MERCED BURNIAS, JR.

		-

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MERCED	MI	Date Received	USE ONLY ON COUNTY	
	NICKNAME SUNIAS	SUFFIX	DEPARTMENT	OF ELECTIONS & EGISTRATION	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		CITY; STATE; ZIP CODE	; JUL re	1 5 2019 LEIVED 1 1/2	
Change of Address	6300 Botter Q. Browner	14, 1/20 165 60	By:		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (954) 557-0347	EXTENSION	Date Hand-delivered	or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS (MR) FIRST	МІ	Receipt #	Amount \$	
NAME	NICKNAME LAST	SUFFIX	Date Processed		
	BUNGS	SL	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S	BUITE #; CITY; STATE;	ZIP CODE		
(Residence or Business)		herrs, Do	7851.6		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 50-4580	EXTENSION (
·					
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day afte treasurer app (Officeholder	pointment	
	July 15 8th day before ele	ection Exceeded \$500 limit	Final Report	(Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	Month	Day Year	e ^{nter} tekkinsten staat in tot in totologie voor i _{n g} e	
	1/1/19	THROUGH			
11 ELECTION	ELECTION DATE	ELECTION TYPE	A TOTAL CONTROL OF STATE OF ST	Market Control of Control	
	Month Day Year Primary	Runoff Other Description			
	General General	Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)		
	Corshol POTY	Consoll 1	UTY		
GO TO PAGE 2					

10133

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		18	5 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	ITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	\ \ \			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN THEASURED NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
			•		
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ Ø		
, ,	2. TOTAL (OTHER	\$			
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0		
4. TOTAL POLITICAL EXPENDITURES		\$			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
18 AFFIDAVIT					
BEA	TRIZ DIAZ	I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code			
Notary Public State of Texas My Comm. Exp. 05/12/2020 Notary ID 1096372-7					
AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subscribed before me, by the said Menced Bernaus Jr., , this the					
day of July , 20 19 , to certify which, witness my hand and seal of office.					
De te	Aia	Belatriz Diaz	Admin and		
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 20 Filer ID (Ethics Commission Filers) SUBTOTAL SCHĚDULE SUBTOTALS NAME OF SCHEDULE AMOUNA 1. SOMEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIO 3. SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS 4. \$ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 5. 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. ONTRIBUTIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL 8. \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. \$ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEPULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF COSH \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS 12. \$ RETURNED TO FILER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of contribution (\$)
		6 Contributor address; City; State;	Zip Code	
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	Date	Full name of contributor	·)	Amount of contribution (\$)
		Contributor address; City; State;	Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	Date	Full name of contributor out-of-state PAC (ID#	÷)	Amount of contribution (\$)
		Contributor address; City; State;	Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	Date	Full name of contributor out-of-state PAC (ID#	:	Amount of contribution (\$)
		Contributor address; City; State; 2	Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	·			
		ATTACH ADDITIONAL COPIES OF TI		