MARY ESTHER SOROLA

SEMI-ANNUAL REPORT JANUARY 18, 2022

		CE REPORT				DRM C/OH HEET PG 1
The C/OH Instruction (Guide explains how	v to complete this form.	1 Filer ID (Ethics Commi	ssion Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR M/S.	Maria	, ,		OFFICE	USEONLY
NAME	NICKNAME	Sorola		JFFIX	DEPARTME	ERON COUNTY ENT OF ELECTIONS & REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	l '	x. Je fferson sville, TX	0174; st. state; z11 n st. 18520	P CODE		N 1 0 2022
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	512-438	EXTENSION		Date Hand-delivered	activity
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MY NICKNAME	Ruber Ruber		iffix	Receipt #	Amount \$
		Gallego		V.	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS 1850 Brow	Briarwy		,	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	940NE NUMBER 371 - 6135	EXTENSION			
S REPORT TYPE	January 15	30th day before e	lection Runoff		15th day afte treasurer app (Officeholder	pointment
	July 15	8th day before ele	ction Exceeded Reporting	and the second that the second	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	O ^{Month}	Day Year / 2021	THROUGH	Month 12	Day Year 70	71
11 ELECTION	Month Day	Year Primary General	Runoff C	TION TYPE		
12 OFFICE	OFFICE HELD (IF any)	et . 2 Place	e 13 office sough 3 pct, 2	it (if known) PIACE		f the Peace
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS ADDITIONS AND OFFICEHOLDERS ARE REQUIFED COMMITTEE NAME	MAY HAVE BEEN MADE WITHOU	IT THE CANDID	ATE'S OR OFFICEHOLD	ER'S KNOWLEDGE OR
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREA	ASURER NAME			
		CO TO				,
		GO TO I	MUE Z			.

1	E / OFFICEHOLDER I FINANCE REPORT	FORM C/OH COVER SHEET PG 2
15 C/GHANAME A	Esther Sorola	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 2,500.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,410.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 5,628.60
	4. TOTAL POLITICAL EXPENDITURES	\$ 31,204.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 555196
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 4,580.00
i e		e and correct and includes all information Let Sub-Let and includes all information and include all information and include all information and includes all information and include all information and information all information all information all information and information all informatio
	Please complete either option below	<i>r</i> .
(1) Affidavit	MARGARITA V:LLARREAL Notary Public, State of Texas Comm. Expires 09-21-2025 Notary ID 124768313	
NOTARY STAMP/SEAL	Ma God Sanda	C horan
Sworn to and etibscribed 20 2 2 , to certify Gignature of officer administer	which with less my hand and seal of office. Wargarita Villancal	day of Jan Tagerof Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER	NAME A CLUB CO.	20 Filer ID (Ethics Co	mmission Filers)
	Maria Esther Sorola	na	·
21 SCHE	DULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$25,610.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 4,850.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 31,204.87
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

SCHEDULE A1

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

	The state of the s	reidde ims page in me	report.
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Maria Esther Sora	ola.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PA 1000 Long City; 1200 FVONO ST 1200 LONG ST 1200 LONG ST 1200 LONG ST	C (ID#:) C (ID#:) State; Zip Code	7 Amount of contribution (\$) \$ 500,00.
0 - 1 -	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
B 2 2024	902 E. Madisan st. Brownsville, TX 785.	State; Zip Code	Amount of contribution (\$) 500.00
A 1.	ation / Job title (See Instructions) Ly @ I aw .	Employer (See Instruction	ons) ,
8 2 2021	Full name of contributor out-of-state PACTURE THAT AND CONTRIBUTOR ADDRESS TO ST. City; Promote The PACTURE P	JY State; Zip Code	Amount of contribution (\$) 7500.00 .
7	ation / Job title (See Instructions) handsman	Employer (See Instruction	ons)
Date 8/2/2021	Full name of contributor out-of-state PAC Salvadar Gurcia Contributor address; City; St. AND WIN 114 TX 78520	,	Amount of contribution (\$) 500.
Principal occupa AHom	ition / Job title (See Instructions)	Employer (See Instructio	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

	and applicable, 50 NOT III	Torude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Maria Esmer Sorol	la	3 Filer ID (Ethics Commission Filers)
4 Date 8 3 202	5 Full name of contributor Out-of-state PAC MCNULL TVUO 6 Contributor address; City; 192 E. Th St. 18520 Brown Sville, H. 18520	C (ID#:) State; Zip Code	7 Amount of contribution (\$)
4 1 1	npation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 813/2021	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	3400 H BYOOKS LA. 5an Benito, TX 1888	State; Zip Code	\$ 300.60
11 . 1	action / Job title (See Instructions)	Employer (See Instructi	ions)
Date 91412021	Full name of contributor	-	Amount of contribution (\$)
0/1/20-1	Contributor address; 1598 S. Lone Star Way Ednburg, TX 7853	State; Zip Code UNIF #1	\$1000.00
	ation / Job title (See Instructions) WHM+	Employer (See Instructi	ons)
Date	Full name of contributor Out-of-state PAC		Amount of contribution (\$)
8/4/2021	Sontributor address; BYSE, HUMSEN ST. Brownsylle, TX 785	*******	\$ 500° a
Principal occupa	ntion / Job title (See Instructions) Ney @ AW .	Employer (See Instruction	ons)
	. •		
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NE	EDED
	If contributor is out-of-state PAC, please see Instruc	ction guide for additional re-	porting requirements.

SCHEDULE A1

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

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The	Instruction Guide explains how to complete this form.	1 Total pages-8chedule A1:
2 FILER NAME	Maria Estrer sorola	3 Filer ID (Ethics Commission Filers)
4 Date 8 4 2021	5 Fill name of contributor out-of-state PAC (ID#) MANY AGAD 6 Contributor address; City; State; Zip Code POI BOX 3235 HAVINGEN, TX 78551	7 Amount of contribution (\$) \$7250, a
L	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#.)	Amount of contribution (\$)
Policia	Contributor address; State; Zip Code 55 GALANSKY ST. 78521	\$ 1000.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct PLNEW SEWAY CO.	ions)
Date 2 5 2 12 1	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
013/2001	Contributor address; VIII City: State; Zip Code Brumsvill, TX 78520.	\$500.
	etion / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	ions)
819/2021.	Full name of contributor	Amount of contribution (\$)
	3505 BOLACHICA BWd. State; Zip Code Brownsville, TX 78521	\$ 250. —
Atturn	Employer (See Instructions) Employer (See Instructions)	ons)
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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Maria Estrer Sovola.	3 Filer ID (Ethics Commission Filers)
4 Date 8/14/2021	Full name of contributor Gout-of-state PAC (10#:	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions) 2001	tions)
Date 0/14/207	Full name of contributor out-of-state PAC (ID#: Pronto Ball Burds Puggartine 2) Contributor address; City; State; Zip Code 554 E. JACKSUN St., Brownsville, TX 78520	Amount of contribution (\$)
£m. ')	Anation / Job title (See Instructions) Employer (See Instructions)	ions)
SII4/2021	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	ons)
Date 8 2021	Full name of contributor out-of-state PAC (ID#:) ROBERT RUBAL CAVA: Contributor address; City; State; Zip Code PASD DEL RID BYDWN SVILLE TX 78526.	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions) Employer (See Instructi	ons)
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED

SCHEDULE A1

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The Instruction Guido explains how to complete this form. 2 FILER NAME MAY IA Esther Strola 4 Date 5 Full name of contributor SULLIANS FULLY IN THE STROLA 5 Full name of contributor SULLIANS FULLY IN THE STROLA 5 Full name of contributor SULLIANS FULLY IN THE STROLA 5 Full name of contributor SULLIANS FULLY IN THE STROLA SUCCEPTION OF THE STROLA STROLA SUBJECT OF THE STROLA STROLA FULL name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor Full name of contributor TWE STROLA Full name of contributor Sulte: Zip Code Full name of contributor Full name of contributor TWE STROLA Full name of contributor TWE STROLA Full name of contributor Full name of contributor TWE STROLA Full name of contributor Full name of contributor TWE STROLA Full name of contributor Full name of contributor Full name of contributor Sulte: Zip Code Full name of contributor Full name of c		the meaning her applicable, bo NOT include this page in the	report.
Date S Full name of contributor Qui-of-state PAC (DBK Zip Code SUMMAN FUNCTIONS) Towns of State Zip Code Propertion of Land of Contribution (\$) Towns of Contribution (\$) Towns of Contribution (\$) Towns of Land of Contribution (\$) Towns of Contribution (\$) Towns of Land of Contribution (\$) Towns of Contribution (\$) Towns of Land of Contribution (\$) Towns of Contribution (\$) Town	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
SIMMAL FUNE AND HAVE STRANGED TO AMOUNT OF CONTRIBUTION (\$) SIMMAL FUNE AND HAVE STRANGED TO A MOUNT OF CONTRIBUTION (\$) SIMMAL FUNE AND HAVE STRANGED TO A MOUNT OF CONTRIBUTION (\$) STRANGED OCCUPATION (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor JULI OF State PAC (ID) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor JULI OF State PAC (ID) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Full name of contributor JULI OF State PAC (ID) Principal occupation / Job title (See Instructions) Finding occupation / Job title (See Instructions)	2 FILER NAME	Maria Esther Sorola	3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions) Date Full name of contributor Principal occupation / Job title (See Instructions) Pall Date Full name of contributor Date Full name of	4 Date 8 23 2021	Sullinas Funeral Haves Dobneyas 6 Soptributor address; rapafix ave State; Zip Code	7 Amount of contribution (\$)
Amount of contribution (\$) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Sontributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Sontributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Amount of contribution (\$) Principal occupation / Job title (See Instructions)		pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address: City; State; Zip Code \$150 accupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Copyributor address: City; State; Zip Code Full name of Contribution (\$) Principal occupation / Job title (See Instructions) Final over (See Instructions) Principal occupation / Job title (See Instructions) Final over (See Instructions)	Date		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Out-of-state PAC (ID#: Amount	0/20/204	1954 E, 14th St., City; State; Zip Code Brownsow, TV 7857	\$ 350, 0
Amount of contribution (\$) State Zip Code Z	1	ation / Job title (See Instructions) Employer (See Instruct	ions)
Contributor address: City; State; Zip Code \$150 % Principal occupation / Job title (See Instructions) Pail bandsman Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Contributor address: City; State Zip Code \$100. @ Principal occupation / Job title (See Instructions) Findingal occupation / Job title (See Instructions) Findingal occupation / Job title (See Instructions)	Date		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	7/2 1/2021	Contributor address: City; State; Zip Code	\$1500
Amount of contribution (\$) No why we have the pack (ID#		ation / Job title (See Instructions) Employer (See Instructi	ons)
Principal occupation / Job title (See Instructions) Final occupation / Job title (See Instructions) Final occupation / Job title (See Instructions)		Jul De la Frente	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	111204	Contributor address; Ebanos Bluck, Zip Code Brownsville, TX 78520	\$100.00
	Principal occupa	ation / Job title (See Instructions) Employer (See Instruction	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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

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	Instruction Guide explains how to complete thi		1 Total pages Schedule A1:
2 FILER NAME	Maria Esther Sorola		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Quit-of-state PARUBEN ROUNGUEZ 6 Contributor address; City; 5220 Wilderness PARUBEN ROUNGS PARUBEN LY TES2	2 (2-1)	7 Amount of contribution (\$)
8 Principal occu	The same (Coo Mod Bodolla)	9 Employer (See Instruct	ions)
Date 0 27 2021	Full name of contributor out-of-state PA	0.68 Pac Fund	Amount of contribution (\$)
1 1	Plumbers Local Union N P.D. BOX 8746. Houston, TX 77249	State; Zip Code	1000. ω
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor U out-of-state PAC	C (ID#:)	Amount of contribution (\$)
11142021	Brownsville, JC 785	State; Zip Code	\$ 200. °
	nation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	S (ID#:)	Amount of contribution (\$)
114200	Contributor didress: PUBOX 3235 Harlingen, TX 7855	State; Zip Code	\$150.00
Principal occup	ation / Job title (See Instructions) NAGMAN	Employer (See Instruction	ons)
	ATTACH ADDITIONAL CODIES O	T TIMO COMEDINA COM	

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SCHEDULE A1

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The	Instruction Guide explains how to complete th	is form.	1 Total pages-Schedule A1:
2 FILER NAME	Maria Esther Son	ola	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state P/ MAND BENAVI des 6 Contributor address: WESI de Blu Olimbo, The 18515		7 Amount of contribution (\$) \$100. @_
8 Principal occu	pation / Job title (See Instructions) 9 School awner.	9 Employer (See Instruct	ions)
Date 11 912021	Full name of contributor out-of-state PA		Amount of contribution (\$)
! '	Pelvia Guillen Contributor address; 9055 BOLA Chica Hwy. Brownsville, TX 7852	State; Zip Code	\$ 200. °L
	cation / Job title (See Instructions) CAYL WWILL.	Employer (See Instructi	ons)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
11/10/2021	JAVILY GUYCLA Sontributgraddress: White Emades and St. Prompylly TO 1852	State; Zip Code	\$100.au
	ation / Job title (See Instructions) NMUSMAN	Employer (See Instruction	ons)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
1114/2021	RIGIND VOIGUES. 293. Shary Are. Brownsville, TX 78521	State; Zip Code	\$50.2
Principal occupa	ation / Job title (See Instructions) NE Mcham	Employer (See Instruction	ns)
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SCHEDULE A1

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

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Maria Estner Sorola	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) \$ 25. &
	pation / Job title (See Instructions) 9 Employer (See Instru	actions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
11/1/1/2021	Brownsville, TX 78521	\$50.2
Principal occup	ation / Job title (See Instructions) Employer (See Instru	actions)
Date	Full name of contributor out-of-state PAC (ID#:) OFCIA Mantiel	Amount of contribution (\$)
	Other Montiel Contributor address; St. City; State; Zip Code Brownsville, TX 79521	\$ 20.00
Principal occup	ation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1114/2021	127 La Pasada Dr. Brunsulu, TX 78521	\$225.2
Principal occupa	tion / Job title (See Instructions) Employer (See Instruc	ctions)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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The	e Instruction Guide explains ho	ow to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	Maria Es	ther Sov	ola	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor SOTIW C. GContributor address; 4090 Fettuma Brownivium	out-of-state P. Blnd City.	AC (ID#:) N des State; Zip Code	7 Amount of contribution (\$)
Principal occi	upation / Job title (See Instruction:	s) ev	9 Employer (See Instruc	tions)
Date	Full name of contributor Ruhen	Out-of-state PA		Amount of contribution (\$)
1/24/1	160 Larks p Bruns Ille	TY 785	State; Zip Code	\$150.°
_	pation / Job title (See Instructions))	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	☐ out-of-state PA	C (ID#,)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi	ons)
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Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

SCHEDULE A1

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

The	Instruction Guide explains how to complete th	ls form.	1 Total pages Schedule A1:
2 FILER NAME	Maria Esther Sorola		3 Filer ID (Ethics Commission Filers)
4 Date 8 19 2	5 Full name of contributor out-of-state P/ Shepara, Walter Rind 6 Cantributor address; City; Real T8501		7 Amount of contribution (\$) 300 , ∞
	pation / Job title (See Instructions) W.C	9 Employer (See Instruct	ions)
918 2	Full name of contributor out-of-state PA I the Health Contributor address I the 3 Palls Drive La Ferna, TX	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) LULL .	Employer (See Instructi	ons)
8 23 21		State; Zip Code	Amount of contribution (\$) 4500,
Principal occup	ation / Job title (See Instructions) **Construction** **Construc	Employer (See Instruction	ons)
Date 8/23/2/	Full name of contributor out-of-state PAC Bharat R PA Contributor address; City; MCAWEN, TX 7850	State; Zip Code	Amount of contribution (\$)
Principal occupa	OUNU,	Employer (See Instruction	ons)

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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:
2 FILER NAME Maria Esther Sorola	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor Qut-of-state PAC (ID#: State) PAC (ID#: State) PAC (ID#: State) PAC (ID#: State) PAC (ID#: PAC (ID#	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	otions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$) F DDD. av
Owner / bus:	alons)
Pate Full name of contributor out-of-state PAC (ID#:) 8/23/21 Ethan Salazar. Contributor address; City State; Zip Code HHE. HICKMAN We. TOT ISABEL TX 19519	Amount of contribution (\$) 500 ,
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#: DOTE THEN D TV 2 Sentributor address; City; State; Zip Code Brown Wille, TX 78521	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct Carreron County Judge	ions)
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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:
2 FILER NAME Marin Estrer Sovola	3 Filen ID (Ethics Commission Filers)
Date 5 Full name of contributor 6 Contributor address; 7 State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) \$ 300.
turene Hare, owner strates	ons)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code POBOX (005 HAVINGEN, TX 7855)	\$150-
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
8/24/24 Albert Vega Sontributor address; City; State; Zip Code Brown SVIW, TX 78520.	\$300 °C
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
2 Sontributor address; Bass Blud State; Zip Code Havingen, TX 78552	\$ 1000, a-
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	ns)

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SCHEDULE A1

The	Instruction Guide explains ho	w to complete th	ils form.	1 Total pages Schedule A1:
2 FILER NAME	Maria Est	her Son	ماد	3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor RUM 6 Contributor address; BYDWY VI W pation / Job title (See Instructions	j TX ·		7 Amount of contribution (\$) \$\int 500, a_{\cup}\$ stions)
Date	Full name of contributor		AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	ı	Employer (See Instruct	tions)
Date	Full name of contributor Contributor address;		State; Zip Code	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date .	Full name of contributor Contributor address;	out-of-state PAG	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)		Employer (See Instructi	ions)

SCHEDULE A1

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

		nclude this page in the	report.
The I	nstruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	Maria Estrer Sorol	a	3 Filer ID (Ethics Commission Filers)
8/26/21	5 Full name of contributor Quit-of-state PA E) Padmin Bull Bull Bull Bull Bull Bull Bull Bul		7 Amount of contribution (\$) \$150. W_
8 Principal occupa	ation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date 0177171	Full name of contributor Out-of-state PARUBEN GAILEGOS	C (ID#:)	Amount of contribution (\$)
0/2/14	Ruben Gallegos 1850 Brigrwyck Dr Brown Lille, TX 785	State; Zip Code	\$500.
Principal occupat	ion / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor Out-of-state PAG	C (ID#:)	Amount of contribution (\$)
8/27/21	Full name of contributor out-of-state PAGE JUL L. LOPLZ: Contributor address; City; BOWNILL X 18	State; Zip Code	\$ 250. 0-
Principal occupat	ty Commissions	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
3/28/21	Contributor address: 5868. Brownsville, TX. 7	State; Zip Code	\$ 100.9
Principal occupati	on / Job title (See Instructions)	Employer (See Instructio	ns)
<u>.</u>	ATTACH ADDITIONAL COPIES C	F THIS SCHEDI II F AS NEE	EDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how	w to complete thi	is form.	1 Total pages Schedule A1:
2 FILER NAME	Maria Ester	Sorola		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	□ out⊾of-state PA	4C (ID#;)	7 Amount of contribution (\$)
9/2/21	Gan Met 20 Tributor address: 20 7 Jacket	choi	State; Zip Code	\$ 500.00
8 Principal occu	pation / Job title (See Instructions)	Island,	1 1034 1-	•
	ermanlet oun	•	9 Employer (See Instruc	tions)
Date	Full name of contributor	Out-of-state PA		Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
ľ	Contributor address;	City;	State; Zip Code	
Principa) occupa	ation / Job title (See Instructions)		Employer (See Instructi	ons)
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

ii iiio ioqu	osted information is not applicable, BO NOT Include	e uns page	in the report.
T	he instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAM	Maria Esther Sorol	4	3 Filer ID ((Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRII	BUTIONS	\$ _ 0' -
5 Date 9 29 21	Full name of contributor out-of-state PAC (ID#:	- Dand - Chapa Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description 1500
Owner	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor'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 2	Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$ In-kind contribution description 550. \alpha \text{DUV \text{POV \text{Power}}} \text{Complete Schedule T.}
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	tor'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 T	HIS SCHEDUI	LE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL

SCHEDULE A2 CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME Maria Esther Sonola Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 5 Date Amount of 9 In-kind contribution Man Contribution \$ description Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employer (FOR NON-JUDICIAL) (See Instructions) manager. 12 Contributor's phincipal occupation (FOR JUDICIAL) 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 Amount of In-kind contribution Contribution \$ description State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) nondsman 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.

Tŧ	he Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:
2 FILER NAM	E Maria Esther Sorola	3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$ - 0 -
5 Date	7 Contributor address; City; State; DOO MCXICO BIX. 18520 Suppation / Job title (FOR NON-JUDICIAL) (See Instructions)	8 Amount of Contribution 9 In-kind contribution description Contribution Contribution
OWN	er levent certer.	11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributors	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 out-of-state PAC (ID#:	Amount of Contribution \$\text{Chapa} \\ \text{Chapa} \\ \text{Zip Code} \end{align*} Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions) TAUVOUT OWNEY.	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
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ATTACH ADDITIONAL COPIES OF 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

		1 3		
Т	he Instruction Guide explains how to complete this for	1 Total p	pages Schedule A	N2:
2 FILER NAM	Maria Esther Sono In	3 Filer ID	(Ethics Commis	ssion Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	UTIONS \$ _	0 -	
5 Date	7 Contributor address; Park City: State; Some Still, Tx Test Ro	in Code 125	ibution \$	In-kind contribution description . A A A A A A A A A A A A A A A A A A
Z\ \ \ \ \ \	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR No	ON-JUDICIAL) (5	See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job tit	le (FOR JUDICI	AL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contrib	utor's spouse (if	fany) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor ☐ out-of-state PAC (ID#:	Zip Code	bution \$	In-kind contribution description
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NO		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job titl	e (FOR JUDICI	AL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribu	utor's spouse (if	any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
11	ATTACH ADDITIONAL COPIES OF TI			ulkamanta

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor

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

Solicitation/Fundraising Expense

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer D (Ethics Commission Filers) 10 Esther Sorda City; Zip Code 8 (b) Description . beverage fundralser PURPOSE expense. EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name State; Zip Code . L BEVERYGE **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH State; Zip Code Categories listed at the top of this schedule) Description PURPOSE Fexas Van. OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Cledit Card Payment	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME MUVILES	ther Sonola	3 Filer ID (Ethics Commission Filers)
4 Date 14/2021	Payee name Pall Valley Med	16	
\$ HHD, 40	7 Payee address; 221 W. WISOn av Havingen TX	e. 1855U.	State; Zip Code
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	*
PURPOSE OF EXPENDITURE	aavertisingexper	nce. grap	MCS design
•	(c) Check if travel outside of Texas, Complete S	cheduleT, Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candidate / Officeholder name I	Office sought	Office held
Date 7/22/21	RICUAO VASQUEZ	/ .	
Amount (\$) \$250W.	Payee address; 243 Shary Ave Bn) wnsvylle, t	City;	State; Zip Code
	Category (See Categories listed at the top of this s	chedule) Description	
PURPOSE OF EXPENDITURE	Denation	Basketba	all team.
	Check if travel outside of Texas. Complete So	chedule T. Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name WUVIUVS . UNITE	d In Arms.	Bro. Veterans.
Amount (\$)	Payee address; 5 Jalls Co Ct. Brownsville,	city; 1X 78526.	State; Zip Code
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Duration	Veten	ins
	Check if travel outside of Texas. Complete Sc	hedule T. 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 NEE	DED

SCHEDULE F1

		EXPENDITURE CATE	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	Fee Foo Sy Gift	nt Expense s d/Beverage Expense /Awards/Memorials Expense al Services	Office Overl Polling Expe Printing Exp		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
Credit Card Payment	TI	ne Instruction Guide expla	ins how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	Maria	Esther	Sorola	3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name	is club.				
\$ Amount (\$) \$ 159.63	7 Payee addres	W. alton e	1100r.	City;	State;	Zip Code
	1770 W	risville, 17	C 10.) <i>L</i> O .		
8 PURPOSE OF EXPENDITURE	100d	e Categories listed at the top of the	s schedule)	(b) Description Melf 1	gret.	
	(c) Check	of travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	ı expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Officeholder name		Office sought		Office held
0 3 2021	Payee name) Gud 180	<u> </u>			
Amount (\$) \$109,66	Payee addres 3193; BWW		18526	かしる。 つ.	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See	Categories listed at the top of this	schedule)	Description TUNC/7	iser	
	Check	if travel outside of Texas. Complete	Schedule T.	Check if Austir	n, TX, officeholder (lving	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
8 3 2021	Sums	Club.				
Amount (\$) \$138.50	Payee address 3570 BWW	" W. Offen nsville, T	9100 X 78	-, city;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See (Categories listed at the top of this s BUVL WGC VYV .	achedule)	Description Med + 0	greet	
Ì	Check	ftravel outside of Texas, Complete S	ichedule T.	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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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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made Rv Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) IVIA Esther Sono City; State: Zip Code 8 (b) Description **PURPOSE** Camp. computer. OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Amount (\$) City; State: Zip Code humper stickers PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH YAVLY VIIIAlobos City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Donata OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T,

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fees O Food/Beverage Expense Pr Gift/Awards/Memorials Expense Pr	san Repayment/Reimbursement ffice Overhead/Rental Expense Illing Expense inting Expense laries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Other (enter a category not liste	lated Expense
Credit Card Payment	The Instruction Guide explains h		,
1 Total pages Schedule F1:	2 FILER NAME MAYIA ES	W Sonola 3 Filer ID (Ethics Commis	sion Filers)
4 Date 8 D D	Chuis custom	Sports	, , , , , , , , , , , , , , , , , , ,
\$276,04	7 Payee address; 1975 US:-77 BUS. SUM BEMID, TX	City; State; Zip C	ode
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	to a
PURPOSE OF EXPENDITURE	advertising exp.	tshirts	
,	(c) Check if travel outside of Texas. Complete Schedi	lie T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office he	əld
Date 8 2411	Payee name WM-Mart.		
Amount (\$) \$445.97	Payee address; 3500 W. Alton Glo BNUNVIIL, TX	ODY PIUD 78520	ode
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVEN + EXp:	GOLF TOUVIANAL Fundral fur	
	Check if travel outside of Texas, Complete Schedu	eT. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office he	ald
8 15/21	Sums Club,		
Amount (\$) \$24.72	Payee address; W. alton E Bruwille, TX	102 City; State; Zip Co. 78520.	ode
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Description ADIF TOVENAMENT Fundralser	
	Check if travel outside of Texas, Complete Scheduli	T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office he	∍lď
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SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Offi Food/Beverage Expense Poil By Gift/Awards/Memorials Expense Prir	in Repayment/Reimbursement ce Overhead/Rental Expense fing Expense nting Expense aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains ho	w to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME MAYINEGA	er Sorola	3 Filer ID (Ethics Commission Filers)	
4 Date 25 21	A CADEMY SOUTS			
\$216.47	Brunsile, TX	City;	State; Zip Code	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedu		vrnament draiser.	
OF EXPENDITURE	7,1	1 fun	draiser.	
·	(c) Check if travel outside of Texas. Complete Schedule		in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name ।	Office sought	Office held	
Date 8/210/21	Payee name LIZBeth Cantu.			
Amount (\$) \$150.60	Payee address; POBOX 1007 Brounsville, TX	city: 18522	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheduli ALVENTSIV CXT.	' l ' _'' .	wrney /Spansorship.	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
8/26/21	Ernesto Rosales	•		
4930.W	Payee address: 1105 S. 21th St. MCAULIN, TX. 1	city;	State; Zip Code	
	Category (See Categories listed at the top of this schedule	Description		
PURPOSE OF EXPENDITURE	Consulting Exp.	519na	ge	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, 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				

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Y Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Cald Fay(fletti	The Instruction Guide explains	how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME MAYIL EST	her Sorola 3 Filer ID (Ethics Commission Filers)
4 Date 02721	5 Payee name CWh - MC	ma Esther Sorola.
\$1800 W	7 Payes address; Jefferson Brunsull, TX	City; State; Zip Code 78520 .
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description
PURPOSE OF EXPENDITURE	Elent Exp.	cash for cash prizes for golf tournament
	(c) Check if travel outside of Texas. Complete Sch	edule T. 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
Date 8 27 21	Chuy's Cwtm	Sports.
Amount (\$) \$189.44.	Payee address; US. BUS. 7 San Benito, TX	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch.	edule) Description +
	Check if travel outside of Texas, Complete Sche	dule T. 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
8 31/2021	Payee name RIVER BEND RESEX	+
\$3220 64.	Payee address: 4541 US-281 Bounsville TX	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	GOFF TOWNAMENT Fund WILLE
	Check if travel outside of Texas, Complete Scheo	duleT. 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

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fees Office Ov Food/Beverage Expense Polling E: Gitl/Awards/Memorials Expense Printing E			
Credit Card Payment	The Instruction Guide explains how to	· · · · · · · · · · · · · · · · · · ·		
1 Total pages Schedule F1:	2 FILER NAME Maria Esther	5000 - 3 Filer ID (Ethics Commission Filers)		
4 Date 8 3 202	Lamar Cantu.	<u> </u>		
\$300.00	Paxee address; PU BOX 1607 Brown WW, TX 78	City; State; Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event exp.	901+ tournament coord.		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought Office held		
Date 9 2 2	Payee name Algando VIIIawa	al		
Amount (\$) \$100. ω_	San Benito, TX 18	City; State; Zip Code CLOV PEVEZ RJ SSOG.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Photography golf horney.		
	Check if travel outside of Texas. Complete Schedule T.	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		
Date	Payee name			
9/13/2021	Nuestra Cultura M	ariachi Assoc.		
\$300. (a)	Payoo address; 304 SUNShine Rd. Bruwwylle, TX 78	City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	advertising exp.	Golf tournament Sponsorship.		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees Office Food/Beverage Expense Pollir Y Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement a Overhead/Rental Expense ug Expense ng Expense ng Expense rravel In District Travel Out Of District Other (enter a category not listed above	·	
Credit Card Payment	The Instruction Guide explains how		,	
1 Total pages Schedule F1:	2 FILER NAME MAVIOLESH	er Sorola 3 Filer ID (Ethics Commission I	Filers)	
4 Date 20 21	Blynardo Gon	1et.		
\$ 3350.00.	30 N MCCON RE MCAUEN, TX 78	State; Zip Code	·	
8	(a) Category (See Categories listed at the top of this schedul	(b) Description		
PURPOSE OF EXPENDITURE	Printing exp.	Political signs.		
	(c) Check if travel outside of Texas. Complete Schedule	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Pate 9 22 21	Paxee name RIVER BUND CHUBIT	oush.		
Amount (\$) W.	Pavee address; H541 US 281. BW WW SVILL, TX	City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10/7/2027	Border Press.			
Amount (\$) \$211.09	Payee address: Price Rd. Brunsville, TX	City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing exp.	Campaign door hange	યક.	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed shows)

