

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT#</b> (Ethics Commission filers)	<b>2 Total pages filed:</b> <span style="font-size: 2em; color: blue;">13</span>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI <span style="font-size: 1.5em; color: blue;">Laura</span> <span style="font-size: 1.5em; color: blue;">L.</span> NICKNAME      LAST      SUFFIX <span style="font-size: 1.5em; color: blue;">Hinojosa</span>		<b>OFFICE USE ONLY</b> Date Received <span style="font-size: 2em; color: blue; transform: rotate(-90deg); display: inline-block;">2007 JUL 16 PM 4:58</span> Date Hand-delivered or Date Postmarked Receipt # Date Processed Date Imaged
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <span style="font-size: 1.5em; color: blue;">P.O. Box 720272 Ms Allen, TX 78504</span>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <span style="font-size: 1.5em; color: blue;">(956) 605.1012</span>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI <span style="font-size: 1.5em; color: blue;">Dr. Miguel</span> <span style="font-size: 1.5em; color: blue;">Nevarez</span> NICKNAME      LAST      SUFFIX		
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <span style="font-size: 1.5em; color: blue;">1200 S. Sugar Rd. Edinburg, TX 78539</span>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <span style="font-size: 1.5em; color: blue;">(956) 381.5926</span>		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month    Day    Year      THROUGH      Month    /    Year <span style="font-size: 1.5em; color: blue;">01 / 01 / 07</span> <span style="font-size: 1.5em; color: blue;">06 / 30 / 07</span>		
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year <span style="font-size: 1.5em; color: blue;">03 / 07 / 06</span>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <span style="font-size: 1.5em; color: blue;">District Clerk, Hidalgo County</span>	<b>13 OFFICE SOUGHT (if known)</b>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..  Name  Address / PO Box;    Apt. / Suite #;    City;    State;    Zip Code		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

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

\$ 00

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

\$ 41,100.00

EXPENDITURE TOTALS

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

\$ 00

4. TOTAL POLITICAL EXPENDITURES

\$ 00

CONTRIBUTION BALANCE

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

\$ 36,600.00

OUTSTANDING LOAN TOTALS

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

\$ 164,991.74

19 AFFIDAVIT



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

Laura Hinojosa  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laura Hinojosa, this the 16<sup>th</sup> day of July, 20 07, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Ginna Alvarez  
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: <b>5</b>	
2 FILER NAME <b>Hinojosa, Laura</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>05-22-07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>All Texas Towing</b>	7 Amount of contribution (\$) <b>2,000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2401 W. Hwy Bus. 83 M<sup>c</sup>Allen, TX. 78501</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>05-25-07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>S. David Deanda, Jr.</b>	Amount of contribution (\$) <b>2,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2408 Dorado Dr. Mission, TX. 78572</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>05-24-07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Border Health Pac</b>	Amount of contribution (\$) <b>5000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>300 Linberg M<sup>c</sup>Allen, TX. 78501-3790</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>05-22-07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Law Office of Manuel Guerra, III</b>	Amount of contribution (\$) <b>2000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>320 West Pecan Blvd. M<sup>c</sup>Allen, TX 78501</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>05-14-07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David O. Rogers, Jr.</b>	Amount of contribution (\$) <b>2000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 1077 Edinburg, TX. 78540-1077</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM 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: <b>5</b>	
2 FILER NAME <b>Hinojosa, Laura</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>05.25.07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Guadalupe Cantu</b>	7 Amount of contribution (\$) <b>3000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P.O. Box 2673 McAllen, TX 78502-2673</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>05.11/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Yzaquirre &amp; Chapa Attorneys at Law</b>	Amount of contribution (\$) <b>2000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6521 N. 10th St. Ste. A McAllen, TX. 78504</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>05.22.07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Law Offices of Quintanilla &amp; Palacios</b>	Amount of contribution (\$) <b>2000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5526 N. 10th McAllen, TX. 78504</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>05.24.07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ruben Hinojosa for Congress</b>	Amount of contribution (\$) <b>5000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>502 N. 11th Street McAllen, TX. 78501</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>05.18.07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Thomas G. Rayfield Attorney At Law</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1300 N. 10th St. Ste 300 McAllen, TX. 78501</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: <b>5</b>	
2 FILER NAME <b>Hinojosa, Laura</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>05.18.07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Thomas G. Rayfield Attorney at Law</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1300 N. 10th St. Ste 300 McAllen, TX 78501</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>05.21.07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Barrera, Sanchez &amp; Martinez, P.C.</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>10113 N. 10th St. Ste A McAllen, TX 78504</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>05.09.07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Atlas &amp; Hall, LLP</b>	Amount of contribution (\$) <b>2000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 3725 McAllen, TX 78502</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>05.24.07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Roy Ibañez</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1410 Dove Ave. McAllen, TX 78504</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>05.29.07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kittleman, Thomas, &amp; Gonzales</b>	Amount of contribution (\$) <b>2500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 1416 McAllen, TX 78505</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: <b>5</b>	
2 FILER NAME <b>Hinojosa, Laura</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>05.24.07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gonzalez, Palacios, LLP</b>	7 Amount of contribution (\$) <b>2000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1317 E. Quebec Ave. McAllen, TX. 78503</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>05.31.07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Law Office of Cynthia G. Gutierrez</b>	Amount of contribution (\$) <b>2000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5518 S. Jackson Road Edinburg, TX. 78539</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>05.21.07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Law Office of Roberto Salazar</b>	Amount of contribution (\$) <b>400.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4601 N. Mc Coll McAllen, TX. 78504</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>05.18.07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gonzalez &amp; Associates</b>	Amount of contribution (\$) <b>400.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>817 E. Esperanza Ave. McAllen, TX. 78501</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>05.22.07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Garcia &amp; Karam</b>	Amount of contribution (\$) <b>400.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>820 South Main McAllen, TX. 78501</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: <b>5</b>	
2 FILER NAME <b>Hinojosa, Laura</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>05.23.07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lisa Karam</b>	7 Amount of contribution (\$) <b>400 <sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>9200 N. Taylor Rd. McAllen, TX. 78504</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>05.24.07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amy &amp; Kenneth Johnson</b>	Amount of contribution (\$) <b>4500.00</b>	In-kind contribution description (if applicable) <b>dinner / fundraiser food, music, drinks linens</b>
Contributor address; City; State; Zip Code <b>12101 N. Rooth</b>			
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			
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			
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			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule B: **1**

2 FILER NAME

*Hinojosa, Laura*

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

5 Date

6 Full name of pledgor    out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address;   City;   State;   Zip Code

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;   City;   State;   Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;   City;   State;   Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;   City;   State;   Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;   City;   State;   Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F: <div style="text-align: right; font-size: 2em;">1</div>
<b>2</b> FILER NAME <div style="font-size: 1.2em; margin-left: 20px;">Hinojosa, Laura</div>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payee name <hr style="border-top: 1px dashed black;"/> <b>6</b> Payee address;      City;   State;   Zip Code	<b>7</b> Amount (\$)
<b>8</b> Purpose of payment (See instructions regarding type of information required.)		<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date	Payee name <hr style="border-top: 1px dashed black;"/> Payee address;      City;   State;   Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date	Payee name <hr style="border-top: 1px dashed black;"/> Payee address;      City;   State;   Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date	Payee name <hr style="border-top: 1px dashed black;"/> Payee address;      City;   State;   Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date	Payee name <hr style="border-top: 1px dashed black;"/> Payee address;      City;   State;   Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule G: <u>1</u>
2 FILER NAME <u>Hinojosa, Laura</u>	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

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

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H: <span style="font-size: 2em; vertical-align: middle;">1</span>
2 FILER NAME <i>Hinojosa, Laura</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name  6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

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

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>Hinojosa, Laura</u>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
5 Date of loan <u>03/31/07</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Texas State Bank</u>	9 Loan Amount (\$) <u>14991.74</u>
6 Is lender a financial institution? <input checked="" type="radio"/> Y <input type="radio"/> N	8 Lender address;    City;    State;    Zip Code <u>P.O. Box 4797</u> <u>MS Allen, TX 78501</u>	10 Interest rate <u>9.75</u>
		11 Maturity date <u>03.31.08</u>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor  17 Guarantor address;    City;    State;    Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan <u>09.16.06</u>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>First National Bank</u>	Loan Amount (\$) <u>150,000.00</u>
Is lender a financial institution? <input checked="" type="radio"/> Y <input type="radio"/> N	Lender address;    City;    State;    Zip Code <u>P.O. Box 810</u> <u>Edinburg, TX 78540</u>	Interest rate <u>7.50</u>
		Maturity date <u>09.16.07</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: <u>1</u>
2 FILER NAME <u>Hinojosa, Laura</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name ..... 6 Payee address;            City; State; Zip Code  7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
Date	Payee name ..... Payee address;            City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name ..... Payee address;            City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name ..... Payee address;            City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name ..... Payee address;            City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

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



HIDALGO COUNTY

ELECTIONS DEPARTMENT

COPY

YVONNE RAMON  
ELECTIONS ADMINISTRATOR

REQUEST FORM

DATE: 9/14/09

I, Miguel Carrera, am requesting,

General Information

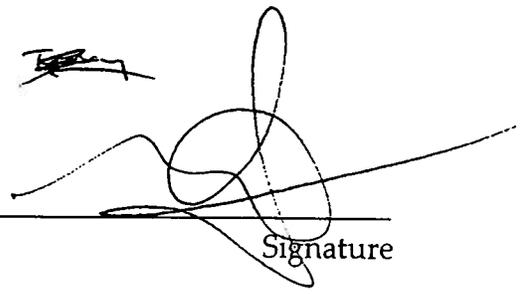
Original Voter Registration Application

Other Information

Information Needed: I need all contribution reports on record for  
All county court @ law courts, all county commissioners,  
and District clerk, County clerk and County Judge  
and ~~SP's~~ in Hidalgo County.

Information Requested:

# of Copies requested: \_\_\_\_\_  
(\$ .10 per copy)

  
Signature

Contact Information:

Name: Miguel Carrera

Phone: 956-221-0084

\_\_\_\_\_  
Approved by

Elections Department has up to ten (10) business days to fulfill requests.

JUL 14 2009  
Date Approved