

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Ricardo Medina

15 ACCOUNT # (Ethics Commission Filers)

185 8171 1027

16 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

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

\$ *2,366*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *2,620*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *16,523.78*

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *0*

OUTSTANDING
LOAN TOTALS

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

\$ *11,527.78*

18 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.



Ricardo Medina
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Ricardo Medina*, this the *14th* day of *January*, 20 *14*, to certify which, witness my hand and seal of office.

Juan Israel Rosalez
Signature of officer administering oath

Juan Israel Rosalez
Printed name of officer administering oath

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 <i>Ricardo Medina</i>		3 ACCOUNT # (Ethics Commission Filers) <i>185 8171 1027</i>	
4 Date <i>11/21/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pharr Family Pharmacy</i>	7 Amount of contribution (\$) <i>120⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>710 S. CAGE BLVD. Suite D Pharr TX 78577</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>PHARMACIST</i>		10 Employer (See Instructions) <i>Pharr Family Practice</i>	
Date <i>10/11/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LEON DE LEON</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>311 E. EXPRESSWAY 83 SAN JUAN TX 78589</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>FUNERAL DIRECTOR</i>		Employer (See Instructions) <i>MEMORIAL FUNERAL HOME</i>	
Date <i>9/3/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ISMAEL & TAMMY CUELLAR</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 1090 Pharr TX 78577</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>VOLVO SALES</i>		Employer (See Instructions) <i>VOLVO</i>	
Date <i>10/12/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ISMAEL & TAMMY CUELLAR</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 1090 Pharr TX 78577</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>VOLVO SALES</i>		Employer (See Instructions) <i>VOLVO</i>	
Date <i>11/7/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RODNEY L. FAUBION</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5004 QUEENS RD McALEW TX 78504</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>SALES</i>		Employer (See Instructions) <i>Grande Auto Sales</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 <i>Ricardo Medina</i>		3 ACCOUNT # (Ethics Commission Filers) <i>185 8171 10 27</i>	
4 Date <i>8/15/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ricardo R. Chapa</i>	7 Amount of contribution (\$) <i>150⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2924 N. 42ND LANE McALENTX 78501</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		10 Employer (See Instructions) <i>RETIRED</i>	
Date <i>10/4/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BELIA GARCIA</i>	Amount of contribution (\$) <i>350⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5600 N. HIWATHA DR. PHARR TX 78577</i>		(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)
Contributor address; City; State; Zip Code		(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)
Contributor address; City; State; Zip Code		(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)
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
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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: <i>16</i>	2 FILER NAME <i>Ricardo Medina</i>	3 ACCOUNT # (Ethics Commission Filers) <i>105 8171 10 27</i>
--	---------------------------------------	---

4 Date <i>12/23/13</i>	5 Payee name <i>Beto CRANEYRA</i>
---------------------------	--------------------------------------

6 Amount (\$) <i>\$300⁰⁰</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 54 ALAMO TX 78516</i>
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Political Ad</i>
--------------------------	--	--

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

Date <i>10/17/13</i>	Payee name <i>Sylvia Handy</i>
-------------------------	-----------------------------------

Amount (\$) <i>\$1,000⁰⁰</i>	Payee address; City; State; Zip Code <i>5944 N. FM 88 WESLACO TX 78596</i>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Political Consultant</i>
------------------------	---	--

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

Date <i>10/10/13</i>	Payee name <i>JOSE LOPEZ</i>
-------------------------	---------------------------------

Amount (\$) <i>\$200⁰⁰</i>	Payee address; City; State; Zip Code <i>McAllen TX 78501</i>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Magnetic Signs</i>
------------------------	--	--

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

Date <i>10/30/13</i>	Payee name <i>IRIS CARRANZA</i>
-------------------------	------------------------------------

Amount (\$) <i>\$60⁰⁰</i>	Payee address; City; State; Zip Code <i>Cherokee Pharr TX 78577</i>
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Political Consultant</i>
------------------------	---	--

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: 14	2 FILER NAME Ricardo Medina	3 ACCOUNT # (Ethics Commission Filers) 105 0171 1027
4 Date 11/13/13	5 Payee name Cheddar's Restaurant	
6 Amount (\$) \$20.55	7 Payee address; City; State; Zip Code 3020 Expressway 03 McAllen TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Political Meeting
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name	Office sought Office held
Date 11/18/13	Payee name LA COSTA	
Amount (\$) \$23.70	Payee address; City; State; Zip Code 108 E. FM 495 Suite C SAN JUAN TX 78589	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Political Meeting
	Candidate / Officeholder name	Office sought Office held
Date 12/6/13	Payee name Rolando GALVAN	
Amount (\$) \$138.00	Payee address; City; State; Zip Code 200 West Egly Phaza TX 78577	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) ICE Chests
	Candidate / Officeholder name	Office sought Office held
Date 12/6/13	Payee name HERB	
Amount (\$) \$46.13	Payee address; City; State; Zip Code 901 W. EXPRESSWAY 03 SAN JUAN TX 78589	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) B&Q
	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: <i>14</i>	2 FILER NAME <i>Ricardo Medina</i>	3 ACCOUNT # (Ethics Commission Filers) <i>185 8171 1027</i>
--	---------------------------------------	--

4 Date <i>11/19/13</i>	5 Payee name <i>Fernando's</i>
---------------------------	-----------------------------------

6 Amount (\$) <i>\$2475</i>	7 Payee address; City; State; Zip Code <i>216 Expressway 83 Suite A</i>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Political Meeting</i>
--------------------------	--	---

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

Date <i>10/25/13</i>	Payee name <i>El Rancho Grande</i>
-------------------------	---------------------------------------

Amount (\$) <i>\$972</i>	Payee address; City; State; Zip Code <i>107 N. NEBRASKA AVE SAN JUAN TX 78589</i>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Political Meeting</i>
------------------------	--	---

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

Date <i>10/18/13</i>	Payee name <i>Moonlight Cafe</i>
-------------------------	-------------------------------------

Amount (\$) <i>\$426.00</i>	Payee address; City; State; Zip Code <i>3911 S. US HWY 83 Edinburg TX 78539</i>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Political Meeting</i>
------------------------	--	---

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

Date	Payee name <i>Rouch's</i>
------	------------------------------

Amount (\$) <i>\$577</i>	Payee address; City; State; Zip Code <i>601 E. Frontage Rd. McAllen TX 78501</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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: <u>14</u>	2 FILER NAME <u>Ricardo Medina</u>	3 ACCOUNT # (Ethics Commission Filers) <u>185 8171 1027</u>
--	---------------------------------------	--

4 Date <u>11/29/13</u>	5 Payee name <u>PALENQUE CHICKEN</u>
---------------------------	---

6 Amount (\$) <u>\$10.01</u>	7 Payee address; City; State; Zip Code <u>1050 S. 10th St. McAllen TX 78577</u>
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Event Expense</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>Political Meeting</u>
--------------------------	--	---

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

Date <u>12/31/13</u>	Payee name <u>LA COSTA</u>
-------------------------	-------------------------------

Amount (\$) <u>\$51.67</u>	Payee address; City; State; Zip Code <u>108 E FM 495 Suite C SAN JUAN TX 78529</u>
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Event Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>Political Meeting</u>
------------------------	--	---

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

Date <u>10/12/13</u>	Payee name <u>Denny's</u>
-------------------------	------------------------------

Amount (\$) <u>\$45.40</u>	Payee address; City; State; Zip Code <u>1110 S. 10th St. McAllen TX 78501</u>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Event Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>Political Meeting</u>
------------------------	--	---

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

Date <u>12/20/13</u>	Payee name <u>CRACKER BARREL</u>
-------------------------	-------------------------------------

Amount (\$) <u>\$23.78</u>	Payee address; City; State; Zip Code <u>McAllen TX 78501</u>
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Event Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>Political Meeting</u>
------------------------	--	---

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: <i>16</i>	2 FILER NAME <i>Ricardo Medina</i>	3 ACCOUNT # (Ethics Commission Filers) <i>185 8171 1027</i>
--	---------------------------------------	--

4 Date <i>9/16/13</i>	5 Payee name <i>HEB</i>
--------------------------	----------------------------

6 Amount (\$) <i>\$21.25</i>	7 Payee address; City; State; Zip Code <i>901 W. EXPRESS WAY 83 SAN JUAN TX 78589</i>
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverages Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Donuts</i>
--------------------------	---	--

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

Date <i>9/16/13</i>	Payee name <i>LOWE'S</i>
------------------------	-----------------------------

Amount (\$) <i>\$25.72</i>	Payee address; City; State; Zip Code <i>707 S. JACKSON RD. PHARR TX 78577</i>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>TIES</i>
------------------------	--	--

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

Date <i>11/2/13</i>	Payee name <i>Fernando's</i>
------------------------	---------------------------------

Amount (\$) <i>\$5.49</i>	Payee address; City; State; Zip Code <i>216 EXPRESSWAY 83 Suite A Pharr TX 78577</i>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Meeting Political</i>
------------------------	--	---

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

Date <i>12/11/13</i>	Payee name <i>Ciros Restaurant</i>
-------------------------	---------------------------------------

Amount (\$) <i>\$30.46</i>	Payee address; City; State; Zip Code <i>1506 W. PIKE BLVD WESLACO TX 78596</i>
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Political Meeting</i>
------------------------	--	---

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: <i>16</i>	2 FILER NAME <i>Ricardo Medina</i>	3 ACCOUNT # (Ethics Commission Filers) <i>185 8/71/027</i>
--	---------------------------------------	---

4 Date <i>10/15/13</i>	5 Payee name <i>STAPLES</i>
---------------------------	--------------------------------

6 Amount (\$) <i>\$12²⁰</i>	7 Payee address; City; State; Zip Code <i>405 N. JACKSON PHARR TX 78577</i>
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>MAPS</i>
--------------------------	---	--

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

Date <i>10/12/13</i>	Payee name <i>STAPLES</i>
-------------------------	------------------------------

Amount (\$) <i>\$106⁹²</i>	Payee address; City; State; Zip Code <i>405 N. JACKSON PHARR TX 78577</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Labels</i>
------------------------	---	--

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

Date <i>11/30/13</i>	Payee name <i>Family Dollar</i>
-------------------------	------------------------------------

Amount (\$) <i>\$217</i>	Payee address; City; State; Zip Code <i>802 S. CAGE PHARR TX 78577</i>
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>NOTE PADS</i>
------------------------	--	---

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

Date <i>8/22/13</i>	Payee name <i>STAPLES</i>
------------------------	------------------------------

Amount (\$) <i>\$63³³</i>	Payee address; City; State; Zip Code <i>405 N. JACKSON PHARR TX 78577</i>
---	--

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

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: <u>16</u>	2 FILER NAME <u>Ricardo Medina</u>	3 ACCOUNT # (Ethics Commission Filers) <u>185 171 1029</u>
4 Date <u>9/14/13</u>	5 Payee name <u>KALI'S HARDWARE</u>	
6 Amount (\$) <u>\$452</u>	7 Payee address; City; State; Zip Code <u>1800 W. RAUL LONGORIA RD. SAN JUAN TX 78589</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>TIES</u>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>12/5/13</u>	Payee name <u>SAN ANTONIO BAKERY</u>	
Amount (\$) <u>\$22.02</u>	Payee address; City; State; Zip Code <u>Pharr TX 78577</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Event Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>Bread</u>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name <u>STAPLES</u>	
Amount (\$) <u>\$52.18</u>	Payee address; City; State; Zip Code <u>405 N. JACKSON PHARR TX 78577</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>COPIES</u>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>12/7/13</u>	Payee name <u>SAN ANTONIO BAKERY</u>	
Amount (\$) <u>\$15.21</u>	Payee address; City; State; Zip Code <u>Pharr TX 78577</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Event Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>Bread</u>
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: <i>14</i>	2 FILER NAME <i>Ricardo Medina</i>	3 ACCOUNT # (Ethics Commission Filers) <i>18581711027</i>
--	---------------------------------------	--

4 Date <i>11/10/13</i>	5 Payee name <i>My Friend Promos</i>
---------------------------	---

6 Amount (\$) <i>\$750⁰⁰</i>	7 Payee address; City; State; Zip Code <i>2104 Nightingale Ave McAllen TX 78504</i>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Other Printing Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>FLIES</i>
--------------------------	---	---

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

Date <i>11/25/13</i>	Payee name <i>Hidalgo Co. DEM. Party Filing Fee</i>
-------------------------	--

Amount (\$) <i>1250⁰⁰</i>	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FEES</i>	Description (If travel outside of Texas, complete Schedule T) <i>Filing Fee</i>
------------------------	---	--

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

Date <i>9/19/13</i>	Payee name <i>STAPLES</i>
------------------------	------------------------------

Amount (\$) <i>\$173¹⁹</i>	Payee address; City; State; Zip Code <i>405 N JACKSON Pharr TX 78577</i>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Political Cards</i>
------------------------	---	---

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

Date <i>10/10/13</i>	Payee name <i>STAPLES</i>
-------------------------	------------------------------

Amount (\$) <i>\$1353</i>	Payee address; City; State; Zip Code <i>405 N. JACKSON Pharr TX 78577</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>MAPS</i>
------------------------	---	--

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: <i>14</i>	2 FILER NAME <i>Ricardo Medina</i>	3 ACCOUNT # (Ethics Commission Filers) <i>1858171 1027</i>
--	---------------------------------------	---

4 Date <i>11/20/13</i>	5 Payee name <i>NEW ELEMENT</i>
---------------------------	------------------------------------

6 Amount (\$) <i>\$ 703.62</i>	7 Payee address; City; State; Zip Code <i>P.O BOX 1815 PHARR TX 78577</i>
-----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing/Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Political Cards</i>
--------------------------	---	---

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

Date <i>12/10/13</i>	Payee name <i>Beto's SCREEN Printing</i>
-------------------------	---

Amount (\$) <i>\$454.65</i>	Payee address; City; State; Zip Code <i>110 W. 4th St. SAN JUAN TX 78589</i>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing/Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Political Signs</i>
------------------------	---	---

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

Date <i>9/4/13</i>	Payee name <i>Beto's SCREEN Printing</i>
-----------------------	---

Amount (\$) <i>\$189.44</i>	Payee address; City; State; Zip Code <i>110 W. 4th St. SAN JUAN TX 78589</i>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Metal Stands</i>
------------------------	--	--

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

Date <i>12/13/13</i>	Payee name <i>My FRIEND PROMOS</i>
-------------------------	---------------------------------------

Amount (\$) <i>1,331.48</i>	Payee address; City; State; Zip Code <i>2104 NIGHTINGALE AVE McALLEN TX 78504</i>
--------------------------------	--

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

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: 14		2 FILER NAME Ricardo MEDINA		3 ACCOUNT # (Ethics Commission Filers) 1858171 1027	
4 Date 8/22/13		5 Payee name BETO'S PRINTING SCREEN PRINTING			
6 Amount (\$) \$3978¹⁹		7 Payee address; City; State; Zip Code 110 W. 4th St. SAN JUAN TX 78589			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing/Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Political Signs	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/29/13		Payee name BETO'S SCREEN PRINTING			
Amount (\$) \$909³⁰		Payee address; City; State; Zip Code 110 W. 4th St. SAN JUAN TX 78589			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing/Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Political Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/11/13		Payee name BETO'S SCREEN PRINTING			
Amount (\$) \$519⁰⁰		Payee address; City; State; Zip Code 110 W. 4th St., SAN JUAN 78589			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing/Advertising Expense		Description (If travel outside of Texas, complete Schedule T) T-Shirts	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/11/13		Payee name IRMA'S SWEET SHOPPE			
Amount (\$) 600⁰⁰		Payee address; City; State; Zip Code 120 E. QUENTIN NEWCOMBE JR AVE, PHARR TX 78577			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas, complete Schedule T) Food for Kick off	
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: <u>16</u>		2 FILER NAME <u>Ricardo Medina</u>		3 ACCOUNT # (Ethics Commission Filers) <u>1858171 1027</u>	
4 Date <u>11/18/13</u>		5 Payee name <u>Lowe's</u>			
6 Amount (\$) <u>\$58.23</u>		7 Payee address; City; State; Zip Code <u>707 S. JACKSON RD. PHARR TX 78577</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Advertising expense</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>T-Posts</u>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>10/17/13</u>		Payee name <u>Lowe's</u>			
Amount (\$) <u>\$37.70</u>		Payee address; City; State; Zip Code <u>707 S. JACKSON RD. PHARR TX 78577</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>T-Posts</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>11/23/13</u>		Payee name <u>Wal Mart</u>			
Amount (\$) <u>\$16.22</u>		Payee address; City; State; Zip Code <u>1200 E JACKSON AVE McALLEN TX 78503</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Ratchet</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>10/12/13</u>		Payee name <u>Wal Mart</u>			
Amount (\$) <u>\$11.89</u>		Payee address; City; State; Zip Code <u>1200 E. JACKSON McALLEN TX 78503</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Ratchet</u>	
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: <i>16</i>	2 FILER NAME <i>Ricardo Medina</i>	3 ACCOUNT # (Ethics Commission Filers) <i>185 8171 1027</i>
--	---------------------------------------	--

4 Date <i>12/15/13</i>	5 Payee name <i>LOWE'S</i>
---------------------------	-------------------------------

6 Amount (\$) <i>\$24²⁹</i>	7 Payee address; City; State; Zip Code <i>707 S. JACKSON RD. PHARR TX 78577</i>
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>WOOD STACKS</i>
--------------------------	--	---

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

Date <i>10/7/13</i>	Payee name <i>LOWE'S</i>
------------------------	-----------------------------

Amount (\$) <i>\$2³⁷</i>	Payee address; City; State; Zip Code <i>707 S. JACKSON RD. PHARR TX 78577</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>TIES</i>
------------------------	--	--

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

Date <i>10/30/13</i>	Payee name <i>LOWE'S</i>
-------------------------	-----------------------------

Amount (\$) <i>\$41⁸⁹</i>	Payee address; City; State; Zip Code <i>707 S. JACKSON RD. PHARR TX 78577</i>
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>T-Posts</i>
------------------------	--	---

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

Date <i>11/6/13</i>	Payee name <i>LOWE'S</i>
------------------------	-----------------------------

Amount (\$) <i>\$16⁰²</i>	Payee address; City; State; Zip Code <i>707 S. JACKSON RD. PHARR TX 78577</i>
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>TIES</i>
------------------------	--	--

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: 14	2 FILER NAME HOME DEPOT Ricardo Medina	3 ACCOUNT # (Ethics Commission Filers) 18581711027
---------------------------------	--	---

4 Date 12/3/13	5 Payee name HOME DEPOT
-------------------	----------------------------

6 Amount (\$) \$2162	7 Payee address; City; State; Zip Code 409 W. JACKSON McALLEN TX 78577
-------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) TIES
--------------------------	---	---

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

Date 12/4/13	Payee name HOME DEPOT
-----------------	--------------------------

Amount (\$) \$1675	Payee address; City; State; Zip Code 409 W. JACKSON McALLEN TX 78577
-----------------------	---

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

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

Date 10/20/13	Payee name HOME DEPOT
------------------	--------------------------

Amount (\$) \$756	Payee address; City; State; Zip Code 409 W. JACKSON McALLEN TX 78577
----------------------	---

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

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

Date 10/17/13	Payee name HOME DEPOT
------------------	--------------------------

Amount (\$) \$12216	Payee address; City; State; Zip Code 409 W. JACKSON McALLEN TX 78577
------------------------	---

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

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: 14	2 FILER NAME Ricardo Medina	3 ACCOUNT # (Ethics Commission Filers) 18581711027
---------------------------------	--------------------------------	---

4 Date 12/5/13	5 Payee name HEB
-------------------	---------------------

6 Amount (\$) \$2.25	7 Payee address; City; State; Zip Code 901 W. Expressway 83 San Juan TX 78589
-------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) LEGAL ADS
--------------------------	--	--

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

Date 11/15/13	Payee name COSTCO
------------------	----------------------

Amount (\$) \$20.34	Payee address; City; State; Zip Code 1501 W. KELLY AVE Pharr TX 78577
------------------------	--

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

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

Date 10/4/13	Payee name HOME DEPOT
-----------------	--------------------------

Amount (\$) \$27.94	Payee address; City; State; Zip Code 409 W. JACKSON McAllen TX 78577
------------------------	---

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

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

Date 10/1/13	Payee name HOME DEPOT
-----------------	--------------------------

Amount (\$) \$20.95	Payee address; City; State; Zip Code 409 W. JACKSON McAllen TX 78577
------------------------	---

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

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: 16	2 FILER NAME Ricardo Medina	3 ACCOUNT # (Ethics Commission Filers) 18581711027
--	---------------------------------------	--

4 Date 12/6/13	5 Payee name PLAZA LA ESQUINA INC.
--------------------------	--

6 Amount (\$) \$1,741.75	7 Payee address; City; State; Zip Code 1200 N. TOWER RD. ALAMO, TX 78516
------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food	(b) Description (If travel outside of Texas, complete Schedule T) Chicken
---------------------------------	--	--

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

Date 11/15/13 10/10/13	Payee name RGV Embroidery + Screenprinting
---------------------------	---

Amount (\$) \$37.32	Payee address; City; State; Zip Code 1901 N. 10th St. McAllen TX 78501
------------------------	---

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

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

Date 12/6/13	Payee name Sam's
-----------------	---------------------

Amount (\$) \$62.08	Payee address; City; State; Zip Code 1400 E. JACKSON McALLEN TX 78503
------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverages Expense EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) Water Party Packs/Plates
-------------------------------	--	--

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

Date 12/6/13	Payee name Sam's
-----------------	---------------------

Amount (\$) \$151.64	Payee address; City; State; Zip Code 1400 E. JACKSON McALLEN TX 78503
-------------------------	--

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

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: <i>16</i>	2 FILER NAME <i>Ricardo Medina</i>	3 ACCOUNT # (Ethics Commission Filers) <i>185 8171 1027</i>
--	---------------------------------------	--

4 Date <i>7/20/13</i>	5 Payee name <i>JESUS SANTOS</i>
--------------------------	-------------------------------------

6 Amount (\$) <i>\$200⁰⁰</i>	7 Payee address; City; State; Zip Code <i>319 N. Cage Blvd Pharr TX 78577</i>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Event Worker</i>
--------------------------	---	--

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

Date <i>8/30/13</i>	Payee name <i>Quartex Back Club PSJA</i>
------------------------	---

Amount (\$) <i>\$150⁰⁰</i>	Payee address; City; State; Zip Code <i>PSJA Club Pharr TX 78577</i>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>MEMORIAL EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>PSJA Club</i>
------------------------	---	---

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

Date <i>12/15/13</i>	Payee name <i>Facebook Advertising</i>
-------------------------	---

Amount (\$) <i>\$500⁰⁰</i>	Payee address; City; State; Zip Code <i>Facebook.com Elect Ricardo Medina</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FEES</i>	Description (If travel outside of Texas, complete Schedule T) <i>Facebook Expense</i>
------------------------	---	--

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
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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 MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 5	2 FILER NAME Ricardo Medina	3 ACCOUNT # (Ethics Commission Filers) 1858 171 1027
---------------------------------------	---------------------------------------	--

4 Date 10/29/13	5 Payee name Ricardo Medina
---------------------------	---------------------------------------

6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended \$920⁰⁰	7 Payee address; City; State; Zip Code 401 Woodland Dr. Pharr TX 78577
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING POLITICAL SIGN EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) Political Signs
--------------------------	--	---

Date 10/11/13	Payee name Ricardo Medina
-------------------------	-------------------------------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended 1300⁰⁰	Payee address; City; State; Zip Code 401 Woodland Dr Pharr TX 78577
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) Food for Kickoff T-Shirts- Political
------------------------	--	--

Date 11/25/13	Payee name Ricardo Medina
-------------------------	-------------------------------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended 1350⁰⁰	Payee address; City; State; Zip Code 401 Woodland Dr. Pharr TX 78577
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CARDS + POLITICAL SIGNS
------------------------	--	---

Date 11/25/13	Payee name Ricardo Medina
-------------------------	-------------------------------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended 1250⁰⁰	Payee address; City; State; Zip Code 401 Woodland Dr Pharr TX 78577
--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 5	2 FILER NAME Ricardo Medina	3 ACCOUNT # (Ethics Commission Filers) 18581711027
--	---------------------------------------	--

