



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 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

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 63,700.<sup>00</sup>

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$

4. TOTAL POLITICAL EXPENDITURES \$ 22,832.<sup>85</sup>

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

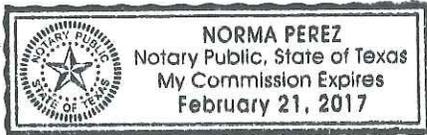
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 138,210.<sup>17</sup>

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$

19 AFFIDAVIT

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.



*Albert Garcia*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Albert Garcia, this the 15<sup>th</sup> day of July, 20 13, to certify which, witness my hand and seal of office.

*Norma Perez*  
Signature of officer administering oath

Norma Perez  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6/10/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Rogelio Solis</i>	7 Amount of contribution (\$) <i>1,500.<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3036 Scotland Dr. Apt 2 Edinburg TX 78539</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions) <i>Solo-Pract.</i>	
Date <i>6/11/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Daniel Vargas</i>	Amount of contribution (\$) <i>500.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>220 A So. 12th Ave. Edinburg, TX 78539</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Solo-Pract.</i>	
Date <i>6/11/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Villalobos, E. Villalobos</i>	Amount of contribution (\$) <i>1,000.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8701 N. 23rd McAllen, TX 78504</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorneys</i>		Employer (See Instructions) <i>Solo</i>	
Date <i>6/11/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Carlos Macias Law Firm</i>	Amount of contribution (\$) <i>500.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4715 S. Jackson Edinburg 78539</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>owner - solo Pract.</i>	
Date <i>6/12/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Daniel Hernandez</i>	Amount of contribution (\$) <i>1,000.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3700 Stillmeadow Dr. Bryan TX 77802</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Solo Pract.</i>	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6/18/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Elida Garza</i>	7 Amount of contribution (\$) <i>500.<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4108 N. 21 st. street McAllen, TX 78504</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Bail Bonds agent</i>		10 Employer (See Instructions) <i>Reyes Bail Bonds</i>	
Date <i>6/18/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Vidaurri, Lyde, Rodriguez &amp; Haynes</i>	Amount of contribution (\$) <i>1,000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>202 N. 10<sup>th</sup> Ave Edinburg 78541</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorneys</i>		Employer (See Instructions) <i>Firm.</i>	
Date <i>6/13/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Law office of Dale Kasofsky</i>	Amount of contribution (\$) <i>1,000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>801 Nolana Ste 321 McAllen, TX 78504</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Solo-Practitioner</i>	
Date <i>6/18/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Carlos Ortega</i>	Amount of contribution (\$) <i>2,000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6521 N. 10<sup>th</sup> ste-F McAllen TX 78540</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Solo Praet.</i>	
Date <i>6/18/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Law office of Paul Wilson</i>	Amount of contribution (\$) <i>1,000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>323 W. Cano</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Solo-Praet.</i>	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6/20/13

Law Office of Raul Guajardo

6 Contributor address; City; State; Zip Code

706 E. University  
Edinburg TX 78539

500<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Self / Solo-Pract.

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/21/13

Nereida Lopez

Contributor address; City; State; Zip Code

5607 N. Moorefield Rd  
Mission, TX 78574

1,000<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self / Solo-Pract.

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/21/13

Law Office of Bobby Garcia

Contributor address; City; State; Zip Code

5301 S. McColl Rd  
Edinburg TX 78539

1,000

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self / Solo Pract.

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/13/13

Gault, Nye & Quintana

Contributor address; City; State; Zip Code

7001 N. 10th Ste 200  
McAllen TX 78504

~~500~~  
500<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Firm

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/14/13

Law Office of Ruben Ramirez

Contributor address; City; State; Zip Code

520 W. Pecan Blvd.  
McAllen TX 78504

500<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/19/13	Jones, Galligan, Key & Lozano Contributor address; City; State; Zip Code P.O. Drawer 1247 Weslaco, TX 78599	1,000. <sup>00</sup>	
(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Attorneys		Firm.	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/26/13	(Derek) The Harkrider Law Firm Contributor address; City; State; Zip Code P.O. Box 3849 Edinburg 78540	500. <sup>00</sup>	
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/26/13	Robert J. Salinas Contributor address; City; State; Zip Code 2101 Wood Drive Donna TX 78537	500. <sup>00</sup>	
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Attorney		Self / Solo-Pract.	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/27/13	Law Office of Felipe Garcia Contributor address; City; State; Zip Code 201 E. University Dr. Edinburg TX 78542	1,000. <sup>00</sup>	
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Attorney		Solo Pract.	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/27/13	Law Office of A. Ricardo Flores Contributor address; City; State; Zip Code 300 E. Pecan Blvd. Mc Allen TX 78501	500. <sup>00</sup>	
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Attorney		Self / Solo-Pract.	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6/24/13

Law Office of Rodolfo Canche

500.00

6 Contributor address; City; State; Zip Code

2011 N. Conway Ave.  
Missouri TX 78572

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Att'y

10 Employer (See Instructions)

Self / Solo Pract.

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/28/13

Joe Richard Flores

1,000

Contributor address; City; State; Zip Code

4212 More Ave.  
Edinburg, TX 78539

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self / Solo-Pract.

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/28/13

Luis Singleterry

1,000

Contributor address; City; State; Zip Code

300 E. Pecan  
McAllen TX 78501

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self / Solo Pract.

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/27/13

Garcia & Martinez LHP

1,000.00

Contributor address; City; State; Zip Code

5211 W. mi 17 1/2 Rd  
Edinburg 78541

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attys

Employer (See Instructions)

Firm.

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/1/13

Reynaldo Merino

1,500.00

Contributor address; City; State; Zip Code

1012 Martin Ave ste B  
McAllen TX 78504

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self / Solo-Pract.

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7/1/13	6 Contributor address; City; State; Zip Code Arturo Martinez 414 S. Cage Blvd. Pharr TX 78577	500. <sup>00</sup>	
(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) self / Solo-Pract	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/2/13	(Lump) Williamson Law Firm Contributor address; City; State; Zip Code 210 W. Cowd Ste-C Edinburg 78539	500. <sup>00</sup>	
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self / Solo-Pract.	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/2/13	Law Office of Richard Garza Contributor address; City; State; Zip Code 4610 S. Hwy 281 Edinburg TX 78539	1,000	
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self / Solo-Pract.	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/2/13	Orendain & Dominguez Contributor address; City; State; Zip Code Greystone Center 320 S. 8th St. Mc Allen TX 78501	500. <sup>00</sup>	
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Attorneys		Employer (See Instructions) Firm	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/4/13	Fred Regalado Contributor address; City; State; Zip Code P.O. Box 5217 Mc Allen, TX 78502	2,500. <sup>00</sup>	
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Bail Bondsman		Employer (See Instructions) 4-Aces Bail Bonds	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6/24/13

(Armutlo)  
A.E. Martinez  
Contributor address; City; State; Zip Code  
606 S. McColl Rd  
Edinburg TX 78539

500.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Atty

Self / Solo-Pract

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/1/13

(Morales)  
Hernandez Law Firm  
Contributor address; City; State; Zip Code  
222 E. Vauburen St. Ste 200  
Hartlingen, TX 78550

500.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Atty

Self / Solo-Pract

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/2/13

Law Office of Horacio Pena  
Contributor address; City; State; Zip Code  
900 N. Bryan Rd Ste 202  
Mission TX 78572

500.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Atty

Self

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/3/13

Arturo Cantu  
Contributor address; City; State; Zip Code  
7417 N. 10th St.  
McAllen 78540

300.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Atty

Self

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/1/13

Rene Anzaldúa  
Contributor address; City; State; Zip Code  
P.O. Box 2658  
Edinburg TX 78540

1,000.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Bail bondsman Agent

owner Anzaldúa Bail Bonds

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

7/2/13

Law Office of Rogelio Garza

500.<sup>00</sup>

6 Contributor address: City: State: Zip Code  
4405 N. McCall Rd.  
McAllen TX 78504

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Attorney

self / Solo-Pract.

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/26/13

Jason Jarvis

500.<sup>00</sup>

Contributor address: City: State: Zip Code  
1111 Tamarack Ave  
McAllen, TX 78501

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attly

self / Solo-Pract.

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/2/13

Robert Fernandez

2,500.<sup>00</sup>

Contributor address: City: State: Zip Code  
215 W. Stubbs St.  
Edinburg TX 78539

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

self / Solo-Pract.

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/3/13

Law Office Michael Flanagan

1,000.<sup>00</sup>

Contributor address: City: State: Zip Code  
809 Chicago Ave.  
McAllen TX 78501

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

self / Solo-Pract.

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/3/13

Law Office of Alfred Denham

500.<sup>00</sup>

Contributor address: City: State: Zip Code  
3700 N. 10th Ste 100  
McAllen TX 78501

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

self / Solo-Pract.

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6/29/13

Terry Canales

6 Contributor address: City: State: Zip Code

2727 W. University Dr.  
Edinburg TX 78539

500.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Self / Solo-Pract.

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/8/13

J. Roel Garcia

Contributor address: City: State: Zip Code

125 W. Cherokee Ave  
Pharr TX 78577

500.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self / Solo-Pract.

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/8/13

Dyer & Assoc.

Contributor address: City: State: Zip Code

1352 W. Pecan  
McAllen TX 78501

500.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

owner self / Solo Pract

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/9/13

A. E. Cuellar

Contributor address: City: State: Zip Code

1700 E. 28th St.  
Westlaco TX 78596

1,000.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Self Employed - owner

Employer (See Instructions)

Jill Concrete

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/9/13

Armando Guerra

Contributor address: City: State: Zip Code

714 Jade St. Apt B  
Edinburg TX 78539

1,000

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

self / solo-Pract.

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

7/9/13

Louis Patino

6 Contributor address; City; State; Zip Code

504 N. 10th Ste B-4  
McAllen, TX 78504

2,500.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

self / solo-pract.

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/9/13

Jorge Muñoz

Contributor address; City; State; Zip Code

210 W. Cano St. - Ste A  
Edinburg TX 78539

1,000.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

self / solo-pract.

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/9/13

Palacios & Love

Contributor address; City; State; Zip Code

2720 W. Canton - Ste B  
Edinburg TX 78539

500.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attys

Employer (See Instructions)

Firm

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/9/13

Damian Orozco

Contributor address; City; State; Zip Code

1138 E. Exp. 83 Ste C  
Pharr TX 78577

400.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/9/13

Mario Davila

Contributor address; City; State; Zip Code

P.O. Box 3726  
McAllen, TX 78502

2,500.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

self / solo-pract.

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>7/9/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Erick Jarvis</i>	7 Amount of contribution (\$) <i>1,000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5804 N. 23<sup>rd</sup> McAllen, TX 78504</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions) <i>self / Solo-pract.</i>	
Date <i>7/9/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Atlas, Hall &amp; Rodriguez</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Drawer 3725 McAllen, TX 78502</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorneys</i>		Employer (See Instructions) <i>Firm</i>	
Date <i>7/9/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Joe Ramirez</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>210 W. Cano Edinburg, TX 78539</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/9/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Juan Alvarez</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>self / Solo-Pract.</i>	
Date <i>7/9/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>(Carlos) Guerra Law Group</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>McAllen McAllen TX 78502</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>self / <del>solo-pract.</del> owner/self</i>	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>7/9/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ted Lopez</i>	7 Amount of contribution (\$) <i>500.<sup>00</sup>-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>202 W. University Dr. Edinburg TX 78539</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions) <i>Self-empl. / Solo-Pract.</i>	
Date <i>7/9/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chris Cazazos</i>	Amount of contribution (\$) <i>500.<sup>00</sup>-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>202 Forest Lane Weslaco TX 78596</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Solo-Pract.</i>	
Date <i>7/12/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Guerra &amp; Farrah</i>	Amount of contribution (\$) <i>1,000.<sup>00</sup>-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Houston TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorneys</i>		Employer (See Instructions) <i>Firma</i>	
Date <i>7/13/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Armando Morroquin</i>	Amount of contribution (\$) <i>1,000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Edinburg TX 78539</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Solo-Pract.</i>	
Date <i>7/12/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Tuttle</i>	Amount of contribution (\$) <i>1,000.<sup>00</sup>-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>127 W. Alamo Rd Alamo TX 78516</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

7/12/13

Michael DeLeon

6 Contributor address; City; State; Zip Code

301 N. main st. ste-1  
McAllen TX 78501

1,000.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/10/13

Roerig, Oliveira & Fisher

Contributor address; City; State; Zip Code

855 W. Price Rd. ste-9  
Brownsville, TX 78520

1,000.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Firm

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/10/13

Robert Colegio

Contributor address; City; State; Zip Code

6108 N. 31st  
McAllen, TX 78504

250.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

self / solo pract.

