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Fees Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Polina Expense Consulting Expense Travel Out Of District Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee The instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 4 Date Grafik Spot 10-10-17 7 Payes address; City; State; Zip Code 6 Amount (\$) 1265 N. Expressway 83 \$170.00 Brownsville, TX 78520 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Grafik Spot 10-19-17 City; State; Zip Code Payee address; Amount (\$) 1265 N. Express way 83 \$158.00 Brownsville, TX 78520 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising Expense Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Grafik Spot 10-23-17 City; State; Zip Code Payee address; Amount (\$) 1265 N. Expressivay 83 \$54.13 Brownsville, TX 78520 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 Advertising Expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politice	Food/Beverage Expense Polling Expense Printing Expense Polling Expense	
Credit Card Payment	The instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer 1D (Ethics Commission Filers)
4 Date 10-25-17	5 Payee name Enrique Lerma	
6 Amount (\$) \$ 500 .00	7 Payee address; City; State; Zip Code 15 Providencia Court Brownsville, Tx 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) A CIVEY IS ING Expense	(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/Orient	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
10-26-17	Lin's Buffet	
Amount (\$) \$ 15.13	Payee address; City; State; Zip Code 2988 N. Expressivary Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD I BEVERAGE Expenses	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/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
10-31-17	Las Cazuelitas	
Amount (\$)	Payee address; City; State; Zip Code	
£24.87	220 Palm BIVd Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOCCI / BEY EVAGE Ex PENSES	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/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Event Expense Loan Repayment/Reimbursement Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Fees Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Poling Expense Consulting Expense Travel Out Of District Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 4 Date Chick-Fil-A 11-6-17 City; State; Zip Code 7 Payee address; 6 Amount (\$) 2150 Ruben H. Tomes Sr. Blvd. \$17.08 Brownsville, TX 78526 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check it travel outside of Texas. Complete Schedule T. PURPOSE Food Beverage Check If Austin, TX, officeholder living expense EXPENDITURE Expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY If direct expenditure to benefit C/OH Payee name Date Sunoco 11-9-17 City; State; Zip Code Payee address; Amount (\$) 840 E. Ruben Torres Brownsville, TX 78520 b7.83 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment PURPOSE Check if Austin, TX, officeholder living expense OF & Related Expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Grafik Spot 11-10-17 City; State; Zip Code Pavee address; Amount (\$) 1265 N. Expressiony 83 \$ 54.13 Brownsville, TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. Advertising Expense Check if Austin, TX, officeholder living expense

OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Office sought

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Solicitation/Fundralsing Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officehoider/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name Harland clarke 8-30-17 7 Payee address; City; State; Zip Code 6 Amount (\$) 15955 La Cantera Parkway 28.59 San Antonio, Texas 78526 (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Purchasing checks Accounting /Banking Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date McDonalds 9-5-17 Payee address; Amount (\$) City; State; Zip Code 117.America Drive 20,63 Brownsville, Texas 78526 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name 9-6-17 Sunoco Payee address; City; State; Zip Code Amount (\$) 840 E. Ruben Torres 4.19 Brownsville, Texas 18520 Category (See Categories listed at the top of this schedule) __ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food/Beverage Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS			SCHEDULE E
The	e Instruction Guide explains how to compl	lete this form,	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	INITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state i	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; S	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupat	tion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Co	llateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable		State; Zip Code	
	ation (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls iender a financial Institution?	Lender address; City; S	State; Zip Code	Interest rate
Y N		,	Maturity date
Principal occupati	lion / Job title (See Instructions)	Employer (See Instructions)	,
Description of Coll	lateral	Check if personal funds were of account (See Instructions)	deposited into political
none	·		T
GUARANTOR INFORMATION	Name of guarantor	,	Amount Guaranteed (\$)
	Guarantor address; City; S	State; Zip Code	
not applicable			
Principal Occupati	tion (See Instructions)	Employer (See Instructions)	
If f	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

_						
		The Instruction Guide explains how to complete this fo •• Complete only if "Report Type" on page 1 is marked "Fin	orm. aal Report" ••			
1	C/OH I	H NAME	2 Filer ID (Ethics Commission Filers)			
3	SIGNA	NATURE				
	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.					
		Signatu	ure of Candidate / Officeholder			
4		R WHO IS NOT AN OFFICEHOLDER omplete A & B below <i>only</i> if you are not an officeholder. •-				
	A.	CAMPAIGN FUNDS				
	Chec	eck only one:				
		I do not have unexpended contributions or unexpended interest or income earned fi	rom political contributions.			
		I have unexpended contributions or unexpended interest or income earned from pormay not convert unexpended political contributions or unexpended interest or income personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contributions final report. Further, I understand that I must dispose of unexpended political contributions in accordance with the requirements of Electrical contributions in accordance with the requirements of Electrical contributions.	ome earned on political contributions to contributions and that I may not retain ributions longer than six years after filing ontributions and unexpended interest or			
	B.	ASSETS				
	Chec	eck only one:				
		I do not retain assets purchased with political contributions or interest or other incor	ne from political contributions.			
		I do retain assets purchased with political contributions or interest or other income for that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to			
5		CEHOLDER omplete this section only if you are an officeholder ··				
		I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions if, officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as an			
			ignature of Officeholder			

. O

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	dule K:		
2 FILER NAME		3 Filer ID (Ethica	s 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 Instr	uction Guide	explains	how to complete th	is form.	1 Total pages Schedule T:					
2 FILER NAME					3 Filer ID (Ethics Commission Filers)					
4 Name of Contributor	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee									
5 Contribution / Expendence Schedule A2 Schedule F2 6 Dates of travel	Sche	edule B	Schedule B(J) Schedule G traveling	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS	3				
	8 Departure city or name of departure location									
	9 Destinat	ion city or	name of destination loc	cation		_				
10 Means of transporta	tion	11 Purpo	se of travel (including r	name of conference, s	eminar, or other event)					
Name of Contributor	/ Corporation	or Labor C	rganization / Pledgor /	Payee						
Contribution / Expending Schedule A2	Sche	l on: dule B edule F4	Schedule B(J)	Schedule C2	Schedule D Schedule F1					
Dates of travel Name of person(s) traveling										
	Departure city or name of departure location									
	Destinat	ion city or	name of destination loc	eation						
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)								
Name of Contributor	/ Corporation	or Labor O	rganization / Pledgor /	Payee						
Contribution / Expend	diture reported	on:								
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	;				
Dates of travel	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 Purpo			se of travel (including r	name of conference, so	eminar, or other event)					
	ΑT	TACHAD	DITIONAL COPIES (OF THIS SCHEDULE	AS NEEDED	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

Event Expense
Fees
Food/Beverage Expense
Giff/Awards/Memorials Expense

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

Candidate/Officeholder/Politica		aries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains ho	w to complete this form.	
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Co	de	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul	Check if travel outside	of Texas. Complete Schedule T. , officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Co	ode	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	Check if travel outside	of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Co	de	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Check if travel outside	of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEE	DED

SCHEDULE |

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 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense
Transportation Fouldment & Relat

Consulting Expense Contributions/Donations Made		Travel In District Travel Out Of District
Candidate/Officeholder/Politic	al Committee Legal Services Salaries/Wages/Control The Instruction Guide explains how to complete t	
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT C	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/O	Candidate / Officeholder name Office south	ght Office held
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/O	Candidate / Officeholder name Office sou H	ght Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made	Ву	Food/Beverage Expense Gift/Awards/Memorials Expense	Polling Expense Printing Expense	Travel In District Travel Out Of District
Candidate/Officeholder/Politic		Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment		The Instruction Guide explain	is how to complete this form.	-, ·
		The mendential dates explain	is now to complete this form.	
1 Total pages Schedule G:	2 FILER NA	ME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee nan	ne		
6 Amount (\$)	7 Payee add	lress; City; State; Zi	o Code	
Reimbursement from political contributions intended				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sci	<u>- </u>	rtside of Texas, Complete Schedule T.
EXPENDITURE			Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office sought	Office held
	-			
Date	Payee nam	ne		
Amount (\$)	Payee add	ress; City; State; Zip	Code	
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this sol		tside of Texas. Complete Schedule T.
EXPENDITURE			Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office sought	Office held
Date	Povoo nom			
Date	Payee nam	e		
Amount (\$)	Payee add	ress; City; State; Zip) Code	
Reimbursement from political contributions intended				
PURPOSE OF	Category (s	See Categories listed at the top of this sch	·	side of Texas. Complete Schedule T.
EXPENDITURE			Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name	Office sought	Office held
	ATTA	CH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	EDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/	3 ⋅	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 F2:	2 FILER	NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	IIZED UN	IPAID INCURRED OBLI	GATIONS	-	\$
5 Date	6 Payee	name		.,!	
7 Amount (\$)	8 Payee	address; City; State;	Zip Code		
9 TYPE OF EXPENDITURE		Political	Non-Political		
10	(a) Catego	Ory (See Categories listed at the top of th	is schedule)	(b) Descriptio	n
PURPOSE				Checkif	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE				Check it	f Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Ol-		didate / Officeholder name	Office	sought	Office held
Date	Payee	name			
Amount (\$)	Payee	address; City; State;	Zip Code		
,			-	·	
TYPE OF EXPENDITURE		Political	Non-Political		,
	Catego	ory (See Categories listed at the top of thi	s schedule)	Descriptio	
PURPOSE OF					travel outside of Texas. Complete Schedule T.
EXPENDITURE				Check I	Austin, TX, officeholder living expense
Complete ONLY if direct		didate / Officeholder name	Office	sought	Office held
expenditure to benefit C/OH					
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	y; 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	
	Description of investment	ļ
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

TI	he Instruction Guide explains how to complete this for	1 Total pages Schedule A2:			
2 FILER NAM	E	3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	Date 6 Full name of contributor out-of-state PAC (ID#:)		8 Amount of . 9 In-kind contribution Contribution \$. description		
	7 Contributor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	eupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ttor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Date Full name of contributor		Amount of . In-kind contribution Contribution \$. description		
	Contributor address; City; State; Zip Cod	de			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	(FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ntributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	•				
l f	ATTACH ADDITIONAL COPIES OF T				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

SCHEDULE B **PLEDGED CONTRIBUTIONS** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#:____ Amount . 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of Full name of pledgor ut-of-state PAC (ID#:_ In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code ___ Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of pledgor ut-of-state PAC (ID#:_ description Pledge \$ Pledgor address: City; State; Zip Code Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED