# SYLVIA<br/>GARZA-PEREZ

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR SYNIA GAV. NICKNAME SYNIA GAV.	Za-Perez suffix	OFFICE USE ONLY  Date Received  CAMERON COUNTY  DEPARTMENT OF ELECTIONS 8  VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; C	ity; state; zip code , Bro. Tv. 78521	JAN 1 6 2018  RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 3465367	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Rudy Perez, NICKNAME LAST	Jr. SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU  42 Meadaw Elen Or.		ZIP CODE
8 CAMPAIGN TREASURER PHONE	area code phone number (956) 346 050 9	EXTENSION	
9 REPORT TYPE	January 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07/01/17	THROUGH 12/	Day Year 31 / 1 7
11 ELECTION	Month Day Year Primary  03/06/18 General	ELECTION TYPE  Runoff Other Description  Special	
12 OFFICE	office HELD (if any)	13 OFFICE SOUGHT (if known)	
	go то і	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	. Queline	being Dien	5 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANI	TUNDED TO COLOR OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIDDIDATE. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPĒCIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		I POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2782.08		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 2782.08 \$ 78.9.75		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 15,793.64 DAY \$ 4,350.65		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST FORTING PERIOD	\$ 4,350.05		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	1		
18 AFFIDAVIT		Lower or offirm under paralty of p	erjury, that the accompanying report is		
Notary My	CISCO MONREAL, , Public, State of Te: Commission Expire August 05, 2018	true and correct and includes all info under Title 15. Election Code.	ormation required to be reported by me		
AFFIX NOTARY STAM	P/SEALABOVE .	Signature di Cari			
Sworn to and subsc	ribed before me,	by the said Silvia (1414- Perez	, this the		
day of January	, 20 <u>/8</u> ,	to certify which, witness my hand and seal of office.			
	eg .	Francisco Monreal Jr.	Tx Nokry Public		
✓ Signature of officer a	Signature of officer administering oath 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 Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ /180
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1602.08
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 6
4. SCHEDULE E: LOANS	\$ 13500
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$ /5,793.64
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ &
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ Ø
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUR	NDS \$ \$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$ 6.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS \$ \$

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME SULVIA GANZA-PÉVEZ	3 Filer ID (Ethics Commission Filers)		
	7 Amount of contribution (\$)		
S Principal occupation / Job title (See Instructions)  S Full name of contributor  S out-of-state PAC (ID#:  State; Zip Code  Hall E. Warrison St. Harlings TX  9 Employer (See Instructions)	<b>\$250.</b>		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	uctions)		
Date Full name of contributor out-of-state_PAC (ID#;	Amount of contribution (\$)		
10/10/17 Juan T. Mendez  Contributor address; City: State: Zip Code  611 W. Levee Bro Tx 78520	\$100.		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date Full name of contributor , out-of-state PAC (ID#:	Amount of contribution (\$)		
10/19/17 Joe G. Rivera  Contributor address; City; State; Zip Code  P.O. BIX 5868 BNO.TX.	\$100.		
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)		
Sato Tan Marine of Social State 1995	Amount of contribution (\$)		
10/18/17 Ruben Garcea, In. Contributor address; City; State; Zip Code 434 Paredes Line Rel. Bro. Tx.	\$100.		
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED lal reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 2 FILER NAME Sylvia Cavra Perez 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 A 10/23/7 6 Contributor address; City; State; Zip Code 1737 Boca Chica Bro. 7x 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$100. Amount of contribution (\$) Emedina Ruente Rodriguez Contributor address; City; State; Zip Code 310 Ovange Line Leguna Vista, Tx. ation / Job title (See Instructions) Employer (See Instru Amount of contribution (\$) Zayas & Zamara P.C. Contributor address; City; State; Zip Code 3100 E. 14th St. Bro. Tx. \$250. Principal occupation / Job title (See Instructions) Amount of contribution (\$) 11/9/17 Alma L. Carrejo Contributor address; City; State; Zip Code 6340 W. Laheside Blud. Omito TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS MEEDED 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. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 4 Date \$100. 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#:\_ Amount of contribution (\$) Full name of contributor 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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