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/19/13

Rael Robie Flores

Contributor address; City; State; Zip Code

3331 N. Ware Rd  
McAllen, TX 78501

250.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

self / solo pract.

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/11/13

Laura Colunga

Contributor address; City; State; Zip Code

210 W. Cano St. ste A  
Edinburg TX 78539

250.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

self / solo pract.

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

7/11/13

Albert Barbosa

6 Contributor address; City; State; Zip Code  
3327 N. Wore Rd ste 3  
McAllen TX 78501

250.<sup>00</sup>-

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Attorney

Solo-Pract.

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/11/13

Law Offices of Esequiel Reyna

Contributor address; City; State; Zip Code  
702 W. ~~Exp~~ 83 ste 100  
Westlaco TX 78596

500.<sup>00</sup>-

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

Firm

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/11/13

Lucia Regalado

Contributor address; City; State; Zip Code  
P.O. Box 5732  
McAllen, TX 78562

500.<sup>00</sup>-

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

Self/Solo-pract.

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/10/13

Carina Garza

Contributor address; City; State; Zip Code  
3200 N. Bryan Rd  
Mission, TX 78574

500.<sup>00</sup>-

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

Self/Solo-pract.

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/11/13

Abel Alujosa

Contributor address; City; State; Zip Code  
3007 W. Alberta Rd,  
Edinburg TX 78539

500.<sup>00</sup>-

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

Self/Solo-pract.

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

7/13/13

Noe Cantu  
6 Contributor address; City; State; Zip Code

1506 W. Pecan Blvd.  
Mc Allen TX 78501

500.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Bail Bondsman

A-Cantu Bail Bonds

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/13/13

Miguel Wise  
Contributor address; City; State; Zip Code

P.O. Box 812  
Weslaco, TX 78599

500.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/13/13

Flores & Torres  
Contributor address; City; State; Zip Code

118 E. Cano St.  
Edinburg TX 78539

500.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorneys

Firm

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/11/13

(Rick)  
Godinez Law Firm  
Contributor address; City; State; Zip Code

2415 N. 10<sup>th</sup>  
Mc Allen TX 78501

500.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

self

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/11/13

Rubio Salinas  
Contributor address; City; State; Zip Code

1822 N. Depot Rd  
Edinburg TX 78541

500.<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

self

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

7/5/13

Dahlila Guerra Casso

6 Contributor address; City; State; Zip Code

P.O. Bx 72074  
McAllen TX 78504

500.<sup>00</sup>-

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Casso & Tanel

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/10/13

Oscar Lougoria

Contributor address; City; State; Zip Code

500.<sup>00</sup>-

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/12/13

Diana Aguilar

Contributor address; City; State; Zip Code

Weslaco, TX 78596

500

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self/Solo-Pract

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7/12/13

Thornton, Biechlin, Segrate, Reynolds & Guerra

Contributor address; City; State; Zip Code

500.<sup>00</sup>-

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Firm

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--------------	--

4 Date 11/24/13	5 Payee name Aiginio De los Rios DBA Cedar House
--------------------	---

6 Amount (\$) 7,500. <sup>00</sup>	7 Payee address; City; State; Zip Code 114 S. 7th Donna, TX 78537
---------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Campaign trailer w/4th	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	--	---

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

Date 4/23/13	Payee name Copy Zone
-----------------	-------------------------

Amount (\$) 259. <sup>85</sup>	Payee address; City; State; Zip Code 4131 N. 10th St. McAllen TX 78504
-----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraiser Adv. Brochures-Golf Team Adv.	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

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

Date 5/11/13	Payee name South Texas Civil Rights Project
-----------------	--

Amount (\$) 115. <sup>00</sup>	Payee address; City; State; Zip Code Edinburg, TX
-----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Adv.	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date 5/1/13	Payee name Antonio Molinar
----------------	-------------------------------

Amount (\$) 21. <sup>42</sup>	Payee address; City; State; Zip Code
----------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Marketing Adv.	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--------------	--

4 Date <i>5/13/13</i>	5 Payee name <i>Sergio Ibarra</i>
--------------------------	--------------------------------------

6 Amount (\$) <i>2,344.79</i>	7 Payee address; City; State; Zip Code
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Cups/shirts/banners etc. Marketing Adv. Supplies</i>	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	---	---

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

Date <i>5/29/13</i>	Payee name <i>Copy Zone</i>
------------------------	--------------------------------

Amount (\$) <i>259.85</i>	Payee address; City; State; Zip Code <i>4131 N. 10th McAllen TX 78504</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraiser Adv. (Golf Tourney) Brochures/Flyers</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date <i>7/4/13</i>	Payee name <i>Sam's Club</i>
-----------------------	---------------------------------

Amount (\$) <i>456.15</i>	Payee address; City; State; Zip Code <i>McAllen</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Supplies for Golf Tourney Fundraiser</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

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

Date <i>7/4/13</i>	Payee name <i>Sam's Club</i>
-----------------------	---------------------------------

Amount (\$) <i>244.24</i>	Payee address; City; State; Zip Code <i>McAllen</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>shirts for Fundraiser (Golf Tour)</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>7/2/13</i>		5 Payee name <i>Costco</i>			
6 Amount (\$) <i>340.79</i>		7 Payee address; City; State; Zip Code <i>Pharr</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Golf Tourney Fundraiser doorprizes</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>7/4/13</i>		Payee name <i>Sam's Club</i>			
Amount (\$) <i>81.92</i>		Payee address; City; State; Zip Code <i>McAllen</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Home Watermelon Fest. Snacks Drinks</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>7/2/13</i>		Payee name <i>Sam's Club</i>			
Amount (\$) <i>73.14</i>		Payee address; City; State; Zip Code <i>McAllen</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Goodie bags fillers on Golf Tourney Fundraiser</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>7/4/13</i>		Payee name <i>Sam's Club</i>			
Amount (\$) <i>85.20</i>		Payee address; City; State; Zip Code <i>McAllen</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Home Watermelon Fest.</i>		Description (If travel outside of Texas, complete Schedule T)	
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

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/4/13	5 Payee name Wal Mart
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6 Amount (\$) 45.34	7 Payee address; City; State; Zip Code Alamo
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Charcoal for Alamo Watermelon Fest	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/3/13	Payee name Walgreens
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Amount (\$) 3.98	Payee address; City; State; Zip Code Alamo
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Chips - for Watermelon Fest.	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name Walgreens
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Amount (\$) 27.05	Payee address; City; State; Zip Code Alamo
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) supplies for Watermelon Fest	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/1/13	Payee name Home Depot
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Amount (\$) 72.78	Payee address; City; State; Zip Code McAllen
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Stickers for Signs	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/11/13	5 Payee name Sam's Club
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6 Amount (\$) 240.24	7 Payee address; City; State; Zip Code McAllen
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ice chests for Golf Tourney Fundraiser	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/12/13	Payee name Sam's Club
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Amount (\$) 240.24	Payee address; City; State; Zip Code McAllen
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ice chests for Golf Tourney Fundraiser	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/12/13	Payee name Beto's Printing
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Amount (\$) 920.12	Payee address; City; State; Zip Code 110 W. 4th St. San Juan
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Pol. signs, Adv.	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/13/13	Payee name Monte Cristo Country Club
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Amount (\$) 9,055.95	Payee address; City; State; Zip Code Edinburg
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) GOLF TOURNEY / Fundraiser	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/13/13	5 Payee name Monte Cristo Country Club
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6 Amount (\$) 354. <sup>00</sup> -	7 Payee address; City; State; Zip Code Edinburg
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Extra Drinks for (Golf Tourney) Fundraiser	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/14/13	Payee name Walgreens
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Amount (\$) 90. <sup>80</sup> -	Payee address; City; State; Zip Code Alamo
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Pictures from (Golf Tourney) Fundraiser	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY 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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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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