Solicitation/Fundraising Expense

Credit Card Payment	al Committee Legal Services Salaries/\(\text{N}\) The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME MUNIA Esther	Sono a Filer ID (Ethics Commission Filers)
4 Date 2/2/	Elizabeth Peña	
6 Amdunt (\$) 11000 00	7 Pavee address; AID CONTINENTAL, A BNWNSVILL, TX 78	P++ City; State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Consulting fees.	van analysis
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/15/2021	EIKS Lodge.	
Amount (\$) \$12500	Payee address; Central Blud. Brown Wille TX 18	City; State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	adventising exp.	ad.
	Check if travel outside of Texas, Complete Schedule T.	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
Date 10/19/2021	City of Brownsville	
Amount (\$)	Payee address: DIZabeth S	
11,00,00	Brownsville, TX 7	8520
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) V CAVENT SING EXP.	Veteran's Parade ad.
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

SCHEDULE F1

1		EXPENDITURE CAT	EGORIES FO	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp te By Glit/Awards/Memorials Expense Printing Exp				Transpor Travel in Travel O	on/Fundraising Expense tation Equipment & Relat District at Of District ter a category not listed a	·
Cledit Card Payment		The Instruction Guide expl	ains how to co	mplete this form.			·
1 Total pages Schedule F1:	2 FILER NA	ME Maria Re	ther Si	orola.	3 Filer	ID (Ethics Commission	on Filers)
4 Date 0 20 21	5 Payee nam	iri Rubio			:		
6 Amount (\$)	7 Payee add	iress; W, Hevel 5 MSVille, TX	t. 785	City;		State; Zíp Co	de
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of the Company of	nis schedule)	(b) Description MUL+	r gree	· ·	
•	(c) c	heck if travel outside of Texas. Complete	e Schedule T.	Check if Au	stin, TX, office	nolder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF		te / Officeholder name		Office sought		Office held	i
Date 10 25 7 021	Payee nam	* -	ulz (JY.			
41000, W	Payee add	insville, T	Ln. X 785	City;		State; Zip Coo	e
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	s schedule)	Description	laha	C PO1.51	
	C	neck if travel outside of Texas, Complete	Schedule T.	Check if Aus	atin TX officet	older living expense	
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held	
Date 10 26 21	Payee nam	A 24	· dia				
Amount (\$) (0)	Payee addr 221 Hw	w. WISA lingen, TX	Ave. 70550	City;	\$	State; Zip Cod	le
PURPOSE OF EXPENDITURE	Category (S	iee Categories listed at the top of this	schedule)	Push	card.	5 .	
***************************************	С	eck if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeh	older living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate	e / Officeholder name		Office sought		Office held	i
	ATTA	CH ADDITIONAL COPIES	OF THIS SC	HEDULE AS NE	EDED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) ant Expense Loan Repayment/Reimburseme

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense I eaal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enters a setegory not listed should)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to c	Nages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1:				
19	Maria Esther	JOPOIL MA		
10 26 21	5 Pares name Valley Media			
\$ 370.81	7 Payee address; Wilson ave. Havlingen, TX 7855	City; State; Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Political		
PURPOSE OF EXPENDITURE	Printing exp.	door hangers.		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
10/29/21	All Valley Media			
Amount (\$) \$233.55	Payee address; 221 W.WIISM QUE: 1+UVINGEN, TX 785	City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	advertising exp.	graphics		
	Check if travel outside of Texas, Complete Schedule T.	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		
Date	Payee name Charo Days Inc			
Amount (\$) 4 100.00	Paves address: 455 E. Elizabeth 5 Brownsville, TX 78	City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	advertising exp.	Christmas Parade		
{	Check if travel outside of Texas, Complete Schedule T.	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				

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 Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fees (Food/Beverage Expense Food/Memorials E	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District
Credit Card Payment	The Instruction Guide explains		Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Mana Esta	er Sorolc	3 Filer ID (Ethics Commission Filers)
4 Date 1 202	5 Payee name BRNUVO GUM	eZ.	
\$ 424,00	7 Payee address; 301 N M CCOLL RG MC Allen TX	1 Ste G. city: 9501	State; Zlp Code
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
PURPOSE OF EXPENDITURE	Printing exp	Political	2 Signs
	(c) Check if travel outside of Texas. Complete Scher	dule T. Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5 11/1/2021	Ernesho Rosales	··	
4350.ω	Payee address; 1105 5 27th 6t. MCAULN, TX 78	City;	State; Zip Code
, ,	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	Consulting fees	: Pace b	20516.
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/3/2021	Kir Kland's		
Amount (\$) 201.16.	1825 W Express Harlmaen, TX	Sway 83 78552	State; Zip Code
	Category (See Categories listed at the top of this sched	lule) Description	F
PURPOSE OF EXPENDITURE	Event exp.	Prizes +	functioniser
	Check if travel outside of Texas, Complete Schedu	lieT. 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 NEED	DED

SCHEDULE F1

		EXPENDITURE CAT	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	3y (Event Expense Fees Food/Beverage Expense Bilft/Awards/Memorials Expense Begal Services The Instruction Guide expla	Office Over Polling Exp Printing Ex Salaries/W	pense ages/ContractLabor	Travel In District Travel Out Of Distr	ipment & Related Expense
1 Total pages Schedule F1:	2 FILER NAI	ME Mana E	Esther	SOVOLA	3 Filex ID (Ethi	cs Commission Filers)
4 Date 14/2021	5 Payae nam					
6 Amount (\$)	7 Payee add) W. alton Gl unsville, TX		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of the I BLYLVAG		(b) Description	fundre	ulser
	(c) C	neck if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		e / Officeholder name		Office sought		Office held
Date 11/14/2021	Payee nam Stic		Embr	oidery		
Amount (\$) \$101.20	Payee addr 137	oss; ONEXP, H MSVILL, TX	7458 78	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (S	ee Categories listed at the top of this	schedule)	Embro	idey fi	r shirts
	Ch	eck if travel cutside of Texas, Complete	Schedule T.	Check if Austin	, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
Date 11/10/2021	Payee nam	ns. Club.				
Amount (\$) \$307.53	Payee addr 35 DW	70 W. alton	9100	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (S	ee Categories listed at the top of this + Lyp.	schedule)	pescription 10 tena Fur	ndraise	V
	Che	ck if travel outside of Texas. Complete S	Schedule T.	Check if Austin,	TX, afficeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate	/ Officeholder name		Office sought		Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fees Offi Food/Beverage Expense Po by Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense nting Expense laries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains ho	w to complete this form.	G , ,	
1 Total pages Schedule F1:	2 FILER NAME MUNG EST.	er Sono la	3 Filer ID (Ethics Commission Filers)	
4 Date 26/21	5 Payee name Cameron County De	mocratic Par	tej	
\$ 250, 60	7 Payee address: Strut Pl. Re Harlingen, TX 78:	1. Ste City; 550	State: Zip Code	
8	(a) Category (See Categories listed at the top of this sched	ule) (b) Description		
PURPOSE OF EXPENDITURE	Donation	For demi	ocratic party	
·	(c) Check if travel outside of Texas. Complete Schedul	eT. Check if Austin	, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date,	Payee name			
11/29/2021	Harbar Freight 7	Dols		
Amount (\$) \$107.80	Payee address; 1601 EiPrice Rd. I Britishille, TX	city; 18520	State; Zip Code	
	Category (See Categories listed at the top of this schedu	le) Description		
PURPOSE OF EXPENDITURE	other	TRESLU	pp. fiv signage	
	Check if travel outside of Texas. Complete Scheduk	T. 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	
Date	Payee name			
11 30 21	Madison Leal			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$100.00	Brownsville, TX 79	3520.		
	Category (See Categories listed at the top of this schedule	e) Description	. , 1	
PURPOSE OF EXPENDITURE	Donation	Sponsorsh	up/dance	
	Check if travel outside of Texas, Complete Schedule	T. Check if Austin,	TX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages, Schedule F1: 2 FILER NAME 3 Filer P (Ethics Commission Filers) . Esther Sorola 7 Payee State; Zip Code 8 (b) Description **PURPOSE** Pol. Signs **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Lerma - Prousin Productions Amount (\$) Zip Code **PURPOSE** Facebook Commercials OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) City; State: Zip Code cs for Bro. Herald ristmas ad. es listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

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 Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name State; Zip Code (b) Description PURPOSE Christmas ad OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Amount (\$ Zip Code Description PURPOSE filling fee for place on ballot **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date 1ma Castro City: State: Zip Code listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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 Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica		Printing Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment		ns how to complete this form.	Outer forms a canagery mention and any
1 Total pages Schedule F1:	2 FILER NAME MAYIA ES	strersonola	3 Filer ID (Ethics Commission Filers)
4 Date 231/21	5 Payee name Wall-Mart		
\$334.43.	7 Payee address; 3500 W. Alten Glos Brown LL, TX	ov. Blud. City: 78520	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this of the control of the cont		greet
	(c) Check if travel outside of Texas. Complete So	ichedule T. Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	· Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	chedule) Description	
	Check if travel outside of Texas. Complete Sci	chedule T. Check if Austir	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sol	phedule) Description	
	Check if travel outside of Texas, Complete Sch	hedule T. Check if Austin	ı, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NEE	DED