ESTELA CHAVEZVASQUEZ

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR ESTA	M1	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF TRAINING	
,	Chaver	Vasquez	VOTER REGISTRATION	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; BYD W. OCLU LOS Freshos;		JUL 12 2019 By: JEGENER	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (951e) 434-93	EXTENSION MI	Date Hand-delivered or Date Postmarked Recelpt # Amount \$	
6 CAMPAIGN TREASURER NAME	NICKNAME RICATAO LAST	MISUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	Sanche STREET ADDRESS (NO PO BOX PLEASE); APT / 810 W. Ocean	Blud. Ste C	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (954) 543-	105, TV 185 EXTENSION	le (e	
9 REPORT TYPE	July 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	01/01/2019	O6 30		
11 ELECTION	ELECTION DATE Month Day Year Primary Genera	Description	and the state of t	
12 OFFICE	Sudge Sudge	13 OFFICE SOUGHT (if known		
GO TO PAGE 2				
	<i>1</i> '			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME	hauez	Vasque 2 151	iler ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	_				
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -		
	2. TOTAL I	POLITICAL CONTRIBUTIONS			
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	1 * 14.050.00		
EXPENDITURE	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS,			
TOTALS		ITEMIZED	\$ -0 -		
	4. TOTAL F	POLITICAL EXPENDITURES	\$ 3, 414.83		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$19,782.16		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$141, 5000		
18 AFFIDAVIT			110,000		
Maribel Diaz NOTARY PUBLIC State of Texas My Comm. Exp. 05/19/2020 Notary ID: 13066868-7 Signature of Candidate of Officeholder					
AFFIX NOTARY STAMP / SEALABOVE					
Sololo Chara la savaz					
Sworn to and subscribed before me, by the said SHIA NOWLY VOSTUL His the					
day of July, 20 19, to certify which, witness my hand and seal of office.					
		1 1 1 1 1 1 1 1	11 /1111		
	<u> </u>	Wlanbel +1/12-	votary tublic		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - JC/OH		ORM JC/OH SHEET PG 3
19 FILERNAME, ESTE a Chaver Vasquer	20 Filer ID (Ethics Cor	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$14,050.0
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	· · · · · · · ·	\$ -0-
3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. SCHEDULE E(J): LOANS (JUDICIAL)	4-	\$ 146,500
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$ -0-
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$ -0-
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	· .	\$-0-
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 3,414.8
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A I		\$ -0-
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS .	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	IS RETURNED	\$ -0-
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAMĘ 7 Amount of contribution (\$) 8 Contributor's principal occupation 10 Contributor's employer/law firm 12 If contributor is a child, law firm of parent(s) (if any Amount of contribution (\$) Contributor's principal occupat Contributor's employer/law firm Law firm of contributor's spouse (if any) Amount of contribution (\$) Contributor's principal occupation ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

SCHEDULE A(J)1

The Instruction Guide explains liow to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME ESTE a Charez Vasquez	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC ID#: 5/30/19 Strin Elizabeth Gamer 6 Contributor address; City; State; Zip Code 1852/ 127 Shoreline Brown Sullle TX.	7 Amount of contribution (\$)
'8 Contributor's principal occupation 9 Contributor's job title 10 Contributor's employed aw firm 11 Law firm of contributor	s spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Contributor address; City; State; Zip Code Contributor's principal occupation Contributor's employer/law firm Contributor's employer/law firm	Amount of contribution (\$)
If contributed is a child, law firm of parent(s) (if any)	
Date Full name of contributor cut-of-state PAC ID#:	Amount of contribution (\$)
Contributor's principal occupation Contributor's principal occupation Contributor's employer/law firm Contributor's employer/law firm Law firm of contributo If contributor is a child, law firm of parent(s) (if any)	· · · · · · · · · · · · · · · · · · ·

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

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
Estela Chares Vasquez	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC ID#:	7 Amount of contribution (\$)
5/30/19 Fred Ballard, JR. ORTerri L. Wright 6 Contributor address; City; State; Zip Code	\$70000
1511, Overland Stage Rd. Proples Sorting	, .
'8 Contributor's principal occupation 9 Contributor's job title	
10 Contributor's employer/law firm 11 Law firm of contributor'	s spouse (if any)
12 if contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAG ID#: State: Dictional Contributor out-of-state PAG ID#: State: Dictional Contributor Out-of-state PAG ID#: Contributor Out-of-state PAG ID#:	Amount of contribution (\$)
Contributor's principal occupation	
Contributor's employer/law firm Law firm of contributor's	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	·
Date Full name of contributorout-of-state PAC ID#:	Amount of contribution (\$)
5/30/19 Ronald M. Castilo Contributor address; City; State: Zip Code 774/00 2006 Spaupia Trail (1. Richmond TX	, \$ 1,000
Contributor's principal occupation Contributor's job title	
Contributor's employer/law firm Law firm of contributor'	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
Falla Chiver Vasquer	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC ID#:	7 Amount of contribution (\$)
5/30/17 CeSar De Flor 6 Contributor address; City; State; Zip Code	\$ 2500
Cer St. Charles St. Brownsvillert	
8 Contributor's principal occupation 9 Contributor's job title	e->-
10 Contributor's employer/law firm (Law firm of contributo	r's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor □ out-of-state PAC ID#:	Amount of contribution (\$)
STOM Star Jones Contributor address; City; State; Zip Code	\$300°
P.O. Box 1179 Olmito, TX 785	5
Contributor's principal occupation Attornal Contributor's job title	stu-
Contributor's employer/law firm Law firm of contributo	r's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
	,
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
5/15/19 Gault, Nyle Quintana, U.T. Contributor address; City; State: Zip Code Browns	1500°
11411 Jefferson St. SuteATX TE	580
Contributor's principal occupation Contributor's ob title	nez
Contributor's employer/law firm Cault Law firm of contributor If contributor is a child, law firm of parent(s) (if any)	r's spouse (If any)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Filer ID (Ethles Commission Filers) Amount of contribution (\$) Contributor's job title 8 Contributor's princi Amount of contribution (\$) Date Contributor's principal occupation Amount of contribution (\$) out-of-state PAC ID#: Contributor's principal occupation Law firm of contributor's spouse (if any) Contributor's employer/law firm If contributor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

(·
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
Estla Chauer Vasque	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC ID#:	7 Amount of contribution (\$)
5 30 9 6 Contributor address; City; State; Zip Code	# 1000
P.O. Box 147 Olmito, TX 7855	
8 Contributor's principal occupation 9 Contributor's job title	n
10 Contributor's employer/law film Sosph A Grove	r's spouse (i f an y)
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code Council	1 300°
964 2 Los Ebanos Blud TX.76	520
Contributor's principal occupation Contributor's job title	
Contributor's employer/law firm Law firm of contributor Law firm of contributor If contributor is a child, law firm of parent(s) (if any)	r's spouse (if any)
To Congression to a contrary tax tax tax of participation (i.e., participation)	
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
25/9 Reynaldo G. Garza Contributor address; City; State: Zip Code	\$ 50000
P.O.Dox 2025 Brownsville TX 7850	7
Contributor's principal occupation Contributor's job title	
Contributor's employer/law film Law firm of contributo	r's spouse (if any)
If dontributor is a child, law firm of parent(s) (if any)	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(j)1:
Estela Chaver Vasquer	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor	7 Amount of contribution (\$)
STOR 6 Contributor address; City; State; Zip Code 78590	\$ 2,5000
855 F. Harrison Brownsullett 8 Contributor's principal occupation 9 Contributor's job title	
Attorner	×
10 Contributor's employed aw firm AW OF N'CO of HEX Domingues	s spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date \ Full name of contributor	Amount of contribution (\$)
5/3/9 Maria Linda Gonzalez	\$1,00000
Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation	×11×
Attorner	nen
Contributor's employer/law firm Aw Office of Myla linda Jonzale	's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor □ out-of-state PAC ID#:)	Amount of contribution (\$)
Contributor address; City; State: Zip Code Brash SV	116# 500°°
742 E. Van Buren St. Ste B TY. 785	30
Contributor's principal occupation Contributor's job title	
Contributor's employed the firm of contributor Contributor's employed the firm of contributor Contributor's employed the firm of contributor Contributor's employed the firm of contributor	's spouse (if any)
If contributor is a child, law firm of parent(s) (If any)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

, .,				
TI	ne Instruction Guide explains how to complete this fo	1 Total pages Schedule A(J)1:		
2 FILER NAME	la Chauer Vasque	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC II 6 Contributor address; City; State;	· · · · · · · · · · · · · · · · · · ·	7 Amount of contribution (\$)	
'8 Contributor's p	rincipal occupation	9 Contributor's job title		
10 Contributor's e	mployer/law firm	11 Law firm of contributor	s spouse (if any)	
12 If contributor is	a child, law firm of parent(s) (if any)	·		
Date	Full name of contributor		Amount of contribution (\$)	
Contributor's principal occupation Contributor's job title				
Contributor's e	mployer/law firm	Law firm of contributor's spouse (if any)		
If contributor is	a child, law firm of parent(s) (if any)	·		
Date	Full name of contributor		Amount of contribution (\$)	
Contributor's p	principal occupation	Contributor's job title		
Contributor's e	mployer/law firm	Law firm of contributor	's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS (JUDICIAL)	SCHEDULE E(J)
The Instruction Guide explains how to complete this form.	1 Total pages Schedule E(J):
Estela Chauz Vasquer	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	\$
5 Date of loan 7 Name of lender □ out-of-state PAC (ID#:	9 Loan Amount (\$)
6 is lender address; City; State; Zip C a financial Institution? 3401 Old Hwy 77	10 Interest rate (9.830%) 11 Maturity date
On Brownsville, TY 78520	5/30/2022
12 Lender's Principal Occupation Banking Institution 13 Lender's Job Title	
14 Lender's Employer/Law Firm 15 Law Firm of lende	's spouse (if any)
16 If lender is a child, law firm of parent(s) (if any)	
17 Description of Collateral 18 Check if personal account (See Instead of the In	funds were deposited into political tructions)
19 GUARANTOR INFORMATION EStela Chauer Vasquer	22 Amount Guaranteed (\$)
21 Guarantor address; City; State; Zip C 810 W. Ocean blud Stud not applicable Los Folia Nos TV 18564	ode CS
	meron County Court H
Canuron Counts 27 If guarantor is a child, law firm of parent(s) (if any)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If lender is out-of-state PAC, please see instruction guide for addition	

LOANS (JUDICIAL) SCHEDULE E(J) Total pages Schedule E(J): The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) FILER NAME 4 TOTAL OF UNITEMIZED LOANS \$ out-of-state PAC (ID#: Loan Amount (\$) Date of loan a financial Institution? 11 Maturity date 12 Lender's Principal Occupa Law Firm of lender's spouse (if any) 16 If lender is a child, law firm of parent(s) (if any) 18 Check if personal funds were deposited into political 17 Description of Collateral account (See Instructions) none 19 GUARANTOR 20 Name of guarantor 22 Amount Guaranteed (\$) **INFORMATION** 21 Guarantor address: City: State; Zip Code 23 Guarantor's Principal Occupation 24 Guarantor's Job Title 25 Guarantor's Employer/Law Firm 26 Law Firm of guarantor's spouse (if any) 27 If guarantor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memonals Expense Printing Expense Other (enter a category not listed above) Legal Services Other (enter a category not listed above)				
Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G: 2 FILER NA	3 Filer ID (Ethics Commission Filers)				
tole	la Chaulz Variette				
4 Date 5 Payee par	holic Daughters Court # 1980				
6 Amount (\$) 7 Payee add					
Reimbursement from political contributions intended	US Freshold at the ton of this schedule) (b) Description				
8 (a) Category	(See Categories listed at the top of this schedule) (D) Description Check if travel outside of Texas. Complete Schedule T.				
OF	Check if Austin, TX, officeholder living expense				
EXPENDITURE Hall	Note / Office holder name Office sought Office held				
9 Complete ONLY if direct Candid expenditure to benefit C/OH	date / Officeholder name Office sought Office SOURCE TIMES CC #5				
ES	Ra Chault Vulgue Sing Star				
Date Payee na	South Texas Senior Regent				
Amount (\$) Payee ac	Idress; City; State; Zip Code				
Beimbursement from	.1 ^				
political contributions intended	Harlingen, TX Description Description				
PURPOSE Category	(See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T.				
of expenditure Hdu	Check if Austin, TX, officeholder living expense				
	date / Officeholder name Office sought .				
expenditure to benefit C/OH	tla Chaver Vasper Sudge (C++)				
Date Payee na	en Printing				
Amount (\$) Payee a	ddress; City; State; Zip Code				
\$16000 20	odress; City; State; Zip Code) 205 Miraso St. Brownsville, TX 78580				
political contributions intended					
· · · · · · · · · · · · · · · · · · ·	y (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				
	lidate / Office holder name Office sought Office held				
expenditure to benefit C/OH total Chaver Vaguer Judge CC#S					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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 category not listed above)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/On it ad Lacor Credit Card Payment The Instruction Guide explains how to complete this form.						
1 Total pages Schedule G:	2 FILER NAME ESTELA Chaver Vasque? 3 Filer 1D (Ethics Commission Filers)					
4 Date 2 11 19 6 Amount (\$)	5 Payee name Yin hing 7 Payee address; City: State; Zip Gode					
Reimbursement from political contributions intended	2205 Mirasol St. Brownsuille, TX 78520					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OH SH (a Chawr Vasguer Tudge CC#5)						
4 27/19	Payee name Rayee address; City; State; Zip Code					
Reimbursement from political contributions intended	1800 N. Expressions Brown noville, TX 78521					
PURPOSE OF EXPENDITURE	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 Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH CS+e (a Chaver Vasque? Tudge CHS						
5/7/19	Payee name QD Project					
#51.42	Payee address; City: State; Zip Code 1164 E. Ruben Mar Torres Blud,					
Reimbursement from political contributions intended	Brownsulle TX 785.21 Category (See Categories listed at the top of this schedule) Description					
PURPOSE OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held					
Complete ONLY if direct candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Salla Chauez Uasquez Judg CHS						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Consulting Expense Contributions/Donations Made E	Зу	Gift/Awards/Mem Legal Services	orials Expense	Printing Expe		Travel Out Of District Other (enter a category not listed above)	
Candidate/Officeholder/Politica Credit Card Payment	•	on Guide explain	_		·		
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1 Total pages Schedule G:	2 FILER NA	a Ch	auer _	Vasg	que -	3 Files 1D (Clinics Commission 1 loss)	
4 Date 5 13 19	5 Payee nar		くのうくく	<u>.</u> + '			
6 Amount (\$)	7 Payee ad	dress; C	city; State; Zi	ip Code		- Plud	
# 199 Reimbursement from	116	4 8,	Rube	en "	' '	rres Blud.	
political contributions intended	Bre	c n en	oville	X		71	
8 PURPOSE	(a) Category	(See Categories liste	ed at the top of this so	chedule) (b)	Description	ide of Texas. Complete Schedule T.	
OF	00.	L 5.				TX, afficeholder living expense	
EXPENDITURE	* * (N	11mg-C/	genze		ffice sought	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		late / Officeholo	der name	٠ ١	ince sought	- 1 . CCN S	
	2016	<u>la (</u>	hauz	<u> Va</u>	mez_	2 Add (+	
Date)	Payee na	me		j .			
5/22/19	GI	\mathcal{L}	rote c	<u> </u>			
Amount (\$)	Payee ad	dress; (City; State; Zi	ip Code		as R) w	
\$ 1856	1166	£ 8,	Kubr	1 LU	, - (00	ces Blvd.	
Reimbursement from political contributions intended	Bro	1171 Cu	1/16.	TX	7852)	
DUDDOSE	Category	(See Categories list	ed at the top of this so	chedulé)	Description	14 of Tayon Complete Schoolule T	
PURPOSE OF	0	1.				side of Texas. Complete Schedule T. TX, officeholder living expense	
EXPENDITURE	KCin	they the	Xpes			Office held	
Complete ONLY if direct expenditure to benefit C/C	Candid OH	iate / Officeholo	dernăme ∕r f		ffice sought	C 1 C 115	
	951	<u>e(q</u> (-Nau	<u> 77 L</u>	Ja Sque	2 5500/8 (775)	
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5 28/19	K	(O)	SONY	<u>Sìc</u>		-	
Amount (\$)	Payee ac	ldress; (City; State; Z	Zip Code			
\$400	180	0 1/2	SXFL	ressu	2000	1	
Permbursement from political contributions intended	Bro	xensi	of 16.	TV.	7859	_	
PURPOSE	Category	(See Categories list	ted at the top of this s	schedule)	Description	iside of Texas. Complete Schedule T.	
OF EXPENDITURE	5/2	ed/De	ueras	20.00		TX, officeholder living expense	
Complete ONLY if direct	Candi	date / Officehol	der name	C	Office sought	Office held	
expenditure to benefit C/OH Istela Chaver Vasquer Sudgett							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Fees Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Polling Expense Travel Out Of District Printing Expense Contributions/Donations Made By Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Gredit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule G: 4 Date 5 Pay /ee name Payee address rounsulle, mbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code City; State; Blud suffett 30 Reimbursement from political contributions intended PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check If Austin, TX, officeholder living expense Office held Office sought Complete ONLY if direct expenditure to benefit C/OH 00 Reimbursement from political contributions intended Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX. officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Legal Services 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)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME POJO (have)	3 Files	r ID (Ethics Commission Filers)			
4 Date Le Die 9	5 Payee name Project	·				
Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1164 8. Rubun Tor Brace 15 11110. To	Tes Blud- 18521				
8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/C	(a) Category (See Categories listed at the top of this schedule) Candidate / Officerolder name	(b) Description Check if travel outside of Texas. Company of the Check if Austin, TX, officehold outside outs				
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Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
Reimbursement from political contributions intended		-				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. C Check if Austin, TX, officehol				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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