4 Date 12/13/13	5 Payee name Ricardo Medina
---------------------------	---------------------------------------

6 Amount (\$) 1331.48 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 401 Woodland Dr Pharr TX 78577
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing	(b) Description (If travel outside of Texas, complete Schedule T) PENS
---------------------------------	--	---

Date 11/18/13	Payee name Ricardo Medina
------------------	------------------------------

Amount (\$) \$750.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 401 Woodland Dr. Pharr TX 78577
---	---

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

Date 9/16/13	Payee name Ricardo Medina
-----------------	------------------------------

Amount (\$) \$21.25 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 401 Woodland Dr Pharr TX 78577
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverages Expense	Description (If travel outside of Texas, complete Schedule T) Donuts
------------------------	--	---

Date 10/12/13	Payee name Ricardo Medina
------------------	------------------------------

Amount (\$) \$106.92 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 401 Woodland Dr Pharr TX 78577
---	--

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <i>5</i>	2 FILER NAME <i>Ricardo Medina</i>	3 ACCOUNT # (Ethics Commission Filers) <i>18581711027</i>
---------------------------------------	---------------------------------------	--

4 Date <i>11/15/13 10/10/13</i>	5 Payee name Ricardo <i>Ricardo Medina</i>
------------------------------------	--

6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>37³²</i>	7 Payee address; City; State; Zip Code <i>401 Woodland Dr Pharr TX 78577</i>
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Shirt Printing</i>
--------------------------	---	--

Date <i>11/18/13</i>	Payee name <i>Ricardo Medina</i>
-------------------------	-------------------------------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>\$23²⁸</i>	Payee address; City; State; Zip Code <i>401 Woodland Dr. Pharr TX 78577</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Political Meeting</i>
------------------------	--	---

Date <i>11/13/13</i>	Payee name <i>Ricardo Medina</i>
-------------------------	-------------------------------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>\$20⁵⁵</i>	Payee address; City; State; Zip Code <i>401 Woodland Dr Pharr TX 78577</i>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Political Meeting</i>
------------------------	--	---

Date <i>10/18/13</i>	Payee name <i>Ricardo Medina</i>
-------------------------	-------------------------------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>\$42⁶⁰</i>	Payee address; City; State; Zip Code <i>401 Woodland Dr. Pharr TX 78577</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Political Meeting</i>
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 5	2 FILER NAME Ricardo Medina	3 ACCOUNT # (Ethics Commission Filers) 105 0171 1027
4 Date 10/25/13	5 Payee name Ricardo Medina	
6 Amount (\$) \$972 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 401 Woodland Dr Pharr Tx 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Political Meeting
Date 11/19/13	Payee name Ricardo Medina	
Amount (\$) \$2475 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 401 Woodland Dr Pharr Tx 78577	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Political Meeting
Date 12/20/13	Payee name Ricardo Medina	
Amount (\$) \$2378 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 401 Woodland Dr Pharr Tx 78577	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Political Meeting
Date 10/12/13	Payee name Ricardo Medina	
Amount (\$) \$4540 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 401 Woodland Dr. Pharr Tx 78577	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Political Meeting

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <i>5</i>	2 FILER NAME <i>Ricardo Medina</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---------------------------------------	--

4 Date <i>12/31/13</i>	5 Payee name <i>Ricardo Medina</i>
---------------------------	---------------------------------------

6 Amount (\$) <i>\$5167</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>401 Woodland Dr Pharr TX 78577</i>
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Political Meeting</i>
--------------------------	--	---

Date <i>11/29/13</i>	Payee name <i>Ricardo Medina</i>
-------------------------	-------------------------------------

Amount (\$) <i>\$1081</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>401 Woodland Dr. Pharr TX 78577</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Political Meeting</i>
------------------------	--	---

Date <i>12/11/13</i>	Payee name <i>Ricardo Medina</i>
-------------------------	-------------------------------------

Amount (\$) <i>\$13046</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>401 Woodland Dr. Pharr TX 78577</i>
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Political Meeting</i>
------------------------	--	---

Date <i>11/22/13</i>	Payee name <i>Ricardo Medina</i>
-------------------------	-------------------------------------

Amount (\$) <i>\$579</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>401 Woodland Dr Pharr TX 78577</i>
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Political Meeting</i>
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED