

**MARY ESTHER  
SOROLA**

**8 Days Before  
Election the  
March 1, 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:

6.

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mrs. Maria E.

NICKNAME

LAST

SUFFIX

Sorda

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1999 W. Jefferson St.  
Brownsville, TX 78520

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 512-4380

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr. Ruben

NICKNAME

LAST

SUFFIX

Gallegos Jr.

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

1850 Briarwyck Drive  
Brownsville, TX 78521

(Residence or Business)

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

02 / 01 / 22

THROUGH Month Day Year

02 / 19 / 22.

11 ELECTION

ELECTION DATE

Month Day Year

03 / 01 / 22

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Justice of the Peace  
Pct 2 Pl. 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

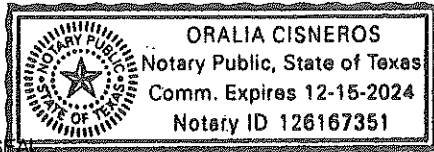
15 C/OH NAME <u>Maria Esther Sorola</u>		16 Filer ID (Ethics Commission Filers) <u>n/a</u>
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,350.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>1,542.33</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,697.18</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,704.91</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>4,580.00</u>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Maria Esther Sorola  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Maria Esther Sorola this the 18<sup>th</sup> day of February, 2022, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year)

Signature of Candidate/Officeholder (Declarant)

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME **Maria Esther Sorola**

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

4 Date **2/1/22**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**The Green Law Firm - Jorge Green**

7 Amount of contribution (\$) **\$1500.00**

6 Contributor address; City; State; Zip Code  
**34 S. Coria  
Brownsville, TX 78520**

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

9 Employer (See Instructions)

Date **2/1/22**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Pipefitters Local Union 211**

Amount of contribution (\$) **\$1500.00**

Contributor address; City; State; Zip Code  
**1301 W. 13th St. Ste A  
Deer Park, TX 77534**

Principal occupation / Job title (See Instructions)  
**n/a**

Employer (See Instructions)

Date **2/8/22**

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

Amount of contribution (\$) **\$250.00**

Contributor address; City; State; Zip Code  
**1040 E. 7th St.  
Brownsville, TX 78520**

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

Employer (See Instructions)

Date **2/8/22**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**William J. Tinning**

Amount of contribution (\$) **\$1000.00**

Contributor address; City; State; Zip Code  
**720 W. Broadway Ave.  
Portland, TX 78374**

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

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>2</b>
2 FILER NAME <b>Maria Esther Sorola</b>		3 Filer ID (Ethics Commission Filers) <b>n/a</b>
4 Date <b>2/11/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Antonio / Alicia Garcia</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>5159 Daleiden Drive Brownville, TX 78520</b>		

8 Principal occupation / Job title (See Instructions) <b>retired</b>	9 Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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.

<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME Maria Esther Sorola	<b>3</b> Filer ID (Ethics Commission Filers) n/a
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<b>4</b> Date 2/4/2022	<b>5</b> Payee name Oralia Cisneros
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<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; 38 W. Armstrong Ct. Brownsville, TX 78521	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Donation	<b>(b)</b> Description
	<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 2/4/2022	Payee name Charro Days Inc.
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Amount (\$) \$500.00	Payee address; 455 E. Elizabeth St. Brownsville, TX 78520	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising exp.	Description Charro Days Parade.
	<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 2/7/22	Payee name Ernesto Rosales
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Amount (\$) \$1048.00	Payee address; 1105 S. 27th St. McAllen, TX 78501	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising exp.	Description signs
	<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

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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
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1 Total pages Schedule F1: 2	2 FILER NAME Maria Esther Sovola	3 Filer ID (Ethics Commission Filers) n/a
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4 Date 2/14/22	5 Payee name Sams Club
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6 Amount (\$) \$332.19	7 Payee address; 3570 W. Atton Gloor Brownville, 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 exp.	(b) Description Early vote
	(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 2/14/2022	Payee name Dolores Olguin / Spikers Volleyball Club
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Amount (\$)	Payee address; 1075 Paradero Dr. Brownville, TX 78526	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Donation	Description Volleyball team
	<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
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<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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