

**FRIENDS OF
CAMERON
COUNTY
ARENA**

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

11

3 COMMITTEE NAME

Friends of Cameron County Arena

OFFICE USE ONLY

CAMERON COUNTY

Date Received DEPARTMENT OF ELECTIONS & VOTER REGISTRATION

JUL 12 2022

RECEIVED

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

12:44
P.M.
Emailed

4 COMMITTEE ADDRESS

Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

777 North Expressway
Ste 10
Brownsville, TX 78520

5 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

DAVID

NICKNAME

LAST

SUFFIX

SANCHEZ

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

10329 LAKE GARDENS DR
DALLAS TX 75218

7 CAMPAIGN TREASURER MAILING ADDRESS

Change of Address

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

10329 LAKE GARDENS DR
DALLAS TX 75218

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 371-2934

9 REPORT TYPE

January 15

30th day before election

Exceeded Modified Reporting Limit

July 15

8th day before election

Dissolution Report (Attached PAC-FR)

Runoff

10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

Month Day Year

04 / 28 / 2022

THROUGH

06 / 30 / 2022

11 ELECTION

ELECTION DATE

Month Day Year

05 / 07 / 2022

ELECTION TYPE

Primary

Runoff

Other

General

Special

Description _____

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

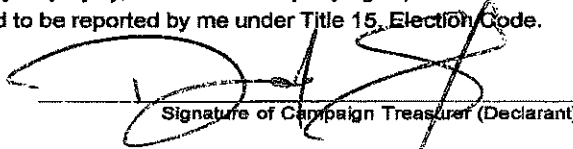
FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME Friends of Cameron County Arena 13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input type="checkbox"/> OFFICEHOLDER	BALLOT IDENTIFICATION /# <u>Proposition A</u>	
	<input checked="" type="checkbox"/> MEASURE	ELECTION DATE Month Day Year <u>05 / 27 / 2022</u>	
		DESCRIPTION <u>Measure for Cameron County Arena</u>	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 49,300 ⁰²
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 64,146 ²⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,816 ³⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

16 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.


Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

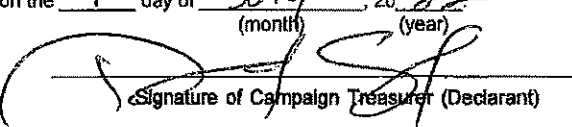
OR

(2) Unsworn Declaration

My name is DAVID SANCHEZ, and my date of birth is 02/31/77

My address is 10329 LARK GARDENS DR, DALLAS, TX 75248 DALLAS
(street) (city) (state) (zip code)(country)

Executed in DALLAS County, State of TEXAS, on the 7 day of JULY, 2022
(month) (year)


Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME

Friends of Cameron County Arena

18 Filer ID (Ethics Commission Filers)

19 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,200 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 42,100 ⁰⁰
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 64,146 ⁰⁰
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	<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:

3

2 FILER NAME

FRIENDS OF CAMPERON COUNTY ARENA

3 Filer ID (Ethics Commission Filers)

4 Date

4/30/2022

5 Full name of contributor

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

Solans Management Company LLC

7 Amount of contribution (\$)

\$500⁰⁰

6 Contributor address;

City;

State;

Zip Code

1385 Cheers St. Brownsville TX 78521

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

4/30/2022

Full name of contributor

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

Dennis Sanchez

Amount of contribution (\$)

\$500⁰⁰

Contributor address;

City;

State;

Zip Code

3805 Boca Chica Ste 100 Brownsville TX 78521

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Dennis Sanchez P.C.

Date

5/3/22

Full name of contributor

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

Garra Manuel Flooring Specialists

Amount of contribution (\$)

\$1,000⁰⁰

Contributor address;

City;

State;

Zip Code

1403 Val Verde Edenburg TX 78542

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

5/3/2022

Full name of contributor

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

San Co Steel LTD

Amount of contribution (\$)

\$1,000⁰⁰

Contributor address;

City;

State;

Zip Code

Po Box 130 La Blanca TX 78558

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

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:

3

2 FILER NAME

FRIENDS OF CAMERON COUNTY ARENA

3 Filer ID (Ethics Commission Filers)

4 Date

4/29/2022

5 Full name of contributor

Madreia Properties LTI

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

7 Amount of contribution (\$)

\$1,000⁰⁰

6 Contributor address; City; State; Zip Code

5219 McPherson St 300 LARGO TX 78044

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

4/29/2022

Full name of contributor

Law Offices of David Square PLLC

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

Amount of contribution (\$)

\$500⁰⁰

Contributor address; City; State; Zip Code

314 E Tyler St B Harlingen TX 78550

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

4/29/2022

Full name of contributor

Super Cream LLC

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

Amount of contribution (\$)

\$600⁰⁰

Contributor address; City; State; Zip Code

301 Rube Kisel Ste N Brownsville TX 78526

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

4/29/2022

Full name of contributor

Auto Express Saldivar LLC

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

Amount of contribution (\$)

\$600⁰⁰

Contributor address; City; State; Zip Code

2683 Deer Trail Brownsville TX 78521

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

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: 3
2 FILER NAME <i>Friends of Cameron County Avenue</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/3/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TADCO LLC</i>	7 Amount of contribution (\$) <i>\$1,500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>7324 N4th St. McAllen TX 78504</i>		
8 Principal occupation / Job title (See Instructions) <i>N/A</i>		9 Employer (See Instructions) <i>N/A</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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 C1: 1

2 FILER NAME

Friends of Cameron County Arena

3 Filer ID (Ethics Commission Filers)

4 Date

4/29/22

5 Corporation / Labor Organization name

SP Building Inc.

7 Amount of contribution (\$)

\$ 25,000⁰⁰

6 Corporation / Labor Organization address; City; State; Zip Code

5219 McPherson Ste 300 Laredo TX 78041

Date

5/2/22

Corporation / Labor Organization name

Dennis M Sanchez PC

Amount of contribution (\$)

\$ 14,000⁰⁰

Corporation / Labor Organization address; City; State; Zip Code

3505 Boca Chica Brownsville TX 78521

Date

4/29/22

Corporation / Labor Organization name

Kreel Builders Inc.

Amount of contribution (\$)

\$ 600⁰⁰

Corporation / Labor Organization address; City; State; Zip Code

5112 Modorra Beach Brownsville TX 78526

Date

5/3/22

Corporation / Labor Organization name

Dennis M Sanchez PC

Amount of contribution (\$)

\$ 1,500⁰⁰

Corporation / Labor Organization address; City; State; Zip Code

3505 BOCA CHICA BROWNSVILLE TX 78521

Date

5/3/22

Corporation / Labor Organization name

Melden E Hunt Inc

Amount of contribution (\$)

\$ 1,000⁰⁰

Corporation / Labor Organization address; City; State; Zip Code

115 West McIntyre Enclinger TX 78541

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: 4	2 FILER NAME Friends of Cameron County Arena	3 Filer ID (Ethics Commission Filers)
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4 Date 5/2/22	5 Payee name Pink Ape Media Consulting LLC
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6 Amount (\$) \$8,000 ⁰⁰	7 Payee address; 3001 Pablo Kiesel Blvd Suite B4 Brownsville, TX 78526	City; Brownsville	State; TX	Zip Code 78526
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Event Expense & Management Consultant
	(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 5/2/22	Payee name Imagine IT Studios LLC
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Amount (\$) \$14,150 ⁰⁰	Payee address; 4316 N 10th St. 400	City; McAllen	State; TX	Zip Code 78504
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Sign Printing
	<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 5/2/22	Payee name Jose Luis Gomez
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Amount (\$) \$4,150 ⁰⁰	Payee address; 2268 Concord Place	City; Brownsville	State; TX	Zip Code 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Sign Installation
	<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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidates/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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Friends of Cameron County Arena	3 Filer ID (Ethics Commission Filers)
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4 Date 4/28/2002	5 Payee name Mi Prekato
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6 Amount (\$) \$3572.25	7 Payee address; 3101 Pablo Kiesel	City; Brownsville	State; TX	Zip Code 78526
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description COST OF FOOD PLATES
	(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 5/2/2002	Payee name Real Estate Source
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Amount (\$) \$1,025.00	Payee address; PO BOX 40101	City; South Padre Island	State; TX	Zip Code 78597
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertisement Placement
	<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 5/2/2002	Payee name Aristoteles Cordera
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Amount (\$) \$1,500.00	Payee address; 5 Calle Benavente	City; Col. Proclera H. Matauro	State; Tampico	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Promotional Advertising
	<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 |
| Candidates/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: 4	2 FILER NAME Friends of Cameron County Area	3 Filer ID (Ethics Commission Filers)
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4 Date 5/11/22	5 Payee name Imagine IT Studios LLC
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6 Amount (\$) \$1 22,079.10	7 Payee address; 4316 N 10th St 400	City; McAllen	State; TX	Zip Code 78504
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Social Media Management & Advertisement
	(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 4/29/22	Payee name The Monitor
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Amount (\$) \$4,090.00	Payee address; 1400 E Nolana Ave	City; McAllen	State; TX	Zip Code 78504
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Newspaper Ads
	<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 5/5/22	Payee name The Monitor
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Amount (\$) \$4,680	Payee address; 1400 E Nolana Ave	City; McAllen	State; TX	Zip Code 78504
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Newspaper Ads
	<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
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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Friends of Cameron County Arena	3 Filer ID (Ethics Commission Filers)
----------------------------------------	--------------------------------------------------------	---------------------------------------

4 Date 5/5/22	5 Payee name Imagine IT Studios LLC
-------------------------	-----------------------------------------------

6 Amount (\$) \$1899.85	7 Payee address: 4316 N. 10th Ste 400	City: McAllen	State: TX	Zip Code 78504
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Social media advertising
	(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	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED