

MARY ESTHER SOROLA

**SEMI-ANNUAL
REPORT
JULY 15, 2021**

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) <i>n/a</i>	2 Total pages filed: <i>9</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>MRS</i>	FIRST <i>Maria</i>	M.I. <i>E</i>
	NICKNAME	LAST <i>Sorola</i>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT. / SUITE #:	CITY: STATE: ZIP CODE
	<i>1999 W. Jefferson St. Brownsville, TX 78520</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(956) 572-4380</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>MR</i>	FIRST <i>Ruben</i>	M.I. <i>Jr.</i>
	NICKNAME	LAST <i>Gallegos</i>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT. / SUITE #:		CITY: STATE: ZIP CODE
	<i>1850 Briarwyck Drive Brownsville, TX 78521</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(956) 371-6135</i>		
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	<i>01/01/2021</i>		THROUGH <i>06/30/2021</i>
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
<i>03/2/2022</i>		<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)	OFFICE SOUGHT (if known)	
	<i>Justice of the Peace Pct. 2 Place 3</i>		<i>Justice of the Peace Pct. 2 Place 3</i>
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	
	<input type="checkbox"/> GENERAL	<i>n/a</i>	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

OFFICE USE ONLY

CAMERON COUNTY
DEPARTMENT OF ELECTIONS &
VOTER REGISTRATION

JUL 13 2021

RECEIVED

By: *[Signature]*

Date Hand delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

4:38 pm

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

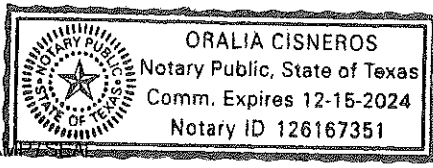
15 C/OH NAME <u>Maria Esther Sorola</u>		16 Filer ID (Ethics Commission Filers) <u>ma</u>
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>280.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>12,400.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>880.45</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,291.29</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>11,146.83</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>4,580.00</u>

18 SIGNATURE 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.

Maria Esther Sorola
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STATE SEAL

Sworn to and subscribed before me by Maria Esther Sorola this the 12th day of July, 2021, to certify which, witness my hand and seal of office.

Oralia Cisneros Signature of officer administering oath
Oralia Cisneros Printed name of officer administering oath
Notary Public Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Maria Esther Sovola		3 Filer ID (Ethics Commission Filers) n/a
4 Date 4/28/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pronto Bail Bonds / Juan Martinez	7 Amount of contribution (\$) \$ 360.00
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ 554 E. Jackson St. Brownsville, TX 78520		
8 Principal occupation / Job title (See Instructions) Bondsman		9 Employer (See Instructions)
Date 5/5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mario Benavides	Amount of contribution (\$) \$ 100.00
Contributor address: _____ City: _____ State: _____ Zip Code _____ 6515 West Lakeside Blvd. Olmato, Texas 78515		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 5/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernando Benavides	Amount of contribution (\$) \$ 100.00.
Contributor address: _____ City: _____ State: _____ Zip Code _____ 5212 Rustic Manor Drive Brownsville, TX 78526-3925		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 5/18/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger, Goggan, Blair et al	Amount of contribution (\$) \$ 500.00.
Contributor address: _____ City: _____ State: _____ Zip Code _____ P.O. Box 17428 Austin, TX 78760		
Principal occupation / Job title (See Instructions) attorneys @ law		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.

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Maria Esther Sorola</i>		20 Filer ID (Ethics Commission Filers) <i>n/a</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>12,400.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1,291.29</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME **Maria Esther Sorola**

3 Filer ID (Ethics Commission Filers)
n/a

4 Date
5/25/21

5 Full name of contributor out-of-state PAC (ID#: _____)
Lillian's DME

7 Amount of contribution (\$)
\$ 1250.00

6 Contributor address; City; State; Zip Code
**2323 N. Ed Carey Dr. Ste 7
Harlingen, TX 79550**

8 Principal occupation / Job title (See Instructions)
entrepreneur

9 Employer (See Instructions)

Date
5/25/21

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

Amount of contribution (\$)
\$ 1250.00

Contributor address; City; State; Zip Code
**2323 N. Ed Carey Dr. Ste 6
Harlingen, TX 79550**

Principal occupation / Job title (See Instructions)
entrepreneur

Employer (See Instructions)

Date
5/25/21

Full name of contributor out-of-state PAC (ID#: _____)
El Padrino Bail Bonds Luis Esquivel

Amount of contribution (\$)
\$ 1,000.00

Contributor address; City; State; Zip Code
**P.O. Box 605
Harlingen, TX 79551**

Principal occupation / Job title (See Instructions)
Bondsman

Employer (See Instructions)

Date
5/25/21

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

Amount of contribution (\$)
\$ 500.00

Contributor address; City; State; Zip Code
**P.O. Box 56005
Houston, TX 77256**

Principal occupation / Job title (See Instructions)
entrepreneur

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME

Maria Esther Sorola

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

5/29/21

5 Full name of contributor

out-of-state PAC (ID#: _____)

Lopez Bail Bonds Raul Lopez

6 Contributor address:

City:

State:

Zip Code

**1106 E. 7th St.
Brownsville, TX 78520**

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

Bondsman.

9 Employer (See Instructions)

Date

6/4/21

Full name of contributor

out-of-state PAC (ID#: _____)

Buena Vista Burial Park

Contributor address:

City:

State:

Zip Code

**5 McDevitt Blvd.
Brownsville, TX 78521**

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

entrepreneur.

Employer (See Instructions)

Date

6/8/21

Full name of contributor

out-of-state PAC (ID#: _____)

Saul Ortega

Contributor address:

City:

State:

Zip Code

**3710 Kiskadee Trail
Brownsville, TX 78534.**

Amount of contribution (\$)

\$ 1000.00.

Principal occupation / Job title (See Instructions)

entrepreneur.

Employer (See Instructions)

Date

6/11/21

Full name of contributor

out-of-state PAC (ID#: _____)

JV Builders

Contributor address:

City:

State:

Zip Code

**615 E. Price Rd.
Brownsville, TX 78521**

Amount of contribution (\$)

\$ 160.00

Principal occupation / Job title (See Instructions)

entrepreneur.

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Manā Esther Sorola		3 Filer ID (Ethics Commission Filers) n/a.
4 Date 6/15/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korner Market / Dean Owen	7 Amount of contribution (\$) \$ 500.⁰⁰
6 Contributor address; City; State; Zip Code 1905 N. Illinois ave Brownsville, TX 78521		

8 Principal occupation / Job title (See Instructions) Entrepreneur	9 Employer (See Instructions)
--	-------------------------------

Date 6/21/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Green Law Firm	Amount of contribution (\$) \$ 2,500.00
Contributor address; City; State; Zip Code 34 Cora St. Brownsville, TX 78520		

Principal occupation / Job title (See Instructions) attorney	Employer (See Instructions)
--	-----------------------------

Date 6/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenbaum Trucking	Amount of contribution (\$) \$ 1500.00
Contributor address; City; State; Zip Code 704 Violet Drive Brownsville, TX 78526		

Principal occupation / Job title (See Instructions) Entrepreneur	Employer (See Instructions)
--	-----------------------------

Date 6/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lalys Bail Bonds	Amount of contribution (\$) \$ 300.00
Contributor address; City; State; Zip Code 844-B Military Rd. #281 Brownsville, TX 78520		

Principal occupation / Job title (See Instructions) Bondsman	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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME **Maria Esther Sorola**

3 Filer ID (Ethics Commission Filers) **n/a**

4 Date **01/30/21**

5 Full name of contributor out-of-state PAC (ID#: _____)
Arturo + Monica Benavides

7 Amount of contribution (\$) **\$500.00**

6 Contributor address; City; State; Zip Code
721 Markowsky Hurlingen TX 78550

8 Principal occupation / Job title (See Instructions)
entrepreneurs

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 1	2 FILER NAME Maria Esther Sorola	3 Filer ID (Ethics Commission Filers) ma
---------------------------------	-------------------------------------	---

4 Date 6/14/21	5 Payee name HEB.
-------------------	----------------------

6 Amount (\$) \$125.64	7 Payee address; 1423 Central Blvd. Brownsville, TX 78520.	City;	State;	Zip Code
---------------------------	--	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Beverage Expense.	(b) Description
	(c) <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 6/11/21	Payee name Michael Bordeaux
-----------------	--------------------------------

Amount (\$) \$150.00	Payee address; 132 W. Levee St - Brownsville, TX 78520.	City;	State;	Zip Code
-------------------------	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food beverage exp. 1caterer	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 6/11/21	Payee name All Valley Media
-----------------	--------------------------------

Amount (\$) \$135.00	Payee address; 221 W. Wilson Ave Harlingen, TX 78550.	City;	State;	Zip Code
-------------------------	---	-------	--------	----------

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED