

CYNTHIA M.

HINOJOSA

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 38						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MRS. FIRST: Cyndi MI: _____ NICKNAME: _____ LAST: Hinojosa SUFFIX: _____	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="margin: 5px 0;">Date Received</p> <p style="text-align: center; margin: 5px 0;">CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION</p> <p style="font-size: 2em; margin: 5px 0;">11:38am</p> <p style="text-align: center; margin: 5px 0;">JAN 15 2020</p> <p style="margin: 5px 0;">By: <u>Quinn</u></p> <p style="margin: 5px 0;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount \$</td> </tr> <tr> <td style="border: none;">Date Processed</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Date Imaged</td> <td style="border: none;"></td> </tr> </table> </div>		Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$								
Date Processed									
Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 504 E. St. Francis Brownsville, TX 78520								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (956) PHONE NUMBER: 299-1847 EXTENSION: _____								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MRS FIRST: Linda MI: R. NICKNAME: _____ LAST: Montalvo SUFFIX: _____								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 864 Central Blvd., Ste 2200 Brownsville TX 78520								
8 CAMPAIGN TREASURER PHONE	AREA CODE: (956) PHONE NUMBER: 371-3191 EXTENSION: _____								
9 REPORT TYPE	<input 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 checked="" 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 07 / 01 / 2019 THROUGH 12 / 31 / 19								
11 ELECTION	ELECTION DATE Month Day Year 03 / 03 / 2020	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)	13 OFFICE SOUGHT (if known) Justice of the Peace Precinct 2, Place 1							

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

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

\$ 3,800.⁰⁰

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6,180.⁰⁰

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 51,152.54

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 276.99

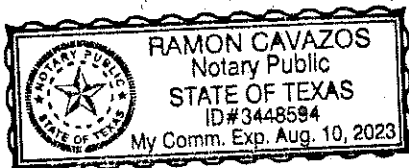
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 50,000.⁰⁰

18 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Cynthia M. Hingosaw
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Cynthia M. Hingosaw this the 15th day of January, 2020, to certify which, witness my hand and seal of office.

Ramon Cavazos
Signature of officer administering oath

Ramon CAVAZOS
Printed name of officer administering oath

Notary Public of Texas
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Cynthia Hinojosa</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9980. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5591.33
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ — 0 —
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 50,000. ⁰⁰
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 15,294.34
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ ϕ
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ ϕ
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ ϕ
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ ϕ
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ ϕ
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ ϕ
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ ϕ

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Cyndi Hinojosa</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/8/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Artemio Martinez</i>	7 Amount of contribution (\$) <i>\$200.00</i>
6 Contributor address; City; State; Zip Code <i>649 W. Roosevelt Rd, Donna, TX 78537</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>8/8/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lydia Rodriguez</i>	Amount of contribution (\$) <i>\$90.00</i>
Contributor address; City; State; Zip Code <i>1335 Coral Ct Brownsville TX 78520</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>8/8/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Josefina Soto</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>225 Pinar Del Rio Brownsville, TX 78524</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>8/8/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sharon Huerta</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>35 Palo Grande, Brownsville TX 78521</i>		
Principal occupation / Job title (See Instructions) <i>Dietician</i>		Employer (See Instructions) <i>self</i>

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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Martin Cantu Sr.</i>	7 Amount of contribution (\$) <i>\$400⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>1805 N. Shore Port Isabel, TX 78537</i>		
8 Principal occupation / Job title (See Instructions) <i>Auto Body</i>		9 Employer (See Instructions) <i>SPB</i>
Date <i>9/15/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sofia Benavides</i>	Amount of contribution (\$) <i>\$200⁰⁰</i>
Contributor address; City; State; Zip Code <i>4090 Retama Brownsville, TX 78521</i>		
Principal occupation / Job title (See Instructions) <i>County Commissioner</i>		Employer (See Instructions) <i>Cameron County</i>
Date <i>9/15/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lucian Torres</i>	Amount of contribution (\$) <i>\$320⁰⁰</i>
Contributor address; City; State; Zip Code <i>15 Casa De Amigos, Brownsville, TX 78521</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>9/15/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maria Hinojosa</i>	Amount of contribution (\$) <i>\$80⁰⁰</i>
Contributor address; City; State; Zip Code <i>4 Pizarro Ave Brownsville, TX 78575</i>		
Principal occupation / Job title (See Instructions) <i>Office Manager</i>		Employer (See Instructions) <i>Law</i>

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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mambel Guerrero</i>	7 Amount of contribution (\$) <i>\$600⁰⁰</i>
<i>9/15/19</i>	6 Contributor address; City; State; Zip Code <i>701 Avenida De Leon Rancho Viejo TX 78575</i>	
8 Principal occupation / Job title (See Instructions) <i>Public Relations Consultant</i>		9 Employer (See Instructions) <i>SPIF</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alice Dodden</i>	Amount of contribution (\$) <i>\$600⁰⁰</i>
<i>9-15-19</i>	Contributor address; City; State; Zip Code <i>1600 Santa Ana Ave, Rancho Viejo, TX 78575</i>	
Principal occupation / Job title (See Instructions) <i>Teacher</i>		Employer (See Instructions) <i>B.I.S.D.</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michelle Garcia</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>
<i>9-15-19</i>	Contributor address; City; State; Zip Code <i>2000 Paseo La Reforma Brownsville TX 78520</i>	
Principal occupation / Job title (See Instructions) <i>Realtor</i>		Employer (See Instructions) <i>SELF</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlos Escobar</i>	Amount of contribution (\$) <i>\$1000⁰⁰</i>
<i>10-1-19</i>	Contributor address; City; State; Zip Code <i>1000 S. Bicentennial McAllen, TX 78501</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>SPIF</i>

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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda B. Perez</i>	7 Amount of contribution (\$) <i>\$250⁰⁰</i>
<i>10-1-19</i>	6 Contributor address; City; State; Zip Code <i>5 Cove Circle Brownsville TX 78521</i>	
8 Principal occupation / Job title (See Instructions) <i>Insurance Agent / Broker</i>		9 Employer (See Instructions) <i>Brisky & Perez</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rick Cofer</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>
<i>10-1-19</i>	Contributor address; City; State; Zip Code <i>1621 Enfield Rd Apt A Austin TX 78703</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>SCIF</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tommy Maxey</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>
<i>10-18-19</i>	Contributor address; City; State; Zip Code <i>601 W. 26th St. Apt B Austin TX 78705</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Esparza & Garza</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>
<i>10-18-19</i>	Contributor address; City; State; Zip Code <i>964 E. Los Ebanos TX 78520</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Esparza & Garza</i>

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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

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

10-18-19

Patrick Hammes
6 Contributor address; City; State; Zip Code

\$100.00

345 Palo Verde Dr. Brownsville, TX 78521

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Teacher

B. F. S. D.

Date

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

Amount of contribution (\$)

10-25-19

Kate McSwain
Contributor address; City; State; Zip Code

\$50.00

1610 E. Crockett Ave. Brownsville, TX 78550

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

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

Amount of contribution (\$)

10-25-19

Gus Stern
Contributor address; City; State; Zip Code

\$200.00

5904 Gulf Blvd South Padre Island

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

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

Amount of contribution (\$)

12/8/19

Antonio Juarez
Contributor address; City; State; Zip Code

\$100.00

140 Pizarro Ave Rancho Viejo, TX 78575

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Accountant

SLIF

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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joel Mungia</i>	7 Amount of contribution (\$) <i>\$100⁰⁰</i>
<i>12-8-19</i>	6 Contributor address; City; State; Zip Code <i>5567 Sawmill Draw Brownsville, TX 78524</i>	
8 Principal occupation / Job title (See Instructions) <i>Insurance Agent</i>		9 Employer (See Instructions) <i>SIIF - State Farm</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dolores Zarate</i>	Amount of contribution (\$) <i>\$60⁰⁰</i>
<i>12-8-19</i>	Contributor address; City; State; Zip Code <i>15 W. Madison Brownsville, TX 78520</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>SIIF</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eddie Trevino</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>
<i>12/8/19</i>	Contributor address; City; State; Zip Code <i>5145 Sugar Mill Rd Brownsville, TX 78521</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>SIIF</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rosie Barrera</i>	Amount of contribution (\$) <i>\$60⁰⁰</i>
<i>12/8/19</i>	Contributor address; City; State; Zip Code <i>25 Serenity Circle Brownsville, TX 78520</i>	
Principal occupation / Job title (See Instructions) <i>Teacher</i>		Employer (See Instructions) <i>BISD</i>

