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:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST MRS, CATH	MI	OFFICE USE ONLY Date Received
	Hmo	10500	CAMERON COUNTY DEPARTMENT OF ELECTIC VOTER REGISTRATION
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	504 €. St. Franc		N:39 and 15 2020
Change of Address	Browns VIIIC (T)	x 78520	En REGEIVER
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 299-184	EXTENSION	Date Hand-delivered of Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Linda	R.	Receipt # Amount \$ Date Processed
	Monta	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 864 Centval	ITE#; CITY; STATE; BIVU., SK	22-00
(Residence or Business)	Brownsville	•	
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 371-31	EXTENSION 91	
			,
REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before elect	tion Exceeded \$500 limit	Final Report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year 07/01/2019	THROUGH 12	21/19
1 ELECTION	ELECTION DATE Month Day Year Primary 03/03/2030 General	ELECTION TYPE Runoff Other Description Special	·
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF known) Tustice of Precine	the Peace t2, Place 1
	GO TO F	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	
Additional Pages			
	t . • .	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THASS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	\$ 3,800.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,180.00
EXPENDITURE TOTALS	3. TOTAL F UNLESS	POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 51,152.54
CONTRIBUTION BALANCE	5. TOTAL F OF REP	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 276.99
OUTSTANDING LOAN TOTALS	6, TOTAL F LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	\$ 51,152.54 DAY \$ 276.99 THE \$ 50,000.00
STAI	IN CAVAZOS tary Public E OF TEXAS #3448594 Exp. Aug. 10, 2023	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is ormation required to be reported by me
AFFIX NOTARY STAM	P/SEALABOVE		4
Sworn to and subscr day of	wally a	y the said <u>Cynthia M. Hin</u> o certify which, witness my hand and seal of office.	905 Athris the 13th
K-}		Ramon CAUAZO?	Notary Public of Texas
Signature of officer as	dministering cath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Cynthia Hingóra 20 Filer ID (Ethics Co	mmlssion Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9980.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5591,33
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0 -
4. SCHEDULE E: LOANS	\$ 50,000000
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 15, 294,3
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 6
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ \(\mathcal{D} \)
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ Ø
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ Ø
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) \$200,00 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retire d Date Amount of contribution (\$) 1335 Coral Ct Brownsville it Principal occupation / Job title (See Instructions) Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 4 Date \$40000 Amount of contribution (\$) 9/15/20 Sofia Benavides Contributor address; City; State; Zip Code 4090 Retaine Browwy/11e, TX 78521 County Commissions Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#) Principal occupation / Job title (See Instructions) Date Lulian Torres Contributor address; City; State; Zip Code 15 Casa De Amigos, Brownsville, TX 78521 Principal occupation / Job title (See Instructions) Retired) Amount of contribution (\$) \$8000 4 Pizarro Ave Brownsville, TX 78575 supation / Job title (See Instructions) Employer (See Instructions) Office Manager Law Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) Amount of contribution (\$) Alice Boddew Contributor address; City; State; Zip Code 1600 Santa Ana Ave, Rancho Vigo, T. Job title (See Instructions) Employer (See Instructions) Teacher B.T.S.D. Principal occupation / Job title (See Instructions) Date Contributor address; Reforma City; State; Zip Code 2000 Pasco La Reforma Drowns ville TX 785-20 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Realton Amount of contribution (\$) 10-1-19 Carlos Escobar City;

\$100000

1000 S. Bicentennial MEAIRN, TX 78501

Principal occupation / Job title (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 10-1-19 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) INSURANCE Agust / Broker Full name of contributor Lick Cofer Contributor address; City; State; Zip Code Contributor Address; City; State; Zip Code Employ Amount of contribution (\$) Date ut-of-state PÁC (ID#:_ Amount of contribution (\$) 601 W. 26th St. Apt B Austin TX 78705 Principal occupation / Job title (See Instructions) Amount of contribution (\$) 964 E. Los EbanosiTX 78520 Principal occupation / Job title (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) ut-of-state PAC (ID#; Patrick Hamnes 10-18-19 6 Contributor address; City; State; Zip Code 345 Palo Verde Dr. Brownsvillertx 78521 8 Principal occupation / Job title (See Instructions) Teacher 9 Employer (See Instructions) B. ± . 5. D. Amount of contribution (\$) K9th M-SWain 10-2519 Contributor address; City; State; Zip Code \$50,00 1610 E. Crockett Ave. BrownsvilleTX 78550 Principal occupation / Job title (See Instructions) Retired Date Amount of contribution (\$) Contributor address; City; State; Zip Code 5904 Guffstvd South Padve Island and Job title (See Instructions) Employer (See Instructions) Ďatė Amount of contribution (\$)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

		10-11-1	
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	C (ID#:)	7 Amount of contribution (\$)
128-19	FOLL Mungia 6 Contributor address; City; State	; Zip Code	\$10000
	5567 Sawmill Draw		
8 Principal occup	pation / Job title (See Instructions) INSUMME AGENT	9 Employer (See Instruction SHIF-S	tate Farm
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
12-8-19	DO/OWS ZWATE Contributor address; City; State	; Zip Code	\$600
	15 W. Madison Br	monsville, TX	78520
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tlons)
	Afforney	8117	
Date	Full name of contributor out-of-state PAC	· (ID#:	Amount of contribution (\$)
12/8/19	Eddie Trevino Contributor address; City; State;	; Zip Code	\$10000
	5145 Sugar Mill Ro	L Brownsul	lle ,TX 7852/
Principal occup	ation / Job title (See Instructions) AHDVNLY	Employer (See Instruc	itions)
	11710114	0/12	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/8/19	Contributor address; City; State;	,	\$60°0 17x 78520
	25 Sevenity Circle	Brownsviel	1TX 78520
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruc	tions)
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 12-8-19 6 Contributor address; City; State; Zip Code 2 Conquistador Brownsvilleith 8 Principal occupation / Job title (See Instructions) 14 Upstman + 9 4 Date 5 Full name of contributor out-of-state PAC (ID#; \$10000 9 Employer (See Instructions) Date Amount of contribution (\$) Michelle Garcia Contributor address; City; State; Zip Code 2000 Paseo La Reforma BrowsvilleTX 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Jessica Tetreau Contributor address; City; State; Zip Code 30 E. Cowar Terrace Brows velle, TX on/Job title (See Instructions) Business Owner Self Principal occupation / Job title (See Instructions) Amount of contribution (\$) 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Melissa Avalos. 12-12-19 6 Contributor address; City; State; Zip Code P.O.BOX 622 Oliveto, TX 78575 8 Principal occupation / Job title (See Instructions) Business Owns 9 Employer (See Instructions) SPIF Amount of contribution (\$) Employer (See Instructions) Principal occupation / Job title (See Instructions) Business Own Date out-of-state PAG (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions). Employer (See Date Contributor address; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A2

Т	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAM	E Cyrdi Hinojosa		3 Filer ID (Ethics Commission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date 6 Full name of contributor out-of-state PAC (ID#:			8 Amount of 9 In-kind contribution Contribution \$ description \$\frac{\pmathcal{P}}{2} \text{Loo \frac{\pi}{\pi}} & \text{Check if travel outside of Texas. Complete Schedule T.}
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL) OFMCE MANAGAL	13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
	employer/law firm (FOR JUDICIAL) DR. RDMEO MONTALYO is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
Date 9-16-19	Full name of contributor out-of-state PAC (ID#: LINDAR MONTAWO Contributor address; City; State; Zip Co 495 OWWS Rd Browns		Amount of In-kind contribution description \$500 Prively 7854 Lottna Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICIAL)(See Instructions)
	principal occupation (FOR JUDICIAL) OFFICE MANAGUR employer/law firm (FOR JUDICIAL) DR .RDMED MONTALYO	OF	tor's job title (FOR JUDICIAL) (See Instructions) HILE MANAGEN of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	,	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

SCHEDULE A2

CONI	NIBUTIONS		
Th	ne Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:
2 FILER NAM	E·		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor	·	8 Amount of . 9 In-kind contribution . Contribution \$. description
9-16-19	FAMERALDA RODRIGUEZ 7 Contributor address; City; State; Zip Coo	ie 7	\$200 PRIZE
	8004 FIN 802 BROWNSVILL	· · · · · ·	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
	principal occupation (FOR JUDICIAL) CHILD (ARE SUPARVISOR		rtor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL) NIÑOS HGADSTART	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)	<u> </u>	
Date	Full name of contributor	}	Amount of . In-kind contribution
9-19-19	ZONIA PULLEN Contributor address; City; State; Zip Con		Gontribution \$ description FUENT
	5 SHADOWBROOK LANE	BROWN	15 Ohodk id travely outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL) (See Instructions)
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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)		
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SCHEDULE A2

