

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST <u>Ricardo</u> MI NICKNAME LAST <u>Medina</u> SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>401 Woodland Dr Pharr TX</u> <u>78577</u>	2013 JUL 15 PM 1:52 <i>[Signature]</i>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(956) 787-6343</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST <u>Raul</u> MI NICKNAME LAST <u>Gonzalez</u> SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1316 Daffodil Pharr Tx</u> <u>78577</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(956) 884-1224</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>1 / 15 / 2013</u> <u>7 / 15 / 2013</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>3 / 5 / 2014</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>County Commissioner</u>	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Ricardo Medina

15 ACCOUNT # (Ethics Commission Filers)

18581711027

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

\$ *0*

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

\$ *11,550*

EXPENDITURE TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *9,679.59*

CONTRIBUTION BALANCE

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

\$ *0*

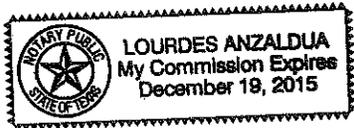
OUTSTANDING LOAN TOTALS

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

\$ *2,341.23*

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 *15th* day of *July*, 20 *13*, to certify which, witness my hand and seal of office.

Lourdes Anzaldúa
Signature of officer administering oath

Lourdes Anzaldúa
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: 4	
2 FILER NAME Ricardo Medina		3 ACCOUNT # (Ethics Commission Filers) 1858171 1027	
4 Date 5/7/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trinidad Medina	7 Amount of contribution (\$) 1,000⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 809 E. Ridge Rd. Alamo TX 78516		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Pharmacist		10 Employer (See Instructions) Life Check	
Date 4/17/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodney L. Faulstich	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5004 Queens Rd McAllen TX 78504		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CAR SALES -		Employer (See Instructions) Grande Auto Sales	
Date 5/9/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Humberto Garcia Jr.	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 595 PENITAS, TX 78516		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) 295	
Date 5/8/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BENITA VALDEZ	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 195 WESTACO TX 78596		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Collection Agency Agent		Employer (See Instructions) AMERICAN FINANCIAL BUREAU	
Date 3/21/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ISMAEL CUELLAR / TAMMY CUELLAR	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 1090 PHARR TX 78577		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) TRUCK SALES		Employer (See Instructions) Volvo	

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: **4**

2 FILER NAME

Ricardo Medina

3 ACCOUNT # (Ethics Commission Filers)

18581711027

4 Date

5/14/13

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

LINEBARGER Grogan Blair & Simpson

6 Contributor address; City; State; Zip Code

PO BOX 17428 Austin TX 78760

7 Amount of contribution (\$)

1,000⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

ATTORNEYS

10 Employer (See Instructions)

LINEBARGER G. B. & S.

Date

5/8/13

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

George Sosa

Contributor address; City; State; Zip Code

4600 Pueblo SAN ANTONIO, TX

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

5/11/13

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

RAWL Medina

Contributor address; City; State; Zip Code

821 E. Ridge Rd. Alamo TX 78516

Amount of contribution (\$)

\$ 500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PHARMACIST

Employer (See Instructions)

Alamo Drugs

Date

5/11/13

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

BENJAMIN Salinas

Contributor address; City; State; Zip Code

1518 N. Misty Ln Weslaco TX 78596

Amount of contribution (\$)

\$1,000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Dr office ~~owner~~

Date

6/13/13

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

William Adams

Contributor address; City; State; Zip Code

26907 Doan Road Harlingen TX 78552

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Administrator

Employer (See Instructions)

HARLINGEN MEDICAL CENTER

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: **4**

2 FILER NAME

Ricardo MEDINA

3 ACCOUNT # (Ethics Commission Filers)

1858171 1027

4 Date

1/20/13

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

Rodney L. Fabion

6 Contributor address; City; State; Zip Code

**5804 QUEENS RD. McALLEN TX
78504**

7 Amount of contribution (\$)

500⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

CAR SALES

10 Employer (See Instructions)

GRANDE AUTO SALES

Date

1/20/13

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

ISMAEL & TAMMY CUELLAR

Contributor address; City; State; Zip Code

P.O. BOX 1090 PHARR TX 78577

Amount of contribution (\$)

1,000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

TRUCK SALES

Employer (See Instructions)

US100

Date

1/20/13

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

Raul Medina

Contributor address; City; State; Zip Code

821 E. Ridge Rd Alamo TX 78516

Amount of contribution (\$)

1,000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/20/13

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

ESTELLA M. CASTILLO

Contributor address; City; State; Zip Code

P.O. BOX 517 ELSA, TX 78543

Amount of contribution (\$)

500⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

1/20/13

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

BELIA GARCIA

Contributor address; City; State; Zip Code

**5500 N. Hiawatha Dr. Pharr TX
78577**

Amount of contribution (\$)

500⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

DAY CARE

Employer (See Instructions)

OPEN DAY CARE

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: <u>4</u>	
2 FILER NAME <u>Ricardo Medina</u>		3 ACCOUNT # (Ethics Commission Filers) <u>1858171 1027</u>	
4 Date <u>1/20/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>DONNA COOPER - DUCKERY</u>	7 Amount of contribution (\$) <u>500⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>801 E. NDANA SWITZER McALLEN TX 78504</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Doctor</u>		10 Employer (See Instructions) <u>DWEN Doctor Office</u>	
Date <u>1/20/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>CHARLES MURPHY</u>	Amount of contribution (\$) <u>250⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>PO BOX 383 LA FERIA TX 78559</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Medical Technologist</u>		Employer (See Instructions) <u>KRAMM MEDICAL CENTER</u>	
Date <u>1/20/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>JOSE RENE CANTA</u>	Amount of contribution (\$) <u>200⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>504 S. CLOVER BLVD EDINBURG TX 78539</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>1/20/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>JAVIER LUJAN</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O BOX 704 Pharr TX 78577</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>INSURANCE SALES</u>		Employer (See Instructions) <u>LUJAN INSURANCE</u>	
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 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:	2 FILER NAME <i>Ricardo Medina</i>	3 ACCOUNT # (Ethics Commission Filers) <i>1858 171 1027</i>
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4 Date <i>5/11/13</i>	5 Payee name <i>Ricardo Medina ; MINERVA MEDINA</i>
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6 Amount (\$) <i>\$3841.23</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>401 Woodland Dr. Pharr TX 78577</i>
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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>GOLF TOURNAMENT</i>
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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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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>3</i>	2 FILER NAME <i>Ricardo Medina</i>	3 ACCOUNT # (Ethics Commission Filers) <i>18581711027</i>
4 Date <i>2/28/13</i>	5 Payee name <i>NEW ELEMENT</i>	
6 Amount (\$) <i>243⁵⁶</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 Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>CARDS</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/6/13</i>	Payee name <i>NEW ELEMENT</i>	
Amount (\$) <i>492⁵³</i>	Payee address; City; State; Zip Code <i>P.O BOX 1815 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>Bumper Stickers & CARDS</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>5/3/13</i>	Payee name <i>NEW ELEMENT</i>	
Amount (\$) <i>649⁵⁰</i>	Payee address; City; State; Zip Code <i>PO BOX 1815 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>MAGNETIC SIGNS</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>5/16/13</i>	Payee name <i>NEW ELEMENT</i>	
Amount (\$) <i>250⁰⁰</i>	Payee address; City; State; Zip Code <i>P.O BOX 1815 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>Bumper Stickers</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: 3	2 FILER NAME Ricardo Medina	3 ACCOUNT # (Ethics Commission Filers) 1858/71 1027
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4 Date 1/30/13	5 Payee name STAPLES
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6 Amount (\$) 99.86	7 Payee address; City; State; Zip Code 405 N. Jackson, Pharr TX 78577
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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) Fliers
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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 1/20/13	Payee name TIERRA SANTA GOLF CLUB
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Amount (\$) \$2,746.50	Payee address; City; State; Zip Code 1901 CLUB DE AMISTAD WESTLACO TX 78596
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) GOLF TOURNAMENT
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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 4/14/13	Payee name JOSE RODRIGUEZ
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Amount (\$) \$750.00	Payee address; City; State; Zip Code 210 LEOPARD SAN JUAN TX 78589
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) T-SHIRTS
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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 4/04/13	Payee name Poncho's
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Amount (\$) \$157.71	Payee address; City; State; Zip Code 801 E. FRONTAGE DR. MCALLEN TX 78504
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T) Meeting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

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: 3		2 FILER NAME Ricardo Medina		3 ACCOUNT # (Ethics Commission Filers) 1858171 1027	
4 Date 3/20/13		5 Payee name STAPLES			
6 Amount (\$) 123⁹⁵		7 Payee address; City; State; Zip Code 405 N. JACKSON 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) MAPS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/11/13		Payee name IRMA'S SWEETE SHOPPE			
Amount (\$) 357²³		Payee address; City; State; Zip Code 120E. PARK PHARR TX 78577			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD EXPENSE		Description (If travel outside of Texas, complete Schedule T) LUNCH FOOD	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/11/13		Payee name Palm View Golf Course			
Amount (\$) 3484⁰⁰		Payee address; City; State; Zip Code 2701 S. WALKER 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) GOLF TOURNAMENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/27/13		Payee name NEW Element			
Amount (\$) 324⁷⁵		Payee address; City; State; Zip Code P.O. BOX 1815 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) Magnetic Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED