RONALDO GARCIA

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:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST ME	OFFICE USE ONLY
NAME	Ma Ronaldo G NICKNAME LAST SUFFIX ROULIE GARL'A	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 27472 S + Huy 345 SAN Benuto, TX 78886	CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION 10:52 am JAN 29 2018
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (GT6) 454-1323	Date/Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI MR. MANUEL R. NICKNAME LAST SUFFIX	Receipt # Amount \$ Date Processed
·	MR GARCIA	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 27472 St Hwy 345 SAM Bani'to TX	ZIP CODE 7 8586
	,	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 193-3226	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month 66/16/2017 THROUGH	Day Year / 16 /2018
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description 3/06/2018 General Special	
12 OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGHT (If know Tustice of	the Perce Pct. 3 place 1
		,
•	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	1/1/1	15	Filer 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.		
	COMMITTEE TYPE	COMMITTEE NAME	
		·	• .
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		,	
		•	·
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEI	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,250.2
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 2 5 8 0 Z
	4. TOTAL	POLITICAL EXPENDITURES	\$ 27740.47
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 9.53
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THI Y OF THE REPORTING PERIOD	\$ 2,500,32
18 AFFIDAVIT			
		I swear, or affirm, under penalty of perj true and correct and includes all inform under Title 15, Election Code.	
Not Stat	ITA G GARCIA ary Public e of Texas	· ffm/b	Me
	1212812-8 xpires 10-06-2020	Signature of Candid	late or Officeholder
AFFIX NOTARY STAME	/SEALABOVE		
Sworn to and subscri	ibed before me, b	y the said Ronaldo Garcia	, this the9
day of January	1, 20 <u>18</u> , t	o certify which, witness my hand and seal of office.	
Vagnitu	(dece	Margarita G. Garcia	Noterry Public
Signature of officer ac	imin stering dath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Co	ommission Filers)
Ronaldo G. GARCIA		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	,	\$ 1,25000
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	3	\$ -0-
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ -0-
4. SCHEDULE E: LOANS		\$ 2,500%
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$ 2,688.02
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ -0 -
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS	\$ 20-
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 105245
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FI	UNDS	\$ -0 +
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBURETURNED TO FILER	JTIONS	* 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

WONEIART FOLITICAL CONTINUOTIONS	SCHEDULE AT
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME RONALDO G. GARCIA	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
105E. Trebson Harlingen TX 78550	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Tusuumce / Owner	otions)
Date Full name of contributor out-of-state PAC (ID#:) PAT KORKEGAY Contributor address; City; State; Zip Code 28125 HORMALINDA RL SAN BENITO, TR 28586	Amount of contribution (\$)
28/25 NORMALINEA KEL SOUBSELLIVOTTE 28500	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor cut-of-state PAC (ID#:) 1-15-2018 Tudor G & bf & blan G Utilhorn Contributor address; City; State; Zip Code 26615.77 Sunshine Strup Itariruy, Th. 78550	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	ztions)
Date Full name of contributor out-of-state PAC (ID#:) MARTHA S. UHI HURN Contributor address; City; State; Zip Code 2601 S. 7 Surashina Strop HARlingen, Td. 78550	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	tions)
	-

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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 4 Date Julie UHIHORN Allen 6 Contributor address; City; State; Zip Code 26015,77 Junshue Strip Harluga Ta 78050 125.3 9 Employer (See Instructions) Principal occupation / Job title (See Instructions) FArmy out-of-state PAC (ID#:_____ Full name of contributor Amount of contribution (\$) Date City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) ut-of-state PAC (ID#:_ Full name of contributor Amount of contribution (\$) Date City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:__ City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (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.

LOANS SCHEDULE E Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Ronaldo G. GARRIA TOTAL OF UNITEMIZED LOANS Date of loan ut-of-state PAC (ID#:_ ls lender a financial 22f22 Stilling 345 San Benuto, VX Institution? 12 Principal occupation / Jpb title (See Instructions) 13 Employer (See Instructions) 15 Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 16 GUARANTOR 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan ut-of-state PAC (ID#: Interest rate Is lender State: City: a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel in District Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Candidate/Officeholder/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. 1 Total pages Schedule F1: 2 FILER NAME Honoldo G. Garcial Garcia 3 Filer ID (Ethics Commission Filers) 6 Amount (\$) 250 S. Willims Pd S An Baneto, TX 78586 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Stans OF **EXPENDITURE** Ronaldo Garnet A Justice sought Persephi 9 Complete ONLY if direct expenditure to benefit C/OH 11-29-2018 JOE HERUMDES Payee address; City; State; Zip Code Son Beneto, TX 18586 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Sign Matarial Exports **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Complete ONLY if direct expenditure to benefit C/OH Konaldo GARVA JUST ter of the PEACE Det3 P11 City; State; Zip Code 250 S. Williams Rd Sm Bouts, TX 78586 Category (See Categories fisted at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Signs Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Justiced Hullence PC+3Pl1 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Office Overl Polling Experience Printing Exp Salaries/Wa	pense ages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME) explains now to ac-	mpiete uns iorin.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name			
8-9-2017 6 Amount (\$)	Amen County El	Estroin De	pt	<u> </u>
3500	A	ofwas in	le TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	op of this schedule)	L1	utside of Texas, Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Offigeholder name TON ANOTO ANO		Office sought	be farce 1.1 Office held
Date	Payee name	4.00		
10/31/2017	Family DouA	1		
Amount (\$)	Payee address; City; Sta			7
3.22	HAEUS Hugar "	SANBE	inito, TX	78586
	Category (See Categories listed at the to	op of this schedule)	Description	
PURPOSE OF		[[Iside of Texas. Complete Schedule T.
EXPENDITURE	1 spe		L Ulleck is Adeling	TX, afficeholder living expanse
Complete ONLY if direct expenditure to benefit C/OH	Ronalde Gandi	e Jas	Office sought Stice of the P	Office held Loca Pl I
Date	Payee name			
1-5-2018	matt's B	ldy M	atériole	·
Amount (\$) 81	Payee address; City; Sta 2100 EXpunu	ate; Zip Code	SMB	enito, TX 18886
	Category (See Categories listed at the top	p of this schedule)	Description	
PURPOSE OF	_ ,	. ,	<u> </u>	side of Texas. Complete Schedule T.
EXPENDITURE	Sign materi	A C	L Check if Austin,	TX, officeholder living expense
			•	
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/OH	Konsklo G.G	ARU'A]	Testic of to	utteckil
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Wacas/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (astronous Head chara)

Credit Card Payment	The Instruction Guide explains how to d	other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME,	3 Filer ID (Ethics Commission Filers)
4 Date 11-24-2018	5 Payee name MAHI'S Bldg Male	uale
6 Amount (\$) # 6.46	7 Payee address; City: State; Zip Code 2100 E. Etpurway 83	SAN BENTS 177 78586
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Styn Matural Colde Ties	(b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Romaldo G. Gancia	Tustice of the Peace DII
Date [- 28-17	Mayo DESigur graphics	
Amount (\$)	Payee address; City; State; Zip Code 250 S. Willimms Pd SAN B	
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/OH	Candidate / Officeholder name Ronal do G. Garcia Ju Payer name	Office sought Pct 3 Office held Stice of the PEACE Pl1
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Accounting/Banking Consulting Expense	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Overhead/Rental Expe Polling Expense	nse Transportation Equipment & Related Expense Travel In District
Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Printing Expense Salaries/Wages/Contract Lab	- with (tritter according to)
	The Instruction Guide expr	ains how to complete this for	'm.
1 Total pages Schedule F2:	2 FLERNAME LO C.	GARCIA	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	IIZED UNPAID INCURRED OBL	LIGATIONS	\$ - 0 -
5 Date	6 Payee name	,	
7 Amount (\$)	8 Payee address; City; State	; Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of	this schedule) (b) Desc	ription
PURPOSE			'heck if travel outside of Texas. Complete Schedule T.
OF			•
EXPENDITURE		C	heck if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF	Category (See Categories listed at the top of t	Cr	ription neck if travel outside of Texas. Complete Schedule T.
EXPENDITURE		L_ Of	eck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	·		
	ATTACH ADDITIONAL COPIES O)E THIS SCHEDULE AS	NEEDED
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Ti	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	Same NA	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 (\$)	A
Date	Name of person from whom investment is purchased Address of person from whom investment is purchased; City	
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 E Candidate/Officeholder/Politic		Polling Expense e Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide ex	plains how to complete this form	1,
1 Total pages Schedule F4:	POLATED B. GARCIE &	Nanual R. GARGA	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARG	ED TO A CREDIT CARD	\$
5 Date 11-25-2017	6 Payee name		
7 Amount (\$)	8 Payee address; City; Sta	ite; Zip Code	
15.89	901 FM 509 SAn	Benuto, TX 7888	6
9 TYPE OF EXPENDITURE	Political	Non-Political	50 State
10	(a) Category (See Categories listed at the top	of this schedule) (b) Descri	ption
PURPOSE		Che	eck if travel outside of Texas. Complete Schedule T.
OF Expenditure	Styn Matures	Che	eck if Austin, TX, officeholder living expense
	q		
11 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	i	· · · · · · · · · · · · · · · · · · ·	Office held A Pc+3
	KonAldo G. GARCI	12 Justice of th	e PEACE PIÍ
Date 1-16-2018	Payee name MAYA LOSi'gurg (Pn)		
Amount (\$)	Payee address: City: Stat	to: Zin Codo	
- 1118	Payee address; City; State	QL SANBENITO	7x 78586
514.18	2103.001000000	,	•
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of	of this schedule) Descrip	otion
PURPOSE		Chec	ck if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Signs	Chec	ok if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Konsloo G.GARGE	Justice of the	REACE Plat
•			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS M	EEDED
	WINDALINAME CALIES	OF THIS SCHEDULE AS N	にだればれ

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Payment	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule G:	2 FILER NAME RONALDO G. GARCIA W	1 mul R GARUS	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code		
8 DI IEDOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF			of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX,	officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		4 .
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended		• , ,	
	Category (See Categories listed at the top of this schedule)	(b) Description	. ,
PURPOSE OF	v .	Check if travel outside of	f Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, o	officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code	•	
Reimbursement from political contributions intended			
DINDOGE	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	•	Check if travel outside of	Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, o	fficeholder 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)

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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 B Candidate/Officeholder/Politics		
	The Instruction Guide explains how to comp	elete this form.
1 Total pages Schedule F4:	2 FILER NAME Ronaldo Co GARCER / MANUEL DE	3 Filer ID (Ethics Commission Filers)
4 TOTALOFUNITEM	IZED EXPENDITURES CHARGED TO A CRED	ST CARD \$ _ O-
5 Date 10-30-2017	6 Payee name TANGET	
7 Amount (\$)		
6381	1002 Dixieland Rd-, HAR	lingu TX 78580
9 TYPE OF EXPENDITURE	Political Non-Politica	al
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Event	Check if Austin, TX, officeholder living expense
EXPENDITORE		
11 Complete ONLY if direct expenditure to benefit C/Ol		Tes fice of the Peace Pl.1
Date [0-[0-2017	Alleger Print	
Amount (\$)	Payee address; City; State; Zip Code	· + + 1
142,84	Payee address; City; State; Zip Code 1801 S. 77 Sum shure St	conje Harluge 1 × 18550
TYPE OF EXPENDITURE	Political Non-Politica	al
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Push Capas	Check If Austin, TX, officeholder living expense
	b resu (Alras	
A 1 - A	Outlides (Officeholder norm	e sought Office held
Complete ONLY if direct expenditure to benefit C/Ol		
	Kmaldo Ga (TARCIA TASTA	ice of the frace pil
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	EXPENDITURE CATI	EGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILERNAME SAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGE	D TO A CREDIT CARD	s - O-
5 Date 12-5-7017	6 Payee name MAH 15 Bldy W	Naterials	
7 Amount (\$) 2541	8 Payee address; City; State 2/00 E. Espenny 83	SANBENIA	,7X78586
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 Ron A IdoGGARUA	Office sought JUStice of the b	Office held CACEPII
Date	Payee name AllegRA		
Amount (\$) 290.33	Payee address; City; State	s; Zip Code Strip Haalings	en TX 78170
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	Check	On if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Ron Aldo GBANCI.	Office sought 'A Jostice of H	Office held Lefetce