T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
2 FILER NAM	E Cyndi Hingiosa	3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIBUTION	ons \$ \$50000
5 Date	6 Full name of contributor ut-of-state PAC (ID#:	8 Amount of 9 In-kind contribution description \$5000 EVENT
[0-3-19	7 Contributor address; City; State; Zip Code	,
10 Principal occ		Employer (FOR NON-JUDICIAL) (See Instructions)
	Receptionst/OFFICE MANAGE	Contributor's job title (FOR JUDICIAL) (See Instructions) W— DFPICE MAWAGEN
14 Contributor's	employer/law firth (FOR JUDICIAL) 15 I	_aw firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution Contribution \$ description
10-7-19	Contributor address; City; State; Zip Code	\$30000 EVENT
	705 W. Elizabeth Prownsvil	Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL) Restract Owner	Contributor's job title (FOR JUDICIAL) (See Instructions) 26 Turber Duner
Contributor's	employer/law firm (FOR JUDICIAL) La Vaquita Rest. & Bakery	aw firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of perent(s) (if any) (FOR JUDICIAL)	
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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 CONTRIBU	TIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#: CAPOL SULS 10 - 1719 7 Contributor address; City; State; Zip Code 6 Full name of contributor out-of-state PAC (ID#: CAPOL SULS 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11	8 Amount of 9 In-kind contribution description \$ 200.00 Food Food Food Food Food Food Food Fo
Owner	Contributor's Job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 MUNT Pow 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
Date Full name of contributor out-of-state PAC (ID#: DWARD DWSTOS Contributor address; City; State; Zip Code 3484 Harage Curele, Parawas Principal occupation / Job title (FOR NON-Jubicial) (See Instructions)	Amount of In-kind contribution description \$\\ \frac{19000}{19000} \text{Plecovations} \\ \frac{18520}{19000} \text{For Event} \\ \text{Villet Check if travel outside of Texas. Complete Schedule T.} \text{Employer (FOR NON-JUDICIAL) (See Instructions)}
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions) PUBLIC RELATIONS
Contributor's employer/law firm (FOR JUDICIAL) EXCEPTIONAL FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
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SCHEDULE A2

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Th	ne Instruction Guide explains how to complete this form	m. 1 Total pages Schedule A2:
2 FILER NAME	E amthia Ainojosa	3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$ 28000
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:	Amount of 9 in-kind contribution Contribution \$ 9 in-kind contribution description A 8 TW PRICES FOR EVENT OTHER STATES OF THE COMPLETE SCHOOLS
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
	principal occupation (FOR JUDICIAL) Administrator	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL) TEVAS Southmost College	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution Contribution \$ description
,	C dress; City; State; Zip Coc	ode
	,	Check if travel outside of Texas. Complete Schedule
Principal occi	upation / 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)	
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	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NEEDED

SCHEDULE A2

The Instruction Guide explains how to complete this for	rm. 1 Total pages Schedule A2:
2 FILER NAME Cyndi Hingjosa	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	\$ /37/, ³³
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution description \$\frac{4}{37}33\$ EVELT ode Ode 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) AHDYNUL	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICAL) Houge & Sheraold	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (If any) (FOR JUDICIAL)	
Date Full name of contributor out-of-state PAC (ID#:	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) Curcus Book Klepus	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
ff contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>

SCHEDULE A2

The Instruction Guide explains how to complete this form. 1 Total pages Schedule AZ: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date 6 Full name of contributor	OON			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 5 Date 6 Full name of contributor over-state PAG (DAL) S Amount of Contribution description 12 8 19 7 Contributor address; City: State: Zip Code Check it travel outside of Toxas. Complete Schedule 7. 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 spouse (if any) (FOR JUDICIAL) 14 Contributor's a child, law litm of parent(s) (if any) (FOR JUDICIAL) 15 Law tim of contributor's spouse (if any) (FOR JUDICIAL) 16 if contributor is a child, law litm of parent(s) (if any) (FOR JUDICIAL) Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law timn (FOR JUDICIAL) Contributor's employer/law timn (FOR JUDICIAL) Contributor's employer/law timn (FOR JUDICIAL) If contributor's employer/law timn (FOR JUDICIAL) If contributor's a child, law litm of parent(s) (if any) (FOR JUDICIAL) Law timn of contributor's apouse (if any) (FOR JUDICIAL) Law timn of contributor's apouse (if any) (FOR JUDICIAL) Law timn of contributor's apouse (if any) (FOR JUDICIAL)	Tł	ne Instruction Guide explains how to complete this form	п.	1 Total pages Schedule A2:
5 Date 6 Full name of contributor Development Security Secur	2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Fees Accounting/Banking Polling Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date DUS1 Sevratas 7 Payee address; City; State; Brownsville 17 (b) Description 8 Check if travel outside of Texas. Complete Schedule T, PURPOSE Check if Austin, TX, officeholder living expense Canvassina EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name CCBA Paredos Line Rd. Sulle H Brownsville TY Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Event Expense EXPENDITURE Office held Candidate / Officéholder name Complete ONLY if direct expenditure to benefit C/OH Fryst Family Network 955 E. Madison St. Brownsville, TX 78520 Check if travel outside of Texas. Complete Schedule T. PURPOSE Event Expense Check if Austin, TX, officeholder living expense EXPENDITURE 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 F1

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Advertising Expense Accounting/Banking Transportation Equipment & Related Expense Fees Travel In District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Gitt/Awards/Memorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date Springmart Blod Sucte 869 Brownswile TV (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Event Expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City; State; Zip Code 3570 W. Alton Glook Blad, Brownsville, TX Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE ___ Check If Austin, TX, officeholder living expense Event Expense / B18D **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Stans Club

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Accounting/Banking Consulting Expense Politing Expense Travel in District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee The instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 10-22-19 United Way of Cameron Co Amount (\$) , 7 Payee address; City; State; Zip Code E. Levee St. Brownsville, 7 pories listed at the top of this schedule) (b) Description \$ 250,00 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF Event Expense EXPENDITURE Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Noche de Garibalde vee address; City; State; Zip Code Browns ville iTX Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, afficeholder living expense OF Event Expense EXPENDITURE Office held Candidate / Officéholder name Complete ONLY If direct expenditure to benefit C/OH Payee name Date 1708 Boca Chica Blod. Brownsviller Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Dougho OF EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Office Overhead/Hental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Travei in District Polling Expense Consulting Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date City; State; Zip Code 6 Amount (\$) W. alto Cloor Blod, Browsvile (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF Event Expense / Lots EXPENDITURE Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Kohls City; State; Zip Code Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Event Expense/Lote EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH City; State; Zip Code Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF Event Expose EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Advertising Expense Office Overhead/Rental Expense Accounting/Banking Fees Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Printing Expense Travel Out Of District Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 6 Amount (\$) Brownsville TX 78526 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF Contract Labore EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Carlos Bravo City; State; Zip Code 2108 Central Blod, Brownsville TX 7852 Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Contract Lapon EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Arcelia VIIIalon Amount (\$) Brownsville TX 78521 55 Eloy St. Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Contract Labor EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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		ATTACH ADDITIONAL CODIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Event Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Fees Food/Beverage Expense Polling Expense Travel In District Consulting Expense Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Pavee name City; State; Zip Code 7 Payee address; P. O. Box 659507 San Artonio, TX (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. July August PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name T-Mobile. Payee address; City; State; Zip Code 12-31-19 3101 Pablo Kiscl Blvd Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF Office Overhead EXPENDITURE Office heid Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH NPG VAN 12-1-19 1445 New York Ave NW, Washington DC 2000 5 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Office Overhead OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

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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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
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9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
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48.73	P.O. Box Monmo	outh County, NJ
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	Category (See Categories listed at the top of this schedule)	Description
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EXPENDITURE		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	1 	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form, 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this (b) Description **PURPOSE** ___ Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) __ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

	EXPENDITURE CATEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica		ot 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 F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion ck if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Che	ck 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	Political Non-Political	
PURPOSE OF Expenditure	/	otion ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED

PAYMENT MADE FROM POLITICAL

SCHEDULE H

CONTRIBUTIONS TO A BUSINESS OF C/OH **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Relmbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Glft/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a pategory not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: 2 FILER NAME 3 Filer /D (Ethics Commission Filers) 4 Date Business name 6 Amount (\$) 7 Business address; City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Theck if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Óffice sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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