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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

				
The C/OH Instruction G	Suide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages f	med:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS (MR) PON NICKNAME LAST PON CHUPLY	SUFFIX	Date Reférived (ON DEPARTMENT O VOTER REG	FELECTIONS & HISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE # CO	CITY; STATE: ZIP CODE POUNCY HUT X POSCUL BY:	FEB 2	4 2020 EIVED 4:45 ρ m
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 579-5275	EXTENSION	Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS) MRS/MR FIRST NICKNAME SENTI DUN 65 CON	suffix suffix	Receipt # Date Processed Date Imaged	Amount S
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT /S	une # CITY:	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 3469627	EXTENSION		
9 REPORT TYPE	January 15 30th day before e		treasurer e (Officehold	ofter campaign appointment der Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 2/06/2020	Month THROUGH	Day Yea	
11 ELECTION	ELECTION DATE Month Day Year Primary 1 12 070 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known (COM COM COM)	~	/
	GO ТО	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH instruction G	Guide explains how to	complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE	
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST	М	Receipt # Amount S
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	NICKNAME	LAST	SUFFIX	Date Imaged
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(Residence or Business)				•
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8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month THROUGH	Day Year
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day	Year Primary General	Runoff Other Description	
40.055105	OFFICE LIFE D. 65 A			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	1)
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GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 FH	er ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT UNSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOURES.	THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	-
	GENERAL	,	
		COMMITTEE ADDRESS	, , , , , , , , , , , , , , , , , , ,
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
-		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN IES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$
	2. TOTAL	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS.	\$
	4. ŢOTAL	POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE DAY OF THE REPORTING PERIOD	\$
18 AFFIDAVIT	1		
Source of the So		l swear, or affirm, under penalty of perjui true and correct and includes all informa	y, that the accompanying report is
	LINDA CASTRO	under Title 15, Election Code.	morroquirod to 20 topo. tou sy the
My	otary ID #124136513 / Commission Expires March 31, 2022	Chinall Cle	The same of the sa
The state of the s		Signature of Candida	je or Officeholder
AFFIX NOTARY STAI	MP/SEALABOVE		a) Itla
Sworn to and subs	. / ~/.		, this the
day of Chay	1/.29/10)	, to dertify which, witness my hand and seal of office.	_
1	1/1/20	4 Linda Castro	Notary Public
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath

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SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS SUBTOTAL. NAME OF SCHEDULE **AMOUNT** SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4, SCHEDULE E: LOANS 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9, SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS	20000	\$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$) 1750,00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
YN			10/4
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	/ / /
14 Description of Call	lateral .	15 Check if personal fundaccount (See Instruction	ds were deposited into political tions)
16 GUARANTOR INFORMATION	.17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code 21 Employer (See Instructions)	
		- Employer (dee instructions)	
Date of loan	Name of lenger Out-of-state I	PAC (ID#)	Loan Amount (\$)
is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y (N)			Maturity date
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Description of Colle	ateral	Check if personal fund	ds were deposited into political
поле		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
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LOANS	·		schedule E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
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Description of Colli	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
∏ not applicable	Guarantor address; City;	State; Zip Code	
	on (See Instructions)	Employer (See Instructions)	· · · · · · · · · · · · · · · · · · ·
if le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEI	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

14-4 by Tayas Fthics Commission

SCHEDULE F1

SEPENDITURE CATEGORIES FOR BOX 8(a) Series Security Secu	POLITICAL D	TICAL CONTRIBUTIONS
Second continues Second cont	FROM 1	CATEGORIES FOR BOX 8(a)
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POLITICAL EXPENDITURES MADE

SCHEDULE F1

	XPENDITURES MADE	SCHEDOLE
POLITICAL	ICAL CONTRIBUTIONS	
FROM POLIT	ICAL GOIL	
	-WOENDITURE CATEGORIES FOR BOX 8(a)	Solicitation/Fundralsing Expense
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

11-4 by Toyas Fthics Commission

SCHEDULE F1

FROM POLITI	CAL CONTRIBUTIONS
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9 Complete ONLY if direct expenditure to benefit C/OH	
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POLITICAL EXPENDITURES MADE

SCHEDULE F1

POLITICAL E	XPENDITURES MADE	301122
FROM POLIT	ICAL OUT	
	EXPENDITURE CATEGORIES FOR BOX 8(a)	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
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Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Co	Ommittee Legal Services The Instruction Guide explains how to complete this form	
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ļ	Character (Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

1444 by Toyas Fihics Commission

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

www.ethics.state.tx.us

Revised 9/2

POLITICAL EXPENDITURES MADE

SCHEDULE F1

POLITICAL EX	PENDITURES MADE CAL CONTRIBUTIONS	SCHEDU
Advertising Expense Accounting/Banking	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overthead/Rental Expense Polling Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Cor Credit Card Payment	mmittee Cathian Guide explains how to complete this form.	3 Filer ID (Ethics Commission Filers)
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expenditure to benefit C/OH	Payee name	
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Date 2/07/20	Payee name Home Pepti Payee address;	·
856.24	Payee address; L/SS/. S. Palro Is fund Hwy Bro Category (See Categories listed at the top of this schedule) Description	ownsville, tx 78521
	Category (see see 5	P. Jc

Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

PURPOSE

OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Office held

Check if Austin, TX, officeholder living expense

Office sought

			•
		N.	
		•	