CONTRIBUTIONS	
The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2: /oF/
2 FILER NAME SHIVIA GAVEA-PEVER	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$
5 Date 6 Full name of contributor put-of-state PAC (ID#:	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor'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  Full name of contributor out-of-state PAC (ID#:	Amount of Contribution \$ In-kind contribution description  ### ## ## ## ## ## ## ## ## ## ## ## #
Principal occupation / Job title (FOA NON-JOD/CIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDIGIAL)	Contributor'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)	
	ę

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS In-kind contribution 5 Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Amount of In-kind contribution Check if travel outside of Texas. Complete Schedule Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's job title (FOR JUDIC!AL) (See Instructions) Centributer's principal occupation (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \$ 5 Date . 9 In-kind contribution 6 Full name of pledgor ut-of-state PAC (ID#:\_ 8 Amount 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 ut-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 In-kind contribution Full name of pledgor out-of-state PAC (ID#:\_ 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 Full name of pledgor Date out-of-state PAC (ID#:\_\_ Pledge \$ description City; State; Zip Code Pledgor address; 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 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS			SCHEDULE <b>E</b>
The	Instruction Guide explains how to c	complete this form.	1 Total pages Schedule E:
2 FILER NAME	Sylvia Eurra-Per	E2	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	/ IITEMIZED LOANS		\$
5 Date of loan 03/21/2014	7 Name of lender out-of Rudy Revez, JR.	-state PAC (ID#:)	9 Loan Amount (\$) 4/3,500
6 Is lender a financial Institution?	8 Lender address; City;		10 Interest rate
Y 62	42 Meadow Glen	or bow.	n/2
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	t
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable  20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
20 Timoipai Cocapat	ion (coo mandalens)	== Employer (occ management)	
Date of loan	Name of lender	f-state PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colli	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	; State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
lf J		L COPIES OF THIS SCHEDULE AS Ni ee instruction guide for additional re	

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundralsing Expense Loan Repayment/Reimbursement Advertising Expense Event Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Travel In District Travel Out Of District Polling Expense Food/Beverage Expense Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILE NAME Linguity Conception Church eaddress; City; State; Zip Code 1235 E. Jefferson St. BRO. TX. (a) 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 OF EXPENDITURE Bonsorship Kermes Other-spmsorship Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Jan Benito Chamber of Commerce 223 S. Sam Houston San Benilo Tx 78586 \$250. 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 OF EXPENDITURE Sponsorship asmo Night Other Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Santa Rosa 4-H Club an arteress: City; State; Zip Code Amount (\$) P. O. BOX 997 Santa Rosa TX. 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 EXPENDITURE Sponsorshop Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Sollcitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V	Vages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to	
1 Total pages Schedule F1:	2 FILED NAME - GAVER-Perez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name New Harvest Church	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
4200.	2150 El Jardin Heights	Re. Bro Ty 78526
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE		Check if Austin, TX, officeholder living expense
EXI ENDITORIE	Other	Donation to Janete J. Ramurez
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
07/17/17	Hanna Early College S	chool
Amount (\$)	Payee address; City; State; Zip Code	
P200.	2615 Price Rd. Bru	. 7. 78521
	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas, Complete Schedule T.
PURPOSE OF EXPENDITURE		Check if Austin, TX, officeholder living expense
Del Elebilona	Advertising Exp.	Football Program
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
07/31/17	Walmart	
Amount (\$)	Payee address; City; State; Zip Code	
\$ 208.32	2721 Boca Chica Bro.	TX. 78521
DURDORE	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE		Check if Austin, TX, officeholder living expense
	Other	School supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

#### SCHEDULE F1

	EXPE	NDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		e Expense lemorials Expense	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 Instru	ction Guide explains	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	ile bearra	Perez	3 Filer ID (Ethics Commission Filers)
4 Date 08/18/17	5 Payee name AKV	Lopez		
6 Amount (\$) \$235.99	7 Payee address;	City; State; Zip	o Code I Bluil · Ble	, Tx 78520.
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories  Other	s listed at the top of this sc	Check if trave	i outside of Texas. Complete Schedule T. stin, TX, officeholder living expense of chicken to Talesa
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeho	older name	Office sought	Office held JEber
Date	Payee name	du.		
8/10/17	Leaders	hip bre	unsulle	
Amount (\$)	Payee address;		St. Bro. TK.	
PURPOSE OF EXPENDITURE	Category (See Categories  OHNER	s listed at the top of this so	Check if travel	outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeho	lder name	Office sought	Office held
Date	Payee name Walman	+	-	
Amount (\$)	Payee address;	City; State; Zip		
793.49	2205 E Category (See Categories		1 [	
PURPOSE OF EXPENDITURE	Ď()			outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete <u>CNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeho	older name	Office sought	Office held
	ATTACH ADDI	TIONAL COPIES (	OF THIS SCHEDULE AS N	EDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Accounting/Banking Office Overhead/Rental Expense Travel In District Food/Beverage Expense Glft/Awards/Memorials Expense Consulting Expense Polling Expense Travel Out Of District Contributions/Donations Made By Printing Expense Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Salarles/Wages/Contract Labor 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 4 Date 6 Amount (\$) 314 W. Los Ebanos Blod. Bro. Tx. (a) Category (See Categories fisted at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE advertising expense Tootball Program Ad. Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH ilippine Madrigal Singers Concert 2800 Rockwell Dr. Bro. Tx. 78521 Check If travel outside of Texas. Complete Schedule T. **PURPOSE** 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 GD Project Payee address; City; State; Zip Code 2310 N. Expressway Ste. B Bro. Tx. 78520 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 OF EXPENDITURE

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

Candidate / Officeholder

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Advertising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Fees Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/ContractLabor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services 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 MAME Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$ 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 OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/Oi-I Payee name Date 1265 N. Expressivey, Bro. Tx. 78520 Category (See Categories listed at the top of this caled dis 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 **EXPENDITURE** Complete ONLY if direct expenditure to benefit C/OH

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundralsing Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel In District Consulting Expense Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILE(F) NAME 4 Date 6 Amount (\$) 3032 Resaca Vista Dr. Brs 7x 78526. Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Advertising Exp. Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Harlingen Cardinal Tailgate Committee Payee address; City; State; Zip Code 1201 Manshall Aug, Harlingen TV. 78550 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 OF EXPENDITURE IFT CAROS donation Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH The Grahk Spot Payee address; City; State; Zip Co 1265 N. Expressively Bro 74. 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 EXPENDITURE Office held Candidate YOfficeholder 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 Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Accounting/Banking Consulting Expense Fees Travel In District Food/Beverage Expense Polling Expense Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/ContractLabor 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 6 Amount Expressival 88, Sen Beneto, Tx. listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE 120 Fence Posts. Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Jerry McHale City; State; Zip Code \$500. P.O. BOX 5705 Brownsville TX. 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 OF EXPENDITURE Advertising Expense Complete ONLY if direct expenditure to benefit C/OH 1628 Central Blud. Bro. Tx. 78520 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 EXPENDITURE alonation of Hot Dogs For to Rely 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/Fundralsing Expense Event Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Consulting Expense Polling Expense Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount (\$) Resaca Blod Brownsville TK. 78520 Check if travel outside of Texas. Complete Schedule T. PURPOSE: Check if Austin, TX, officeholder living expense EXPENDITURE Other Sponsorshep Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Brownsville Pelise Deputment City; State; Zip Code 600 E. Jackson Bro W 78520 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 OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Toddle Inn 1740 Central Blvd. Bro. Tx. Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin TX officeholder living expense EXPENDITURE advertasing exp. Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Event Expense Advertising Expense Accounting/Banking Fees Food/Beverage Expense Travel In District Polling Expense Consulting Expense Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Gontract Labor Gift/Awards/Memorials Expense Other (enter a category not listed above) 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 N. 4 Date 8 Check If travel outside of Texas, Complete Schedule T. FURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name we for Kids City; State; Zip Code sehnya K. 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 OF EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name TNT Luce Entertainment e address: City; State; Zip Code Casa de Amistad Hailingen Ty. Payee address; 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 EXPENDITURE Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

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		e / Officeholder name		Office sou	ght	Office held
9 Complete ONLY if direct expenditure to benefit C/O						
Date	Payee nam	е				
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PURPOSE						complete Schedule T.
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expenditure to benefit C/O	-1					
Date	Payee nan	ne				
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PURPOSE						s. Complete Schedule T.
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expenditure to benefit C/O	Н					
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## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Event Expense Advertising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Poiling Expense Consulting Expense Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/ContractLabut Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services 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 NAM 4 Date 6 Amount (\$) 1525 Central Blvd Bro 74 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE gift cards donation 9 Complete ONLY if direct expenditure to benefit C/OH City; State; Zip Code Description Check If travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 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 OF EXPENDITURE

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

Candidate / Officeholder name

## SCHEDULE F1

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
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	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED  Payised 9/8/2015

## SCHEDULE F1

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4 Date /2/13/17	5 Payer pagne Stell Middle Sch	80/	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories fisted at the top of this schedule)	, ——;	otside of Texas. Complete Schedule T.
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Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held $U$
D-1-	Payee name		
Date /2//17	Brownsnille Hera	ld.	
Amount (\$)	Payee address; City; State; Zip Code		
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PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)  Adla Farth SIAC Garage	Gheck If Austin,	tside of Texas. Complete Schedule T. TX, officeholder living expense WHAN FROM HEAL SHOT.
	1 was 1131119 ogrorese	Office sought	Office held
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Date /2/22/17	San Benito News		
Amount (\$)	Payee address; City; State; Zip Code	····	
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Cappase	Christin	Iside of Texas. Complete Schedule T. TX, officeholder living expense  Nac / New Year's El
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a extensive not listed shove)

Contributions/Donations Made By Candidate/Officeholder/Political C		s/Contract Labor Other (enter a category not listed above)
Total pages Schedule F2:	2 FILER NAME UVIA GASTU-PEVEZ	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEM	ZED UNPAID INCURRED OBLIGATIONS	\$
Date	6 Payee name	
Amount (\$)	8 Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	ı
0 (	(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		Check if Austin, TX, officeholder living expense
1 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	e sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	e sought Office held
expenditure to benefit 6/6/1		
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

		Table 20 Carried FO	
ТІ	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:	
2 FILER NAME	Sylvia Garra-Perez	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; Zìp 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		
	Amount of investment (\$)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

The Instruction Guide explains how to complete this form.  1 Total pages Schydule F4: 2 SURNAL CAUGA GUIDE SURVIVA GUIDE	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
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TYPE OF EXPENDITURE    Political	5 Date	6 Payee name				
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PURPOSE EXPENDITURE    Check if Austia, TX, officeholder Living expense	TYPE OF	Political	Non-Political			
TYPE OF EXPENDITURE    Candidate / Officeholder name   Office sought   Office held	10	(a) Category (See Categories listed at the top of	this schedule) (b) Descript	ion		
### Complete ONLY if direct expenditure to benefit C/OH    Candidate / Officeholder name   Office sought   Office held			Check	if travel outside of Texas. Complete Schedule T,		
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)  Confess if travel outside of Texas. Complete Schedule T. Office held  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Check	if Austin, TX, officeholder living expense		
Amount (\$)  Payee address; City; State; Zip Code  TYPE OF EXPENDITURE  Political  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit G/OH  Candidate / Officeholder name  Office sought  Office held  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
TYPE OF EXPENDITURE    Political	Date	Payee name				
PURPOSE OF EXPENDITURE  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  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Amount (\$) Payee address; City; State; Zip Code					
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PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought  Office held  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		Category (See Categories listed at the top of	this schedule) Descript	ion		
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expenditure to benefit G/OH  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Check	k If Austin, TX, officeholder living expense		
			Office sought	Office held		
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# 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

Contributions/Donations Made Candidate/Officeholder/Politi Credil Card Payment		ng Expense es/Wages/Contract Labor to complete this form.	Travel Out Of District Other (enter a category not listed above)
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Date	5 Payee name		
Amount (\$)	7 Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
DUDBOOF	(a) 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	, officeholder living expense
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Relmbursement from political contributions intended			
	Category (See Categories listed at the top of this schedule)	(b) Description	
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EXPENDITURE		Check If Austin, TX	, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held
Date	Payee name		
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		Check If travel outside	of Texas, Complete Schedule T.
EXPENDITURE		Check if Austin, TX	, officeholder living expense
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	ATTAOU ADDITIONAL CODICO OF THE	CONTROL E VOVEED	ED
	ATTACH ADDITIONAL COPIES OF THIS	O OCHEDOLE NO MEED!	

# 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 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)

Candidate/Officeholder/Politic		g Expense es/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Gredit Card Payment	The Instruction Guide explains how to	to complete this form.	
Total pages Schedule H:	2 FILED NAME GAVEA-PENEZ		3 Filer ID (Ethics Commission Filers)
Date	5 Business name		
Amount (\$)	7 Business address; City; State; Zip Code	}	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside of	Texas, Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code	>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code	Э	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		l Texas. Complete Schedule T. officeholder living expense
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## SCHEDULE !

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6 Amount (\$)	7 Payee address; City; State; Zip Code		and the second s	
<del>4</del> /.	PO 1800 1127 Phan			
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See inst required.)	ructions regarding type of information	
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Date 8/10/17	hone Star Withonal	Buch		
Amount (\$)	Payse address; City; State; Zip Code			
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Amount (\$)	Payee address; City; State; Zip Code	_		
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PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instruction)	tructions regarding type of information	
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## SCHEDULE |

The Instruction Guide explains how to complete this form.				
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6 Amount (\$)	7 Payee address; City; State; Zip Code  P. O. Box //27 9	There Tx.	•	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)  AdM	n	
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Amount (\$)	Payse addrses; City; State; Zip Code P. O BW 1127 Pr	han hi		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  FLES	Description (See instructions regarding type of informatio required.)  ATM	in	
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 informatio required.)	n	
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.)	on	

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

## SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State;	Zip Code
	7 Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State	; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State	e; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED

#### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule B Schedule C2 Schedule D Schedule F1 Schedule A2 Schedule B(J) Schedule COH-UC Schedule B-SS Schedule H Schedule F2 Schedule F4 Schedule G 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule D Schedule F1 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule H Schedule COH-UC Schedule B-SS Schedule F2 Schedule G Schedule F4 Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule D Schedule F1 Schedule B(J) Schedule C2 Schedule A2 Schedule B Schedule COH-UC Schedule B-SS Schedule F2 Schedule F4 Schedule G Schedule H Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.  Complete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH N	Juluia	Gava livez		2 Filer ID (Ethics Commission Filers)	
3	SIGNA	TURE				
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder					
4	FILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below <i>only</i> if you are not an officeholder.					
	A.	CAMPAIGN FUNDS				
	Chec	k only one:				
		I do not have unexpended	contributions or unexpended i	nterest or income earned fr	om political contributions.	
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	B. ASSETS					
	Check only one:					
	I do not retain assets purchased with political contributions or interest or other income from political contributions.					
		that I may not convert asse	ts purchased with political co stand that I must dispose of a	ntributions or interest or oth	rom political contributions. I understand er income from political contributions to cal contributions in accordance with the	
					Signature of Candidate	
5		EHOLDER plete this section only if	you are an officeholder …			
		file. I am also aware that I wi officeholder, I retain political	II be required to file reports of a	inexpended contributions if, income from political contrib	does not have a campaign treasurer on after filing the last required report as an outions, or assets purchased with politi-	
				S	ignature of Officeholder	