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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
12-8-19	Joe Lopez 6 Contributor address; City; State; Zip Code 2 Conquistador Brownsville TX 78520	\$100 ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Investment Broker		SELF
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
12-8-19	Michelle Garcia Contributor address; City; State; Zip Code 2000 Paseo La Reforma Brownsville TX 78520	\$100 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Realtor		SELF
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
12-17-19	Jessica Tetreau Contributor address; City; State; Zip Code 30 E. Cowan Terrace Brownsville, TX 78520	\$500 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Business Owner		SELF
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
12-16-19	Dale Robertson Contributor address; City; State; Zip Code P.O. Box 622 Olmito, TX 78575	\$100 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Attorney		SELF

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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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melissa Avalos</i>	7 Amount of contribution (\$)
<i>12-12-19</i>	6 Contributor address; City; State; Zip Code <i>P.O. Box 622 Olmito, TX 78575</i>	<i>\$200⁰⁰</i>
8 Principal occupation / Job title (See Instructions) <i>Business Owner</i>		9 Employer (See Instructions) <i>Self</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaime Parras</i>	Amount of contribution (\$)
<i>12-20-19</i>	Contributor address; City; State; Zip Code <i>4374 Martina Rd. Brownsville TX 78526</i>	<i>\$300⁰⁰</i>
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions) <i>Self</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sofia Benavides</i>	Amount of contribution (\$)
<i>12-20-19</i>	Contributor address; City; State; Zip Code <i>4090 Retama Brownsville TX 78521</i>	<i>\$150⁰⁰</i>
Principal occupation / Job title (See Instructions) <i>County Commissioner</i>		Employer (See Instructions) <i>Cameron County</i>
Date	Full name of contributor <input type="checkbox"/> 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Cyndi Hinoyosa</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>8/18/19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda R Montalvo</i>	8 Amount of Contribution \$ <i>\$1200⁰⁰</i>	9 In-kind contribution description <i>Event</i>
7 Contributor address; City; State; Zip Code <i>495 Owens Rd Brownsville, TX 78521</i>		<input type="checkbox"/> 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) <i>OFFICE MANAGER</i>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>OFFICE MANAGER</i>	
14 Contributor's employer/law firm (FOR JUDICIAL) <i>DR. ROMEO MONTALVO</i>		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 <i>9-16-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda R. Montalvo</i>	Amount of Contribution \$ <i>\$500</i>	In-kind contribution description <i>Prize for Loteria</i>
Contributor address; City; State; Zip Code <i>495 Owens Rd Brownsville, TX 78521</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) <i>OFFICE MANAGER</i>		Contributor's job title (FOR JUDICIAL) (See Instructions) <i>OFFICE MANAGER</i>	
Contributor's employer/law firm (FOR JUDICIAL) <i>DR. ROMEO MONTALVO</i>		Law firm of contributor's spouse (if any) (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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Contribution \$	9 In-kind contribution description
9-16-19	EMERALDA RODRIGUEZ	\$200	PRIZE FOR EVENT
	7 Contributor address; City; State; Zip Code	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
8004 FM 802 BROWNSVILLE TX 77826			
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)	
CHILDCARE SUPERVISOR		SUPERVISOR	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
NIÑOS HEADSTART			
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
9-19-19	ZONIA PULLEN	\$500.00	EVENT
	Contributor address; City; State; Zip Code	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
5 SHADOWBROOK LANE BROWNSVILLE TX 77821			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
INVESTMENT BANKER		INVESTMENT OFFICER	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
SELF			
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: _____	
2 FILER NAME <i>Cyndi Hingosa</i>		3 Filer ID (Ethics Commission Filers) _____	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>\$500⁰⁰</i>	
5 Date <i>10-3-19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARY SOSA</i>	8 Amount of Contribution \$ <i>\$500⁰⁰</i>	9 In-kind contribution description <i>EVENT</i>
7 Contributor address; City; State; Zip Code <i>1708 Boca Chica Brownsville TX</i>		<input checked="" type="checkbox"/> 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) <i>RECEPTIONIST/OFFICE MANAGER</i>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>OFFICE MANAGER</i>	
14 Contributor's employer/law firm (FOR JUDICIAL) <i>LETEE'S HAIR</i>		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 <i>10-7-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MIGUEL ANGEL CHAVEZ</i>	Amount of Contribution \$ <i>\$300⁰⁰</i>	In-kind contribution description <i>EVENT</i>
Contributor address; City; State; Zip Code <i>705 W. Elizabeth Brownsville TX</i>		<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) <i>Restaurant Owner</i>		Contributor's job title (FOR JUDICIAL) (See Instructions) <i>Restaurant Owner</i>	
Contributor's employer/law firm (FOR JUDICIAL) <i>La Vaquita Rest. & Bakery</i>		Law firm of contributor's spouse (if any) (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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: _____	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ _____	
5 Date 10-17-19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROL SOLIS	8 Amount of Contribution \$ \$200.00	9 In-kind contribution description FOOD PAK EVENT
7 Contributor address; City; State; Zip Code 600 Springmeat Blvd. Wicks Brownsville TX		<input type="checkbox"/> 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) OWNER		13 Contributor's job title (FOR JUDICIAL) (See Instructions) OWNER	
14 Contributor's employer/law firm (FOR JUDICIAL) Mynt Bar		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 10-18-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD BUSTOS	Amount of Contribution \$ \$190.00	In-kind contribution description Decorations for event
Contributor address; City; State; Zip Code 3484 Heritage Circle, Brownsville TX 78520		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) PUBLIC RELATIONS		Contributor's job title (FOR JUDICIAL) (See Instructions) PUBLIC RELATIONS	
Contributor's employer/law firm (FOR JUDICIAL) Exceptional Emergency Center		Law firm of contributor's spouse (if any) (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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Cynthia Arnojosa</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>280.00</i>	
5 Date <i>10-18-19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sylvia Atkinson</i>	8 Amount of Contribution \$ <i>280.00</i>	9 In-kind contribution description <i>Prizes for Event</i>
7 Contributor address; City; State; Zip Code <i>5226 Kensington Lane Brownsville TX 78521</i>		<input type="checkbox"/> 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) <i>Administrator</i>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>Administrator</i>	
14 Contributor's employer/law firm (FOR JUDICIAL) <i>Texas Southmost College</i>		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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		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)			

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:
2 FILER NAME <i>Cyndi Hinojosa</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>1371.33</i>
5 Date <i>12-3-19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Shergold</i>	8 Amount of Contribution \$ <i>\$1371.33</i> 9 In-kind contribution description <i>Event</i>
7 Contributor address; City; State; Zip Code <i>1534 E. 6th St. Suite 103 Brownsville TX 78520</i>		<input type="checkbox"/> 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) <i>Attorney</i>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>Attorney</i>
14 Contributor's employer/law firm (FOR JUDICIAL) <i>Hodges & Shergold</i>		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 <i>11-4-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Zelda Sierra</i>	Amount of Contribution \$ <i>\$500.00</i>	In-kind contribution description
Contributor address; City; State; Zip Code <i>5034 Boca Chica Blvd Lot 30 Brownsville TX 78520</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) <i>Bookkeeper</i>		Contributor's job title (FOR JUDICIAL) (See Instructions) <i>Bookkeeper</i>	
Contributor's employer/law firm (FOR JUDICIAL) <i>Caran Bookkeeping</i>		Law firm of contributor's spouse (if any) (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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: _____	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ _____	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Contribution \$	9 In-kind contribution description
12-8-19	<i>Thelma Reyna</i>	200 ⁰⁰	<i>Event Expense.</i>
7 Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
18 St. Andrews Lane Brownsville			
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)	
<i>Educator</i>		<i>Administrator</i>	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<i>L.F.I.S.D.</i>			
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		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)			

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:
2 FILER NAME <i>Cynthia "Cyndi" Hinojosa</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>3/5/19</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cynthia Hinojosa</i>	9 Loan Amount (\$) <i>\$6,000⁰⁰</i>
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code <i>504 E. St. Francis Brownsville, TX 78520</i>	10 Interest rate <i>d</i>
		11 Maturity date <i>2yrs</i>
12 Principal occupation / Job title (See Instructions) <i>Licensed Professional Counselor</i>		13 Employer (See Instructions) <i>Law Office of Gilberto Hinojosa</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor <i>Self</i>	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <i>07-01-19</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cynthia Hinojosa</i>	Loan Amount (\$) <i>\$44,000⁰⁰</i>
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <i>504 E. St. Francis Brownsville, TX 78520</i>	Interest rate <i>d</i>
		Maturity date <i>2yrs</i>
Principal occupation / Job title (See Instructions) <i>Licensed Professional Counselor</i>		Employer (See Instructions) <i>Law Office of Gilberto Hinojosa</i>
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor <i>Self</i>	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.

1 Total pages Schedule F1: 2 FILER NAME *Cynthia Hinojosa* 3 Filer ID (Ethics Commission Filers)

4 Date *8-5-19* 5 Payee name *Armando Magallanes*

6 Amount (\$) *\$4,800.00* 7 Payee address; City; State; Zip Code *1130 W. Elizabeth St. Brownsville, TX 78520*

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) *LABOR* (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 *8-5-19* Payee name *RGV Media Group*

Amount (\$) *\$32,589.87* Payee address; City; State; Zip Code *2108 Central Blvd. Brownsville, TX 78520*

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) *Consulting/Printing/Advertising* 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 *7-6-19* Payee name *Best Buy*

Amount (\$) *\$97.41* Payee address; City; State; Zip Code *2701 Pablo Kisel Blvd, Brownsville, TX 78526*

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) *Electronics* 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 7/15/19	5 Payee name Amazon
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6 Amount (\$) 22500	7 Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98108
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift to Sharp Elementary	(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 7/26/19	Payee name McCoy's
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Amount (\$) \$1,313.44	Payee address; City; State; Zip Code 5500 Padre Island Hwy Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Materials	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 8/8/19	Payee name Every Day Sweets
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Amount (\$) \$17000	Payee address; City; State; Zip Code McAllen, TX 78501
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	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	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	3 Filer ID (Ethics Commission Filers)
4 Date 08-08-19	5 Payee name DOLLAR GENERAL	
6 Amount (\$) \$108.10	7 Payee address; City; State; Zip Code 1552 Palm Blvd, Brownsville TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 8-8-19	Payee name St. Mary's Catholic Church	
Amount (\$) \$1000.00	Payee address; City; State; Zip Code 1300 E. Los Ebanos Blvd, Brownsville TX	
PURPOSE OF EXPENDITURE	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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 8-8-19	Payee name Proyecto Juan Diego	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 2910 Paredes Line Rd, Brownsville TX	
PURPOSE OF EXPENDITURE	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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

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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	3 Filer ID (Ethics Commission Filers)
4 Date 8/12/19	5 Payee name Disi Serrata	
6 Amount (\$) \$250 ⁰⁰	7 Payee address; City; State; Zip Code 3135 E. 28th St. Brownsville TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Canvassing	(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	
Date 9/4/19	Payee name CCBA	
Amount (\$) \$100 ⁰⁰	Payee address; City; State; Zip Code 514 Paredos Line Rd. Suite H Brownsville TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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	
Date 9/9/19	Payee name First Family Network	
Amount (\$) \$100 ⁰⁰	Payee address; City; State; Zip Code 955 E. Madison St. Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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	

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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	3 Filer ID (Ethics Commission Filers)
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4 Date 9/20/19	5 Payee name HUB
6 Amount (\$) \$54.48	7 Payee address; City; State; Zip Code 1628 Central Blvd Brownsville TX

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-19-19	Payee name Rotary International
Amount (\$) \$500.00	Payee address; City; State; Zip Code Brownsville TX

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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 9/19/19	Payee name Amazon
Amount (\$) \$397.23	Payee address; City; State; Zip Code 410 Terry Ave, Seattle WA 98108

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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 10-9-19	5 Payee name City of Brownsville				
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code Brownsville TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10-7-19	Payee name La Vaquita				
Amount (\$) \$113.00	Payee address; City; State; Zip Code 705 W. Elizabeth Brownsville TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10-7-19	Payee name Kohl's				
Amount (\$) 110.00	Payee address; City; State; Zip Code 4475 I-69E Frontage, Brownsville TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense / Lota	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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	3 Filer ID (Ethics Commission Filers)
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4 Date 10-17-19	5 Payee name Mynt Bar
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6 Amount (\$) \$212. ⁰⁰	7 Payee address; City; State; Zip Code 600 Springmart Blvd Suite 869 Brownsville, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-17-19	Payee name Sam's
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Amount (\$) \$79.96	Payee address; City; State; Zip Code 3570 W. Alton Glor. Blvd, Brownsville, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense / BIRD	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 10-22-19	Payee name Sam's Club
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 3570 W. Alton Glor. Blvd, Brownsville, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense / Sharp	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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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	3 Filer ID (Ethics Commission Filers)
4 Date <i>10-22-19</i>	5 Payee name <i>United Way of Cameron Co.</i>	
6 Amount (\$) <i>\$250.00</i>	7 Payee address; City; State; Zip Code <i>634. E. Levee St. Brownsville, TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</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	
Date <i>10-25-19</i>	Payee name <i>Noche de Garibaldi</i>	
Amount (\$) <i>\$80.00</i>	Payee address; City; State; Zip Code <i>Brownsville, TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date <i>10-25-19</i>	Payee name <i>Letce's Hair</i>	
Amount (\$) <i>\$50.00</i>	Payee address; City; State; Zip Code <i>1708 Boca Chica Blvd. Brownsville</i>	
PURPOSE OF EXPENDITURE	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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <i>11-4-19</i>	5 Payee name <i>Sunshine Haven</i>	
6 Amount (\$) <i>\$100.00</i>	7 Payee address; City; State; Zip Code <i>7105 Katherine St. Olmito, TX 78575</i>	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</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
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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 <i>11-9-19</i>	Payee name <i>Cameron County Democratic Party</i>	
Amount (\$) <i>1000.00</i>	Payee address; City; State; Zip Code <i>1411 N. Stewart Place Rd, Harlingen TX</i>	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Filing Fee</i>	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 <i>11-18-19</i>	Payee name <i>HARB</i>	
Amount (\$) <i>\$54.00</i>	Payee address; City; State; Zip Code <i>1628 Central Blvd, Brownsville TX</i>	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation to Sharp</i>	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 11/16/19	5 Payee name Sams
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6 Amount (\$) 245 ⁰⁰	7 Payee address; City; State; Zip Code 3570 W. Alton Blvd, Brownsville
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense / Loteri	(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 11/16/19	Payee name Kohl's
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Amount (\$) \$130 ⁰⁰	Payee address; City; State; Zip Code 4475 I - 69 E Frontage, Brownsville TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense / Loteri	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 12/08/19	Payee name Kohl's
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Amount (\$) \$250 ⁰⁰	Payee address; City; State; Zip Code 4475 I 69 E. Frontage Brownsville
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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	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	3 Filer ID (Ethics Commission Filers)
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4 Date 11/19/19	5 Payee name Willie Espinoza
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6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 221 W. Wilson Ave Harlingen, TX 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(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 11/22/19	Payee name City of Brownsville Police Dept.
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Amount (\$) \$150.00	Payee address; City; State; Zip Code 600 E. Jackson, Brownsville, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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 11/22/19	Payee name United State Post Office
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Amount (\$) \$350.00	Payee address; City; State; Zip Code Brownsville TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 12/19	5 Payee name Irma Pena
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6 Amount (\$) \$3,282.34	7 Payee address; City; State; Zip Code 2778 Pompeii Brownsville TX 78526
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(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 12/19	Payee name Carlos Bravo
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Amount (\$) \$990.00	Payee address; City; State; Zip Code 2108 Central Blvd, Brownsville TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	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
---	-------------------------------	---------------	-------------

Date	Payee name Arcelia Villalon
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Amount (\$) \$350.00	Payee address; City; State; Zip Code 5055 Eloy St. Brownsville TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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 12-8-19		5 Payee name HUB			
6 Amount (\$) \$180.00		7 Payee address; City; State; Zip Code 1628 Central Blvd Brownsville, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event 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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-15-19		Payee name Kohl's			
Amount (\$) \$109.00		Payee address; City; State; Zip Code 4475 I - 69 E Frontage Brownsville			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		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 12-15-19		Payee name Nelda Brock			
Amount (\$) \$110.00		Payee address; City; State; Zip Code 2431 Eduardo Drive Brownsville TX 78526			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		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	

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 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	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-31-19</i>	5 Payee name <i>I.P.C.</i>	
6 Amount (\$) <i>92.10</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 659507 San Antonio, TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Bank Fees</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
	<i>July, August, Sept, Oct, Nov & Dec</i>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
	Office held	
Date <i>12-31-19</i>	Payee name <i>T-Mobile</i>	
Amount (\$) <i>\$192.00</i>	Payee address; City; State; Zip Code <i>3101 Pablo Kisel Blvd</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Overhead</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>12-1-19</i>	Payee name <i>NPG VAN</i>	
Amount (\$) <i>240.00</i>	Payee address; City; State; Zip Code <i>1445 New York Ave NW, Washington DC 20005</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Overhead</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	

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	3 Filer ID (Ethics Commission Filers)
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4 Date 12-2-19	5 Payee name Wal Mart
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6 Amount (\$) \$ 78.88	7 Payee address; City; State; Zip Code 3500 W. Alton Glorv Blvd
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-2-19	Payee name Custom Santa Hats
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Amount (\$) 48.73	Payee address; City; State; Zip Code P.O. Box Monmouth County, NJ
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
----------------------------------	---	--

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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

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

6 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; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED