

**MARY ESTHER**

**SOROLA**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) <p style="font-size: 2em; text-align: center;">n/a</p>	2 Total pages filed: <p style="font-size: 2em; text-align: center;">24</p>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mrs FIRST: Maria MI: E. NICKNAME: Sorola LAST: Sorola SUFFIX:	<b>OFFICE USE ONLY</b> Date Received  CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION  JAN 11 2018  RECEIVED Date Hand-delivered or Date Postmarked D. 20am [Signature]	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1999 W. Jefferson St. Brownsville, TX 78520		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 572-4380		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Ruben MI: NICKNAME: Gallegos LAST: Gallegos SUFFIX: Jr.		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1850 Briarwyck Drive Brownsville, TX 78521		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 371-6135		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 01 / 01 / 17    THROUGH    12 / 31 / 17		
11 ELECTION	ELECTION DATE Month Day Year 03 / 06 / 18	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Justice of the Peace Pct. 2 Place 3	13 OFFICE SOUGHT (if known) Justice of the Peace Pct. 2 Place 3	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME Maria Esther Sorola 15 Filer ID (Ethics Commission Filers) n/a

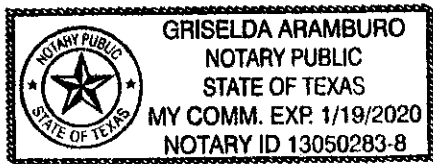
16 NOTICE FROM POLITICAL COMMITTEE(S)  
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5160.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1279.04
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,098.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 94.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4680.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Maria Esther Sorola  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Maria Esther Sorola, this the 1<sup>st</sup> day of January, 20 18, to certify which, witness my hand and seal of office.

Alfred Chamele Signature of officer administering oath  
Griselda Aramburo Printed name of officer administering oath  
Notary Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Maria Esther Sorola</i>		20 Filer ID (Ethics Commission Filers) <i>n/a</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>5140.00</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ <i>2880.<sup>00</sup></i>
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>14,048.87</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME  
Maria Esther Sorola

3 Filer ID (Ethics Commission Filers)  
N/A

4 Date  
7/13/17

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Ruben O' Bell

7 Amount of contribution (\$)  
\$250.<sup>00</sup>

6 Contributor address: City: State: Zip Code  
4681 Larkspur Drive  
Brownsville, TX 78526

8 Principal occupation / Job title (See Instructions)  
State employee

9 Employer (See Instructions)

Date  
9/20/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jarier Rivera - Buda Bing Bail Bonds

Amount of contribution (\$)  
\$300.<sup>00</sup>

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

Principal occupation / Job title (See Instructions)  
Bail bondsman

Employer (See Instructions)

Date  
9/20/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Law Office of Rick Canales

Amount of contribution (\$)  
\$200.<sup>00</sup>

Contributor address: City: State: Zip Code  
845 E. Harrison St.  
Brownsville, TX 78520

Principal occupation / Job title (See Instructions)  
Attorney @ Law.

Employer (See Instructions)

Date  
9/22/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Sandra Betancourt

Amount of contribution (\$)  
\$25.<sup>00</sup>

Contributor address: City: State: Zip Code  
3154 E. 26th St.  
Brownsville, TX 78521-

Principal occupation / Job title (See Instructions)  
Court administrator

Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Maria Esther Sorola

3 Filer ID (Ethics Commission Filers)

n/a

4 Date

9/22/17

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

Suzana Martileko

6 Contributor address; City; State; Zip Code

135 W. Fronton St.  
Brownsville, TX 78520

7 Amount of contribution (\$)

\$25.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

human resource clerk

9 Employer (See Instructions)

Date

9/22/17

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

Mirna Gracia

Contributor address; City; State; Zip Code

1315 Honeydale Rd.  
Brownsville, TX 78520

Amount of contribution (\$)

\$100.<sup>00</sup>

Principal occupation / Job title (See Instructions)

state employee

Employer (See Instructions)

Date

9/23/17

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

Rene Capistran

Contributor address; City; State; Zip Code

5273 Rustic Manor  
Brownsville, TX 78520

Amount of contribution (\$)

\$250.<sup>00</sup>

Principal occupation / Job title (See Instructions)

business owner

Employer (See Instructions)

Date

9/28/17

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

Law office of Fred Kawalski

Contributor address; City; State; Zip Code

902 E. Madison St  
Brownsville, TX 78520

Amount of contribution (\$)

\$250.<sup>00</sup>

Principal occupation / Job title (See Instructions)

attorney @ Law.

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Maria Esther Sordak

3 Filer ID (Ethics Commission Filers)

n/a

4 Date

9/29/17

5 Full name of contributor

Juan Martinez Pronto Bail Bonds

Contributor address; City; State; Zip Code

554 E. Jackson St  
Brownsville, TX 78520

7 Amount of contribution (\$)

\$150.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

bail bondsman

9 Employer (See Instructions)

Date

10/1/17

Full name of contributor

Sofia C. Benavides

Contributor address; City; State; Zip Code

4090 Retama Drive  
Brownsville, TX 78521

Amount of contribution (\$)

\$500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Commissioner

Employer (See Instructions)

Date

10/3/17

Full name of contributor

C. Frank Wood P.C.

Contributor address; City; State; Zip Code

3505 Boca Chica Blvd Ste. 100.  
Brownsville, TX 78521

Amount of contribution (\$)

\$250.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Attorney @ law

Employer (See Instructions)

Date

10/4/17

Full name of contributor

Rachel Aleman

Contributor address; City; State; Zip Code

29545 Kansas City Rd  
La Feria, TX 78559

Amount of contribution (\$)

\$100.<sup>00</sup>

Principal occupation / Job title (See Instructions)

court administrator

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Maria Esther Sorola</b>		3 Filer ID (Ethics Commission Filers) <b>N/A</b>
4 Date <b>10/4/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Law office of Victor Ramirez</b> 6 Contributor address; City; State; Zip Code <b>31520 Tract 43 Rd. Los Fresnos, TX 78566</b>	7 Amount of contribution (\$) <b>\$125.00</b>
8 Principal occupation / Job title (See Instructions) <b>attorney @ law</b>		9 Employer (See Instructions)
Date <b>10/4/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ruben / Emma Rias</b> Contributor address; City; State; Zip Code <b>105 Honey Drive Brownsville, TX 78520</b>	Amount of contribution (\$) <b>\$20.00</b>
Principal occupation / Job title (See Instructions) <b>Information requested.</b>		Employer (See Instructions)
Date <b>10/4/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mario A. Guerrero</b> Contributor address; City; State; Zip Code <b>6150 Maverick Rd. Brownsville, TX 78521-</b>	Amount of contribution (\$) <b>\$150.00</b>
Principal occupation / Job title (See Instructions) <b>fire fighter</b>		Employer (See Instructions)
Date <b>10/6/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Fabian Lmas Jr.</b> Contributor address; City; State; Zip Code <b>1728 Boca Chica Blvd. Brownsville, TX 78520</b>	Amount of contribution (\$) <b>\$125.00</b>
Principal occupation / Job title (See Instructions) <b>attorney @ law</b>		Employer (See Instructions)

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



**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Maria Esther Sorola</b>		3 Filer ID (Ethics Commission Filers) <b>n/a</b>
4 Date <b>10/6/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rueng, Oliveira + Fisher LLP</b> 6 Contributor address: _____ City: _____ State: _____ Zip Code <b>855 W. Price Rd. Ste 9 Brownsville, TX 78520</b>	7 Amount of contribution (\$) <b>\$200.<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions) <b>attorneys @ law.</b>		9 Employer (See Instructions)
Date <b>10/6/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rene A. Ramirez</b> Contributor address: _____ City: _____ State: _____ Zip Code <b>612 W. Nolana ave. Ste. 415 McAllen, TX 78504</b>	Amount of contribution (\$) <b>\$1000.<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>consultant</b>		Employer (See Instructions)
Date <b>10/8/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Albert &amp; Rosa Rivera</b> Contributor address: _____ City: _____ State: _____ Zip Code <b>1127 La Posada Dr. Brownsville TX 78521</b>	Amount of contribution (\$) <b>\$25.<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>unemployed</b>		Employer (See Instructions)
Date <b>10/8/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gabino Vasquez.</b> Contributor address: _____ City: _____ State: _____ Zip Code <b>1954 E. 14th St. Brownsville, TX 78521</b>	Amount of contribution (\$) <b>\$125.<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME *Maria Esther Sorola*

3 Filer ID (Ethics Commission Filers)

*n/a*

4 Date  
*10/8/17*

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

*JMR Plumbing*

6 Contributor address; City; State; Zip Code

*5283 Chet Circle  
Brownsville, TX 78526*

7 Amount of contribution (\$)

*\$125.00*

8 Principal occupation / Job title (See Instructions)

*Plumber*

9 Employer (See Instructions)

Date

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

*10/8/17*

*Azenett A. Cornejo*

Contributor address; City; State; Zip Code

*1919 Palm Blvd.  
Brownsville, TX 78520*

Amount of contribution (\$)

*\$25.00*

Principal occupation / Job title (See Instructions)

*journalist*

Employer (See Instructions)

Date

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

*10/8/17*

*Margarita Rosales Villarreal*

Contributor address; City; State; Zip Code

*27918 Staff Sgt. Hector Perez Rd.  
San Benito, TX 78586*

Amount of contribution (\$)

*\$25.00*

Principal occupation / Job title (See Instructions)

*clerk*

Employer (See Instructions)

Date

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

*10/12/17*

*Linebarger, Goggan, & Sampson.*

Contributor address; City; State; Zip Code

*P.O. Box 17428  
Austin, TX 78760.*

Amount of contribution (\$)

*\$300.00*

Principal occupation / Job title (See Instructions)

*attorneys @ law.*

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Maria Esther Sorola

3 Filer ID (Ethics Commission Filers)

n/a

4 Date

10/19/17

5 Full name of contributor

Ruben Gallegos

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$515.00.

6 Contributor address; City; State; Zip Code

5220 Wilderness Ln.  
Brownsville, TX 78526-

8 Principal occupation / Job title (See Instructions)

business owner

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>MARIA Esther Sorola</b>		3 Filer ID (Ethics Commission Filers) <b>n/a</b>
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>11/14/17</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Sofia C. Benavides</b>	9 Loan Amount (\$) <b>\$ 2880.00.</b>
6 Is lender a financial institution? <b>Y</b> <input checked="" type="radio"/> <input type="radio"/>	8 Lender address; City; State; Zip Code <b>4090 Retama Drive Brownsville, TX 78520</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>County Commissioner</b>		13 Employer (See Instructions) <b>CC</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <b>Y</b> <input type="radio"/> <input checked="" type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>13</u>	<b>2</b> FILER NAME <u>Maria Esther Sorola</u>	<b>3</b> Filer ID (Ethics Commission Filers) <u>n/a</u>
<b>4</b> Date <u>7/2/17</u>	<b>5</b> Payee name <u>Ramon Capistran / Capistran Tortilleria</u>	
<b>6</b> Amount (\$) <u>\$750.00</u>	<b>7</b> Payee address; City; State; Zip Code <u>1305 Lincoln St. Brownsville, TX 78520</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>food beverage expense</u>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>7/10/17</u>	Payee name <u>Juan Montoya</u>
Amount (\$) <u>\$200.00</u>	Payee address; City; State; Zip Code <u>2465 Westaco Rd. Brownsville TX 78520</u>

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>advertising expense</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>7/21/17</u>	Payee name <u>Solice Technologies</u>
Amount (\$) <u>\$45.00</u>	Payee address; City; State; Zip Code <u>7200 Bonham Rd. Brownsville, TX 78520.</u>

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Printing expense</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Maria Esther Sorola</i>	<b>3</b> Filer ID (Ethics Commission Filers) <i>na</i>
<b>4</b> Date <i>7/11/17</i>	<b>5</b> Payee name <i>Crush Fast Pitch</i>	
<b>6</b> Amount (\$) <i>\$175.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>408 Via Sol Dr. Edinburg, TX 78541</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Contribution</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>8/14/17</i>	Payee name <i>Sams club</i>	
Amount (\$) <i>\$106.99</i>	Payee address; City; State; Zip Code <i>3570 w. aiken glen Brownsville, TX 78521</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>food bev. expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>8/1/17</i>	Payee name <i>Boys &amp; Girls club of San Benito</i>	
Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>410 N. Stookey Rd San Benito, TX 78586</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Donation</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Maria Esther Sorola	<b>3</b> Filer ID (Ethics Commission Filers) n/a
<b>4</b> Date 8/8/17	<b>5</b> Payee name Hanna Cheerleaders.	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 2615 E. Price Rd. Brownsville, TX 78521	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  advertising expense.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/16/17	Payee name El Valle Noticias	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 3032 Resaca Vista Dr. Brownsville, TX 78520.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  advertising expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/20/17	Payee name Eric Galzga	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 974 E. Hansen St Brownsville, TX 78520	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  advertising exp. T-Box	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Maria Esther Sorola</b>	3 Filer ID (Ethics Commission Filers) <b>n/a.</b>
4 Date <b>8/21/17</b>	5 Payee name <b>Dirty Al's.</b>	
6 Amount (\$) <b>\$107.17</b>	7 Payee address; City; State; Zip Code <b>4495 N. Expwy 77. Brownsville, TX 78520</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>food bev. expense.</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>8/23/17</b>	Payee name <b>Sams.</b>	
Amount (\$) <b>100.31</b>	Payee address; City; State; Zip Code <b>3570 W. Alton Blvd Brownsville, TX 78521</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>food bev. exp.</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>8/31/17</b>	Payee name <b>TX Democratic Party -TX Van</b>	
Amount (\$) <b>\$865.00</b>	Payee address; City; State; Zip Code <b>1100 Lavaca St 100 Austin TX 78701</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>other</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME Maria Esther Sorola 3 Filer ID (Ethics Commission Filers) n/a

4 Date 8/31/17 5 Payee name Tip of Texas Family outreach

6 Amount (\$) \$150.00 7 Payee address; City; State; Zip Code 455 E. Level St. Brownville, TX 78520.

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Donation (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 Office sought Office held

Date 9/6/17 Payee name Chui's Custom Sports

Amount (\$) \$757.75 Payee address; City; State; Zip Code 1975 US-77 Bus. San Benito, TX 78586.

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) printing 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/OH Candidate / Officeholder name Office sought Office held

Date 9/7/17 Payee name Habitat for Humanity

Amount (\$) \$100.00 Payee address; City; State; Zip Code 1305 Oklahoma St. Harlingen, TX 78550.

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Donation 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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Maria Esther Sorola</b>	3 Filer ID (Ethics Commission Filers) <b>n/a</b>
4 Date <b>9-13-17</b>	5 Payee name <b>Aldegra Print</b>	
6 Amount (\$) <b>140.68</b>	7 Payee address; City; State; Zip Code <b>1273 E. alton 6100r ste A. Brownville, TX 78526.</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing expense.</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date <b>9-14-17</b>	Payee name <b>Solice</b>	
Amount (\$) <b>\$120.00</b>	Payee address; City; State; Zip Code <b>1200 Bonham Rd. Brownville, TX 78520.</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>printing expense.</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date <b>9-11-17</b>	Payee name <b>Juan Mantoya</b>	
Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>2605 Westlaco Rd. Brownville, TX 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>advertising expense.</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Maria Esther Sordik</b>	3 Filer ID (Ethics Commission Filers) <b>n/a</b>
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4 Date <b>9/18/17</b>	5 Payee name <b>HEB.</b>
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6 Amount (\$) <b>\$133.33.</b>	7 Payee address; City; State; Zip Code <b>1628 Central Blvd. Brownsville, TX 78520</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>food beverage exp.</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9/17/17</b>	Payee name <b>El Valle Noticias</b>
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Amount (\$) <b>\$200.00</b>	Payee address; City; State; Zip Code <b>3032 Resaca Vista Dr. Brownsville, TX 78520</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>advertising expense.</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9/27/17.</b>	Payee name <b>Idea Schools.</b>
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Amount (\$) <b>\$75.00</b>	Payee address; City; State; Zip Code <b>2115 W. Pike Blvd Westlaco, TX 78594</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **Maria Esther Sorola** 3 Filer ID (Ethics Commission Filers) **n/a**

4 Date **1/28/17** 5 Payee name **Lula's Restaurant**

6 Amount (\$) **\$500.<sup>00</sup>** 7 Payee address; City; State; Zip Code  
**946 W. Price Rd.  
 Brownsville, TX 78520.**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **food & beverage exp.** (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 Office sought Office held

Date **10/2/17** Payee name **Sams**

Amount (\$) **\$204.55** Payee address; City; State; Zip Code  
**3570 W. Alton Blvd  
 Brownsville, TX 78521**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **food & beverage exp.** ~~OTHER~~ Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense

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

Date **10/3/17** Payee name **JUAN Montoya**

Amount (\$) **\$100.<sup>00</sup>** Payee address; City; State; Zip Code  
**2405 Westaco Rd.  
 Brownsville, TX 78520**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising expence** 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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Maria Esther Sorola</b>	3 Filer ID (Ethics Commission Filers) <b>n/a</b>
4 Date <b>10/8/17</b>	5 Payee name <b>Maria Lopez - Lula's Restaurant</b>	
6 Amount (\$) <b>\$640.<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>946 W. Price Rd. Brownsville, TX 78520</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>food beverage exp.</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <b>10/20/17</b>	Payee name <b>El Valle Noticias</b>	
Amount (\$) <b>\$300.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>3032 Resaca Vista Dr Brownsville, TX 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>advertising exp.</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <b>10/23/17</b>	Payee name <b>All Valley Media</b>	
Amount (\$) <b>\$125.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>32158 Zillak Ranch Rd. San Benito, TX 78586</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <del>advertising</del> <b>printing exp.</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Q Maria Esther Sorola</i>	3 Filer ID (Ethics Commission Filers) <i>n/a</i>
4 Date <i>10/11/17</i>	5 Payee name <i>Jerry McHale</i>	
6 Amount (\$) <i>\$200.<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>P.O. Box 5705 Brownville, TX 78523.</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>advertising exp.</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>10/27/17</i>	Payee name <i>all valley media</i>	
Amount (\$) <i>\$160.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>32158 Zillock Ranch Rd. San Benito, TX 78586</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>printing exp.</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>11/2/17</i>	Payee name <i>Juan Montoya</i>	
Amount (\$) <i>\$200.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>2665 Westaco Rd. Brownville, TX 78520</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>advertising exp.</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Maria Esther Sorola</i>	3 Filer ID (Ethics Commission Filers) <i>n/a</i>
4 Date <i>11/7/17</i>	5 Payee name <i>All Valley Media</i>	
6 Amount (\$) <i>\$278.12</i>	7 Payee address; City; State; Zip Code <i>32158 Willock Ranch Rd. San Benito, TX 78586</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>printing exp.</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>11/7/17</i>	Payee name <i>Lucia C. Etheridge</i>	
Amount (\$) <i>\$300.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>1919 Palm Blvd. Brownsville, TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>other / blockwalker.</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>11/8/17</i>	Payee name <i>Jose C. Farias</i>	
Amount (\$) <i>\$310.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>4477 Del Gratia Drive Brownsville, TX 78521</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>other / sign installation</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME Maria Esther Sorola 3 Filer ID (Ethics Commission Filers) n/a.

4 Date 11/14/17 5 Payee name El Valle Noticias

6 Amount (\$) \$150.00 7 Payee address; City; State; Zip Code 3032 Resaca Vista Dr, Brownsville, TX 78520

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) advertising exp. (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 Office sought Office held

Date 11-16-17 Payee name The Brownsville Herald

Amount (\$) \$2880.00 Payee address; City; State; Zip Code 1135 E. Van Buren St. Brownsville, TX 78520.

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) advertising exp. Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

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

Date 11-16-17 Payee name Jose C. Farias

Amount (\$) \$480.00 Payee address; City; State; Zip Code 4477 Del Gratia Drive. Brownsville, TX 78521

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) other/sign installation Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Maria Esther Sorola</i>	<b>3</b> Filer ID (Ethics Commission Filers) <i>n/a</i>
<b>4</b> Date <i>11/30/17</i>	<b>5</b> Payee name <i>Chuy's customs sports</i>	
<b>6</b> Amount (\$) <i>90.93</i>	<b>7</b> Payee address; City; State; Zip Code <i>1975 US-77 Bus. San Benito, TX 78584.</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>printing expense.</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>12/1/17</i>	Payee name <i>Cameron County Democratic Party</i>	
Amount (\$) <i>\$1000.00</i>	Payee address; City; State; Zip Code <i>531 E. St. Francis St Brownsville, TX 78520</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees, filing fees.</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>12/15/17</i>	Payee name <i>El Valle Noticias</i>	
Amount (\$) <i>\$150.00</i>	Payee address; City; State; Zip Code <i>3032 Resaca Vista Dr. Brownsville, TX 78520</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>advertising expense.</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED