

# **MARY ESTHER SOROLA**

**SEMI-ANNUAL  
REPORT  
JANUARY 18, 2022**

# 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)

n/a

2 Total pages filed:

40

**OFFICE USE ONLY**

Date Received  
CAMERON COUNTY  
DEPARTMENT OF ELECTIONS &  
VOTER REGISTRATION

JAN 10 2022  
10:24am

RECEIVED  
Date Hand-delivered or Date Postmarked  
By: *[Signature]*

Receipt # Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **MRS.** FIRST **Maria** MI **E.**  
NICKNAME LAST SUFFIX  
**Sorola**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**1999 W. Jefferson St.  
Brownsville, TX 78520**

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(956) 572-4380**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **Mr.** FIRST **Ruben** MI  
NICKNAME LAST SUFFIX  
**Gallegos Jr.**

7 CAMPAIGN TREASURER ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**1850 Briarwyck Drive  
Brownsville, TX 78521**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(956) 371-6135**

9 REPORT TYPE

January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)  
 July 15     8th day before election     Exceeded Modified Reporting Limit     Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year    THROUGH    Month Day Year  
**07/01/2021    12/31/2021**

11 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     Other Description  
**03/01/2022**     General     Special

12 OFFICE

OFFICE HELD (if any) **Justice of the Peace, Pct. 2 Place 3**

13 OFFICE SOUGHT (if known) **Justice of the Peace Pct. 2 Place 3**

14 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.

Additional Pages

COMMITTEE TYPE    COMMITTEE NAME  
 GENERAL    **n/a**  
COMMITTEE ADDRESS  
COMMITTEE CAMPAIGN TREASURER NAME  
COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

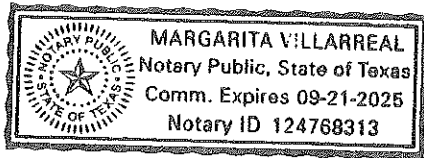
15 C/OH NAME <i>Maria Esther Sorola</i>		16 Filer ID (Ethics Commission Filers) <i>mja</i>
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>2,500.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>25,410.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>5,628.40</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>31,204.87</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>5,551.96</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>4,580.00</i>

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 STAMP/SEAL

Sworn to and subscribed before me by *Maria Esther Sorola* this the *9* day of *January*, 20*22*, to certify which witness my hand and seal of office.  
*Margarita Villarreal* *Margarita Villarreal* *Notary Public*  
Signature of officer administering oath Printed name of officer administering oath 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)

**SUBTOTALS - C/OH**

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

19 FILER NAME

*Maria Esther Sorola*

20 Filer ID (Ethics Commission Filers)

*n/a*

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>25,610.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>4,850.00</i>
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>31,204.87</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:  
15

2 FILER NAME **Maria Esther Sorola.** 3 Filer ID (Ethics Commission Filers)  
n/a

4 Date **7/18/2021** 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) **Jonathan R. Sakulenzki** 7 Amount of contribution (\$) **\$ 500.00.**  
6 Contributor address; City; State; Zip Code **1200 Fresno St  
McAllen, TX 78505**

8 Principal occupation / Job title (See Instructions) **entrepreneur.** 9 Employer (See Instructions)

Date **8/2/2021** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) **Fred A. Kowalski** Amount of contribution (\$) **\$ 500.00**  
Contributor address; City; State; Zip Code **902 E. Madison St.  
Brownsville, TX 78520.**

Principal occupation / Job title (See Instructions) **Attorney @ law.** Employer (See Instructions)

Date **8/2/2021** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) **Juan H. Andrade Jr.** Amount of contribution (\$) **\$ 500.00.**  
Contributor address; City; State; Zip Code **1040 E. 7th St.  
Brownsville, TX 78520.**

Principal occupation / Job title (See Instructions) **bail handsman.** Employer (See Instructions)

Date **8/2/2021** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) **Salvador Garcia** Amount of contribution (\$) **\$ 500.00**  
Contributor address; City; State; Zip Code **914 E. Van Buren St.  
Brownsville, TX 78520.**

Principal occupation / Job title (See Instructions) **attorney @ 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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

15

2 FILER NAME

Maria Esther Sorola

3 Filer ID (Ethics Commission Filers)

n/a

4 Date

8/3/2021

5 Full name of contributor

Michael P. Trejo

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$500.<sup>00</sup>

6 Contributor address;

1192 E. 9th St.  
Brownsville, TX 78520

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Attorney @ law

9 Employer (See Instructions)

Date

8/3/2021

Full name of contributor

Jorge Torres

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$300.<sup>00</sup>

Contributor address;

34084 Brooks Ln.  
San Benito, TX 78586

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

firefighter

Employer (See Instructions)

Date

8/4/2021

Full name of contributor

Rene A. Ramirez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$1000.<sup>00</sup>

Contributor address;

1508 S. Lone Star way unit #1  
Edinburg, TX 78539

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

consultant

Employer (See Instructions)

Date

8/4/2021

Full name of contributor

Jesus Rick Canales

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500.<sup>00</sup>

Contributor address;

845 E. Harrison St.  
Brownsville, TX 78520

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

attorney @ law

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **15**

2 FILER NAME **Maria Esther Sorola**

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

4 Date **8/4/2021**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mary Agado**

7 Amount of contribution (\$) **\$250.<sup>00</sup>**

6 Contributor address; City; State; Zip Code  
**P.O. BOX 3235  
Harlingen, TX 78551**

8 Principal occupation / Job title (See Instructions)  
**ball bards man**

9 Employer (See Instructions)

Date **8/5/2021**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Priscilla Esuabedo**

Amount of contribution (\$) **\$1000.<sup>00</sup>**

Contributor address; City; State; Zip Code  
**55 Galinsky St.  
Brownsville, TX 78521**

Principal occupation / Job title (See Instructions)  
**Entrepreneur / Security Co.**

Employer (See Instructions)

Date **8/5/2021**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Kevin Isbell**

Amount of contribution (\$) **\$500.<sup>00</sup>**

Contributor address; City; State; Zip Code  
**1641 Resaca Village  
Brownsville, TX 78520**

Principal occupation / Job title (See Instructions)  
**entrepreneur / Int' Bingo**

Employer (See Instructions)

Date **8/9/2021**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**C. Frank Wood**

Amount of contribution (\$) **\$250.<sup>00</sup>**

Contributor address; City; State; Zip Code  
**3505 Boca Chica Blvd. Ste 100  
Brownsville, TX 78521**

Principal occupation / Job title (See Instructions)  
**Attorney @ law**

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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: <b>15</b>
2 FILER NAME <b>Maria Esther Sorola</b>		3 Filer ID (Ethics Commission Filers) <b>n/a</b>
4 Date <b>8/14/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rbv. Prestige Trucking <sup>Luis's</sup> Arriola</b>	7 Amount of contribution (\$) <b>\$500.00</b>
6 Contributor address; City; State; Zip Code <b>2800 Roberta Rd. San Benito, TX 78586.</b>		
8 Principal occupation / Job title (See Instructions) <b>Entrepreneur/owner trucking co</b>		9 Employer (See Instructions)
Date <b>8/14/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pronto Bail Bonds Juan Martinez</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>554 E. Jackson St. Brownsville, TX 78520</b>		
Principal occupation / Job title (See Instructions) <b>Bail Bondsman</b>		Employer (See Instructions)
Date <b>8/16/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GND Transport / Claudia Andarza</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>7750 E. Padre Island Hwy. Brownsville, TX 78521</b>		
Principal occupation / Job title (See Instructions) <b>Trucking company</b>		Employer (See Instructions)
Date <b>8/20/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Rubalcava</b>	Amount of contribution (\$) <b>\$300.00</b>
Contributor address; City; State; Zip Code <b>417 Paso del Rio Brownsville, TX 78526</b>		
Principal occupation / Job title (See Instructions) <b>Truck Driver</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages, Schedule A1:

15

2 FILER NAME *Maria Esther Sorola*

3 Filer ID (Ethics Commission Filers)

n/a

4 Date  
*8/23/2021*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Salinas Funeral Homes <sup>poppy</sup> Salinas*

7 Amount of contribution (\$)

\$500.<sup>00</sup>

6 Contributor address; City; State; Zip Code  
*3455 Jaime Zapata Ave.  
Brownsville, TX 78521*

8 Principal occupation / Job title (See Instructions)  
*owner / funeral home*

9 Employer (See Instructions)

Date  
*8/23/2021*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Valley Tire Shop / Jorge Vasquez*

Amount of contribution (\$)

\$350.<sup>00</sup>

Contributor address; City; State; Zip Code  
*1954 E. 14th St.  
Brownsville, TX 78521*

Principal occupation / Job title (See Instructions)  
*tire shop owner*

Employer (See Instructions)

Date  
*8/24/2021*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Javier Rivera*

Amount of contribution (\$)

\$150.<sup>00</sup>

Contributor address; City; State; Zip Code  
*1126 Planeta  
Brownsville, TX 78520*

Principal occupation / Job title (See Instructions)  
*Bail bondsman*

Employer (See Instructions)

Date  
*9/1/2021*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Joe De la Fuente*

Amount of contribution (\$)

\$100.<sup>00</sup>

Contributor address; City; State; Zip Code  
*1681 E. Los Ebanos Blvd.  
Brownsville, TX 78520*

Principal occupation / Job title (See Instructions)  
*entrepreneur*

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **15**

2 FILER NAME **Maria Esther Sorola**

3 Filer ID (Ethics Commission Filers) **N/A**

4 Date **10/24/2021**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ruben Rodriguez Gallegos.**

7 Amount of contribution (\$)

**\$250.<sup>00</sup>**

6 Contributor address; City; State; Zip Code  
**5220 Wilderness Dr.  
Brownsville, TX 78526.**

8 Principal occupation / Job title (See Instructions)  
**Retired**

9 Employer (See Instructions)

Date **10/22/2021**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Plumbers Local Union No. 68 Pac Fund.**

Amount of contribution (\$)

**\$1000.<sup>00</sup>**

Contributor address; City; State; Zip Code  
**P.O. BOX 8746.  
Houston, TX 77249-8746.**

Principal occupation / Job title (See Instructions)  
**N/A**

Employer (See Instructions)

Date **11/2/2021**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Juan Martinez**

Amount of contribution (\$)

**\$200.<sup>00</sup>**

Contributor address; City; State; Zip Code  
**554 E. Jackson St.  
Brownsville, TX 78520.**

Principal occupation / Job title (See Instructions)  
**Ballhandsman**

Employer (See Instructions)

Date **11/2/2021**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mary Agado.**

Amount of contribution (\$)

**\$150.<sup>00</sup>**

Contributor address; City; State; Zip Code  
**PO BOX 3235  
Hurlingen, TX 78551**

Principal occupation / Job title (See Instructions)  
**Ball handsman**

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **15**

2 FILER NAME

**Maria Esther Sorola**

3 Filer ID (Ethics Commission Filers)

**n/a**

4 Date

**11/5/2021**

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

**Mario Benavides**

7 Amount of contribution (\$)

**\$100.00**

6 Contributor address; City; State; Zip Code

**6515 W. Lakeside Blvd.  
Orlando, TX 78515**

8 Principal occupation / Job title (See Instructions)

**Driving School owner**

9 Employer (See Instructions)

Date

**11/9/2021**

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

**Perla Guillen**

Amount of contribution (\$)

**\$200.00**

Contributor address; City; State; Zip Code

**9055 Boca Chica Hwy.  
Brownsville, TX 78521**

Principal occupation / Job title (See Instructions)

**health care worker**

Employer (See Instructions)

Date

**11/10/2021**

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

**JAVIER Garcia Jr.**

Amount of contribution (\$)

**\$100.00**

Contributor address; City; State; Zip Code

**902 E. Madison St.  
Brownsville, TX 78520**

Principal occupation / Job title (See Instructions)

**paint handsman**

Employer (See Instructions)

Date

**11/14/2021**

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

**Ricardo Vasquez**

Amount of contribution (\$)

**\$50.00**

Contributor address; City; State; Zip Code

**243. Shary Ave.  
Brownsville, TX 78521**

Principal occupation / Job title (See Instructions)

**airplane mechanic**

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

15

2 FILER NAME

Maria Esther Sorola

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

11/14/2021

5 Full name of contributor

Arenett Arriego

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$25.<sup>00</sup>

6 Contributor address;

1919 Palm Blvd.  
Brownsville, TX 78520

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Director

9 Employer (See Instructions)

Date

11/14/2021

Full name of contributor

Martha D. Salas

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50.<sup>00</sup>

Contributor address;

2727 Old Alice Rd. #101 Apt 41  
Brownsville, TX 78521

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

clerk

Employer (See Instructions)

Date

11/14/2021

Full name of contributor

Ofelia Montiel

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$20.<sup>00</sup>

Contributor address;

285 Parkway St.  
Brownsville, TX 78521

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

11/14/2021

Full name of contributor

Albert Rivera

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$225.<sup>00</sup>

Contributor address;

1127 La Posada Dr  
Brownsville, TX 78521

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

clerk

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: 15

2 FILER NAME

Maria Esther Sorola

3 Filer ID (Ethics Commission Filers)

n/a

4 Date

11/16/21

5 Full name of contributor

Sotia C. Benandes

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$40.<sup>00</sup>

6 Contributor address;

4090 Retama Drive  
Brownville, TX 78521

8 Principal occupation / Job title (See Instructions)

county commissioner

9 Employer (See Instructions)

Date

11/29/21

Full name of contributor

Ruben O' Bell

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$150.<sup>00</sup>

Contributor address;

4681 Larks pur. Drive  
Brownville, TX 78526

Principal occupation / Job title (See Instructions)

entrepreneur

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

15

2 FILER NAME

Maria Esther Sorola

3 Filer ID (Ethics Commission Filers)

n/a

4 Date

8/18/21

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Shepard, Walton King

7 Amount of contribution (\$)

\$300.<sup>00</sup>

6 Contributor address:

City;

State;

Zip Code

121 W. Pecan  
McAuen, TX 78501

8 Principal occupation / Job title (See Instructions)

Insurance. co.

9 Employer (See Instructions)

Date

8/18/21

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Home Health

Amount of contribution (\$)

\$100.<sup>00</sup>

Contributor address:

City;

State;

Zip Code

14693 Palis Drive  
La Feria, TX

Principal occupation / Job title (See Instructions)

home health co.

Employer (See Instructions)

Date

8/23/21

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Felix de la Fuente

Amount of contribution (\$)

\$500.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

25 Honeydale  
Brownsville, TX 78520

Principal occupation / Job title (See Instructions)

Owner / construction co.

Employer (See Instructions)

Date

8/23/21

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Bharat R. Patel

Amount of contribution (\$)

\$2500.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

800 Conventan Ctr Blvd.  
McAuen, TX 78501

Principal occupation / Job title (See Instructions)

hotel owner

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: **15**

2 FILER NAME **Maria Esther Sorola**

3 Filer ID (Ethics Commission Filers) **MA**

4 Date **8/23/21**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Rodriguez Lucio Law Group**

7 Amount of contribution (\$)  
**\$500<sup>00</sup>**

6 Contributor address; City; State; Zip Code  
**1324 E. Madison St.  
Brownsville, TX 78520.**

8 Principal occupation / Job title (See Instructions)  
**Attorneys @ law.**

9 Employer (See Instructions)

Date **8/23/21**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Bryant Ind. Services**

Amount of contribution (\$)  
**\$1000<sup>00</sup>**

Contributor address; City; State; Zip Code  
**PO BOX 2460  
South Padre Island, TX**

Principal occupation / Job title (See Instructions)  
**Owner / bus.**

Employer (See Instructions)

Date **8/23/21**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ethan Salazar**

Amount of contribution (\$)  
**\$500<sup>00</sup>**

Contributor address; City; State; Zip Code  
**414 E. Hickman Ave.  
Port Isabel, TX 78578**

Principal occupation / Job title (See Instructions)  
**restaurant employee/mgr**

Employer (See Instructions)

Date **8/23/21**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Eddie Trevino, Jr.**

Amount of contribution (\$)  
**\$200<sup>00</sup>**

Contributor address; City; State; Zip Code  
**2200 Boca Chica Blvd.  
Brownsville, TX 78521**

Principal occupation / Job title (See Instructions)  
**Cameron County Judge**

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: **15**

2 FILER NAME

**Marin Esther Sdrova**

3 Filer ID (Ethics Commission Filers)

**N/A**

4 Date

**8/23/21**

5 Full name of contributor

**Thomas Garza / Albert Vega**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$300.00**

6 Contributor address;

**395 S. Sam Houston Blvd.  
San Benito, TX 78586**

8 Principal occupation / Job title (See Instructions)

**Funeral Home owner**

9 Employer (See Instructions)

Date

**8/24/21**

Full name of contributor

**El Padrino Bail Bonds Luis Esquivel**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$150.00**

Contributor address;

**PO Box 605  
Harlingen, TX 78551**

Principal occupation / Job title (See Instructions)

**Bail bondsman**

Employer (See Instructions)

Date

**8/24/21**

Full name of contributor

**Albert Vega**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$300.00**

Contributor address;

**1025 E. Jackson St.  
Brownsville, TX 78520**

Principal occupation / Job title (See Instructions)

**Funeral home owner**

Employer (See Instructions)

Date

**8/25/21**

Full name of contributor

**Jacinto Garza**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$1000.00**

Contributor address;

**27304 S. Bass Blvd.  
Harlingen, TX 78552**

Principal occupation / Job title (See Instructions)

**engineer**

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:

15

2 FILER NAME

Maria Esther Sowa

3 Filer ID# (Ethics Commission Filers)

n/a

4 Date

8/25/21

5 Full name of contributor

Ruben O' Bell

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address;

4681 Larks pur. Drive  
Brownsville, TX 78524

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Entrepreneur

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.

# 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:

15

2 FILER NAME

Maria Esther Sorola

3 Filer ID (Ethics Commission Filers)

n/a.

4 Date

8/26/21

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

El Padro Bail Bonds Esquivel

6 Contributor address:

City;

State;

Zip Code

PO Box 605  
Harlingen, TX 78551

7 Amount of contribution (\$)

\$150.00

8 Principal occupation / Job title (See Instructions)

Bail bondsman

9 Employer (See Instructions)

Date

8/27/21

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Ruben Gallegos Jr.

Contributor address:

City;

State;

Zip Code

1850 Briarwyck Dr  
Brownsville, TX 78521

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

8/27/21

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JUL L LOPEZ

Contributor address:

City;

State;

Zip Code

2108 Central Blvd.  
Brownsville, TX 78520

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

county commissioner

Employer (See Instructions)

Date

8/28/21

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JUL G. RIVERA

Contributor address:

City;

State;

Zip Code

P.O. BOX 5868  
Brownsville, TX 78523

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

retired

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: **15**

2 FILER NAME

**Maria Esther Sorola**

3 Filer ID (Ethics Commission Filers)

**ma**

4 Date

**9/2/21**

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

**Gary Metchsi**

7 Amount of contribution (\$)

**\$ 500.<sup>00</sup>**

6 Contributor address; City; State; Zip Code

**2912 Padre Blvd.  
South Padre Island, TX 78597**

8 Principal occupation / Job title (See Instructions)

**supermarket owner**

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)

**MI**

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <b>4</b>	
2 FILER NAME <b>Maria Esther Sorola</b>		3 Filer ID (Ethics Commission Filers) <b>n/a</b>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>8/20/21</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chapitas Restaurant - Chapa</b>	8 Amount of Contribution \$ <b>\$1500.00</b>	9 In-kind contribution description <b>food/beverages golf tourney.</b>
7 Contributor address: _____ City: _____ State: _____ Zip Code _____ <b>1635 N. 77 Sunshine strip Hurlinger, TX 78552</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>owner restaurant</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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 <b>8/20/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Javier Garcia</b>	Amount of Contribution \$ <b>\$500.00</b>	In-kind contribution description <b>beer/golf tournament</b>
Contributor address: _____ City: _____ State: _____ Zip Code _____ <b>945 E. 6th st Brownsville, TX 78520</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Bail bondsman</b>		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

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 A2: 4	
2 FILER NAME Maria Esther Sorola		3 Filer ID (Ethics Commission Filers) n/a	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0-	
5 Date 8/28/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L & F Distributors Juan Gonzalez	8 Amount of Contribution \$ \$500 <sup>00</sup>	9 In-kind contribution description beer / golf tournament
7 Contributor address; City; State; Zip Code 3502 W. Spur 54 Itarlingen, TX 78550.		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) manager.		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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 8/28/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Andrade Jr.	Amount of Contribution \$ \$500 <sup>00</sup>	In-kind contribution description beer / golf tournament
Contributor address; City; State; Zip Code 1104 E. 7th St. Ste B Brownsville, TX 78520		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) ball handsman		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

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 A2: <b>4</b>	
2 FILER NAME <b>Maria Esther Sorola</b>		3 Filer ID (Ethics Commission Filers) <b>n/a</b>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>- 0 -</b>	
5 Date <b>11/7/21</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Bellville</b>	8 Amount of Contribution \$ <b>\$ 1100.00</b>	9 In-kind contribution description <b>event ctr. fundraiser</b>
7 Contributor address: City: State: Zip Code <b>1000 Mexico Blvd. Brownsville, TX 78520</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>owner event center</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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 <b>11/7/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chapitas Restaurant Danc Chapa</b>	Amount of Contribution \$ <b>\$ 2500.00</b>	In-kind contribution description <b>food bev. fundraiser</b>
Contributor address: City: State: Zip Code <b>1635 N. 77 Sunshine Strip Harlingen, TX 78552</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>restaurant owner.</b>		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

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 A2: <b>4</b>	
2 FILER NAME <b>Maria Esther Sorola</b>		3 Filer ID (Ethics Commission Filers) <b>n/a</b>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>-0-</b>	
5 Date <b>12/5/21</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Juan Montoya</b>	8 Amount of Contribution \$ <b>\$250.00</b>	9 In-kind contribution description <b>ad / blog</b>
7 Contributor address; City; State; Zip Code <b>1501 Old Port Isabel Rd #118 Brownsville, TX 78521</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>owner / blog</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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
	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.

**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: 10	2 FILER NAME Maria Esther Sordola	3 Filer ID (Ethics Commission Filers) N/A
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4 Date 7/6/2021	5 Payee name Sams Club.
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6 Amount (\$) \$156.79	7 Payee address; 3570 W. Alton 9th floor. Brownsville, TX 78520.	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Food & Beverage expense.	(b) Description fundraiser
	(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 7/7/2021	Payee name O' So Gud BBQ.
------------------	------------------------------

Amount (\$) \$146.30	Payee address; 3193 W. Alton 9th floor Blvd. Brownsville, TX 78520.	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food & Beverage Expense.	Description fundraiser
	<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 7/8/2021	Payee name Texas Democratic Party
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Amount (\$) \$460.00	Payee address; P.O. Box 15107 Austin, TX 78761.	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense	Description Texas Van.
	<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
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# 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: <b>18</b>	2 FILER NAME <b>Maria Esther Sorola</b>	3 Filer ID (Ethics Commission Filers) <b>n/a</b>
4 Date <b>7/14/2021</b>	5 Payee name <b>All Valley Media</b>	
6 Amount (\$) <b>\$440.40</b>	7 Payee address; City; State; Zip Code <b>221 W. Wilson Ave. Hartlingen, TX 78550.</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>advertising expense</b>	(b) Description <b>graphics design</b>
	(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 <b>7/22/21</b>	Payee name <b>Ricardo Vasquez</b>	
Amount (\$) <b>\$2500.</b>	Payee address; City; State; Zip Code <b>243 Shary Ave Brownsville, TX 78520.</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation</b>	Description <b>Basketball team.</b>
	<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 <b>7/23/21</b>	Payee name <b>Warriors United In Arms. Pro. Veterans.</b>	
Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>5 Talisco Ct. Brownsville, TX 78520.</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation</b>	Description <b>Veterans</b>
	<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**

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.

<b>1</b> Total pages Schedule F1: <u>10</u>	<b>2</b> FILER NAME <u>Maria Esther Sorola</u>	<b>3</b> Filer ID (Ethics Commission Filers) <u>n/a</u>
<b>4</b> Date <u>7/29/2021</u>	<b>5</b> Payee name <u>Sams Club.</u>	
<b>6</b> Amount (\$) <u>\$159.63</u>	<b>7</b> Payee address; City; State; Zip Code <u>3570 W. Alton Gloor. Brownsville, TX 78520.</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Food Bev. Expense</u>	<b>(b)</b> Description <u>Meet &amp; Greet.</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <u>8/3/2021</u>	<b>Payee name</b> <u>O' SO Gud BBQ</u>	
<b>Amount (\$)</b> <u>\$109.66</u>	<b>Payee address;</b> City; State; Zip Code <u>3193 W. Alton Gloor Blvd. Brownsville, TX 78520.</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>Food &amp; Bev. Exp.</u>	<b>Description</b> <u>Fundraiser</u>
	<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
<b>Date</b> <u>8/3/2021</u>	<b>Payee name</b> <u>Sams Club.</u>	
<b>Amount (\$)</b> <u>\$138.56</u>	<b>Payee address;</b> City; State; Zip Code <u>3570 W. Alton Gloor. Brownsville, TX 78520</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>Food &amp; Beverage exp.</u>	<b>Description</b> <u>Meet &amp; greet</u>
	<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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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 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: <b>18</b>	2 FILER NAME <b>Maria Esther Sorola</b>	3 Filer ID (Ethics Commission Filers) <b>n/a</b>
4 Date <b>8/9/2021</b>	5 Payee name <b>Best Buy</b>	
6 Amount (\$) <b>\$1387.71</b>	7 Payee address; City; State; Zip Code <b>2701 Pablokisel Blvd. Brownsville, TX 78526.</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Equipment exp.</b>	(b) Description <b>Camp. computer.</b>
	(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
Date <b>8/10/21</b>	Payee name <b>All Valley Media</b>	
Amount (\$) <b>\$240.23</b>	Payee address; City; State; Zip Code <b>221 W. Wilson ave. Hurlingen, TX 78550.</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>advertising exp.</b>	Description <b>bumper stickers</b>
	<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
Date <b>8/18/21</b>	Payee name <b>Xavier villalobos</b>	
Amount (\$) <b>\$300.00</b>	Payee address; City; State; Zip Code <b>5313 N. Expressway 81 Lubbock, TX</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation</b>	Description <b>sponsorship / fishing tournament</b>
	<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

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**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: <b>18</b>	2 FILER NAME <b>MARIA ESTHER SOROKA</b>	3 Filer ID (Ethics Commission Filers) <b>n/a</b>
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4 Date <b>8/20/21</b>	5 Payee name <b>Chuy's custom sports</b>
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6 Amount (\$) <b>\$276.04</b>	7 Payee address: <b>1975 US-77 BUS SAN BENITO, TX 78586.</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>advertising exp.</b>	(b) Description <b>t-shirts</b>
	(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
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Date <b>8/24/21</b>	Payee name <b>WAL-MART.</b>
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Amount (\$) <b>\$445.97</b>	Payee address: <b>3500 W. ALTON GLOVER BLVD BROWNSVILLE, TX 78520</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Exp.</b>	Description <b>Golf tournament fundraiser</b>
	(c) <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
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Date <b>8/25/21</b>	Payee name <b>Sams club.</b>
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Amount (\$) <b>\$24.72</b>	Payee address: <b>3570 W. ALTON GLOVER BROWNSVILLE, TX 78520</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event exp.</b>	Description <b>golf tournament fundraiser</b>
	(c) <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
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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: <b>18</b>	2 FILER NAME <b>Maria Esther Sorola</b>	3 Filer ID (Ethics Commission Filers) <b>n/a</b>
4 Date <b>8/25/21</b>	5 Payee name <b>Academy sports</b>	
6 Amount (\$) <b>\$216.47</b>	7 Payee address; City; State; Zip Code <b>4305 Old Hwy 77. Brownsville, TX 78520.</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event exp.</b>	(b) Description <b>golf tournament fundraiser.</b>
	(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 <b>8/26/21</b>	Payee name <b>Lizbeth Cantu</b>	
Amount (\$) <b>\$150.00</b>	Payee address; City; State; Zip Code <b>PO BOX 1607. Brownsville, TX 78522</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising exp.</b>	Description <b>F-BOX golf tourney. /sponsorship.</b>
	<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 <b>8/26/21</b>	Payee name <b>Ernesto Rosales</b>	
Amount (\$) <b>\$930.00</b>	Payee address; City; State; Zip Code <b>1105 S. 27th St. McAllen, TX 78501</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Exp.</b>	Description <b>signage</b>
	<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		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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: <b>18</b>	2 FILER NAME <b>MARIA ESTHER SOROLA</b>	3 Filer ID (Ethics Commission Filers) <b>n/a</b>
4 Date <b>8/27/21</b>	5 Payee name <b>Cash - MARIA ESTHER SOROLA</b>	
6 Amount (\$) <b>\$1800.00</b>	7 Payee address; City; State; Zip Code <b>1999 W. JEFFERSON ST. BROWNSVILLE, TX 78520</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Exp.</b>	(b) Description <b>Cash for cash prizes for golf tournament.</b>
	(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 <b>8/27/21</b>	Payee name <b>Chug's Custom Sports.</b>	
Amount (\$) <b>\$189.44</b>	Payee address; City; State; Zip Code <b>1975 US. BUS. 77 SAN BENITO, TX 78586</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising exp.</b>	Description <b>t-shirts.</b>
	<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 <b>8/31/2021</b>	Payee name <b>River Bend Resort</b>	
Amount (\$) <b>\$3220.64</b>	Payee address; City; State; Zip Code <b>4541 US-281 BROWNSVILLE, TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event exp.</b>	Description <b>Golf tournament fundraiser fees.</b>
	<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

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# 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: <b>18</b>	2 FILER NAME <b>Maria Esther Sordak</b>	3 Filer ID (Ethics Commission Filers) <b>n/a</b>
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4 Date <b>8/31/2021</b>	5 Payee name <b>Lamar Cantu</b>
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6 Amount (\$) <b>\$300.00</b>	7 Payee address; City; State; Zip Code <b>PO Box 1607 Brownville, TX 78522</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event exp.</b>	(b) Description <b>golf tournament coord.</b>
	(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
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Date <b>9/2/21</b>	Payee name <b>Alejandro Villareal</b>
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Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>27918 Staff Sgt. Hector Perez Rd. San Benito, TX 78586</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Exp.</b>	Description <b>Photography golf turnney.</b>
	<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
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Date <b>9/13/2021</b>	Payee name <b>Nuestra Cultura Mariachi Assoc.</b>
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Amount (\$) <b>\$300.00</b>	Payee address; City; State; Zip Code <b>304 Sunshine Rd. Brownville, TX 78521</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising exp.</b>	Description <b>Golf tournament sponsorship.</b>
	<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
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**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 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: <b>18</b>	2 FILER NAME <b>MARIA ESTHER SOMOLA</b>	3 Filer ID (Ethics Commission Filers) <b>n/a.</b>
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4 Date <b>9/20/21</b>	5 Payee name <b>Bernardo Gomez.</b>
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6 Amount (\$) <b>\$3350.00</b>	7 Payee address: <b>301 N. McCOLL Rd. Ste 6. McAllen, TX 78501</b>	City:	State:	Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing exp.</b>	(b) Description <b>Political signs.</b>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9/22/21</b>	Payee name <b>River bend clubhouse.</b>
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Amount (\$) <b>\$200.00</b>	Payee address: <b>4541 US 281. Brownsville, TX 78520.</b>	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Exp.</b>	Description <b>golf tournament</b>
	<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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Date <b>10/7/2021</b>	Payee name <b>Border Press.</b>
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Amount (\$) <b>\$211.09</b>	Payee address: <b>620 E. Price Rd. Brownsville, TX 78520</b>	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing exp.</b>	Description <b>campaign door hangers.</b>
	<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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# 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: 10	2 FILER NAME Maria Esther Sorola	3 Filer ID (Ethics Commission Filers) n/a.
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4 Date 10/12/21	5 Payee name Elizabeth Peña
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6 Amount (\$) \$1000.00	7 Payee address; 715 Continental, apt #1 Brownsville, TX 78520	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Consulting fees.	(b) Description van analysis
	(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
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Date 10/15/2021	Payee name EIKS Lodge
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Amount (\$) \$125.00	Payee address; 2223 Central Blvd. Brownsville, TX 78520	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising exp.	Description ad.
	<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
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Date 10/19/2021	Payee name City of Brownsville
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Amount (\$) \$150.00	Payee address; 1001 E. Elizabeth St. Brownsville, TX 78520	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising exp.	Description Veteran's Parade ad.
	<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
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# 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: 18	2 FILER NAME Maria Esther Sorola	3 Filer ID (Ethics Commission Filers) N/A
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4 Date 10/20/21	5 Payee name Mari Rubio
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6 Amount (\$) 110.00	7 Payee address; 132 W. Levee St. Brownsville, TX 78520	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Beverage/Exp.	(b) Description meet & greet
	(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
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Date 10/25/2021	Payee name Gabino Vasquez Jr.
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Amount (\$) \$1000.00	Payee address; 1711 Laurel Ln. Brownsville, TX 78521	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Installation Pol. signs
	<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
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Date 10/26/21	Payee name All Valley Media
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Amount (\$) \$195.00	Payee address; 221 W. Wilson Ave. Hurlingen, TX 78550	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing exp.	Description Push cards.
	<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
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**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 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: <b>10</b>	2 FILER NAME <b>Maria Esther Sorola</b>	3 Filer ID (Ethics Commission Filers) <b>MJA</b>
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4 Date <b>10/26/21</b>	5 Payee name <b>All Valley Media</b>
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6 Amount (\$) <b>\$370.81</b>	7 Payee address: <b>221 W. Wilson Ave. Harlingen, TX 78550.</b>	City:	State:	Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing exp.</b>	(b) Description <b>Political door hangers.</b>
	(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
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Date <b>10/29/21</b>	Payee name <b>All Valley Media</b>
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Amount (\$) <b>\$233.55</b>	Payee address: <b>221 W. Wilson Ave. Harlingen, TX 78550.</b>	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>advertising exp.</b>	Description <b>graphics</b>
	<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
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Date <b>11/1/2021</b>	Payee name <b>Charro Days Inc.</b>
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Amount (\$) <b>\$100.00</b>	Payee address: <b>455 E. Elizabeth St Brownsville, TX 78520.</b>	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>advertising exp.</b>	Description <b>Christmas Parade entry fee.</b>
	<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
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# 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: 18	2 FILER NAME Maria Esther Sorolik	3 Filer ID (Ethics Commission Filers) n/a
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4 Date 11/1/2021	5 Payee name Bernardo Gomez.
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6 Amount (\$) \$624.00	7 Payee address; 301 N. McCall Rd, Ste G. McAllen, TX 78501	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing exp	(b) Description Political signs
	(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
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Date 8/11/2021	Payee name Ernesto Rosales.
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Amount (\$) \$350.00	Payee address; 1105 S. 27th St. McAllen, TX 78501	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting fees	Description facebook.
	<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
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Date 11/3/2021	Payee name Kirk Kland's
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Amount (\$) 201.16.	Payee address; 7825 W Expressway 83 Harrington, TX 78552	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event exp.	Description Prizes for loteria fundraiser
	<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
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# 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 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: <b>18</b>	2 FILER NAME <b>Maria Esther Sorola</b>	3 Filer ID (Ethics Commission Filers) <b>nja</b>
4 Date <b>11/4/2021</b>	5 Payee name <b>Sams Club.</b>	
6 Amount (\$) <b>310.14</b>	7 Payee address; City; State; Zip Code <b>3570 W. Alton Gloor Brownsville, TX 78520</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Food &amp; Beverage exp.</b>	(b) Description <b>loteria fundraiser</b>
	(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 <b>11/4/2021</b>	Payee name <b>Stick To Us Embroidery</b>	
Amount (\$) <b>\$101.20</b>	Payee address; City; State; Zip Code <b>2370 N. Exp. #1458 Brownsville, TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing exp.</b>	Description <b>Embroidery for shirts</b>
	<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 <b>11/10/2021</b>	Payee name <b>Sams. Club.</b>	
Amount (\$) <b>\$307.53</b>	Payee address; City; State; Zip Code <b>3570 W. Alton Gloor Brownsville, TX 78520.</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event exp.</b>	Description <b>loteria fundraiser</b>
	<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		

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# 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: <b>18</b>	2 FILER NAME <b>Marla Esther Sorola</b>	3 Filer ID (Ethics Commission Filers) <b>n/a</b>
4 Date <b>11/26/21</b>	5 Payee name <b>Cameron County Democratic Party</b>	
6 Amount (\$) <b>\$250.00</b>	7 Payee address; City; State; Zip Code <b>1411 N. Stuart Pl. Rd. Ste C Harlingen, TX 78550</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Donation</b>	(b) Description <b>For democratic party</b>
	(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 <b>11/29/2021</b>	Payee name <b>Harbar Freight Tools</b>	
Amount (\$) <b>\$107.80</b>	Payee address; City; State; Zip Code <b>1601 E. Price Rd. I Brownsville, TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>other</b>	Description <b>ties &amp; supp. for signage</b>
	<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 <b>11/30/21</b>	Payee name <b>Madison Leal</b>	
Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>Brownsville, TX 78520.</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation</b>	Description <b>Sponsorship/dance comp.</b>
	<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		

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# 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: 18	2 FILER NAME Maria Esther Sorola	3 Filer ID (Ethics Commission Filers) MIA
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4 Date 12/10/2021	5 Payee name Bernardo Gomez
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6 Amount (\$) \$672.00	7 Payee address: 301 N. McColl Rd. Ste G. McAllen, TX 78501
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing Exp	(b) Description Pol. signs
	(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
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Date 12/19/21	Payee name Alexis Lerma - Provision Productions
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Amount (\$) \$1500. <sup>00</sup>	Payee address: 30 Providencia Ct. Ste 5J Brownsville, TX 78526
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising exp.	Description Facebook commercials
	(c) <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
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Date 12/14/21	Payee name All Valley Media
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Amount (\$) \$135.00	Payee address: 221 W. Wilson Ave Harlingen, TX 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) -advertising exp	Description Graphics for Bro. Herald Christmas ad.
	(c) <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
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## 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: <b>13</b>	2 FILER NAME <b>Maria Esther Sorola</b>	3 Filer ID (Ethics Commission Filers) <b>n/a</b>
4 Date <b>12/14/21</b>	5 Payee name <b>Valley Morning Star</b>	
6 Amount (\$) <b>\$225.00</b>	7 Payee address; City; State; Zip Code <b>1310 S. Commerce St. Harlingen, TX 78550</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>advertising</b>	(b) Description <b>Christmas ad</b>
	(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
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Date <b>11/24/2021</b>	Payee name <b>Cameron County Democratic Party</b>		
Amount (\$) <b>\$1000.00</b>	Payee address; City; State; Zip Code <b>1411 N. Stuart Pl. Rd. Ste C Harlingen, TX 78550</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>filing fee for place on ballot</b>	
	(c) <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
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Date <b>12/21/2021</b>	Payee name <b>Alma Castro</b>		
Amount (\$) <b>\$280.00</b>	Payee address; City; State; Zip Code <b>34043 Fanmin Dr. LOS FRESNOS, TX 78506</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food Beverage Exp.</b>	Description <b>Bunuelos for dist. Christmas</b>	
	(c) <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
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# 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.

<b>1</b> Total pages Schedule F1: <u>18</u>	<b>2</b> FILER NAME <u>Maria Esther Sorola</u>	<b>3</b> Filer ID (Ethics Commission Filers) <u>n/a</u>
<b>4</b> Date <u>12/31/21</u>	<b>5</b> Payee name <u>Wal-Mart</u>	
<b>6</b> Amount (\$) <u>\$334.43</u>	<b>7</b> Payee address; City; State; Zip Code <u>3500 W. Allen Glor. Blvd. Brownsville, TX 78520</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Food &amp; Beverage Exp.</u>	<b>(b)</b> Description <u>Meet &amp; greet</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> 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		
<b>PURPOSE OF EXPENDITURE</b>	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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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	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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