

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <u>MRS.</u> FIRST: <u>Laura</u> MI: <u>L.</u> NICKNAME: _____      LAST: <u>Hinojosa</u> SUFFIX: _____	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>P.O. Box 720222</u> APT / SUITE #: _____      CITY: _____      STATE: _____      ZIP CODE: _____ <u>McAllen, Texas 78504</u>	Date Received: <u>2009 JUL 14 PM 2:24</u> Date Hand Delivered or Date Postmarked: _____	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <u>(956)</u> PHONE NUMBER: <u>605-1010</u> EXTENSION: _____	Receipt Amount: _____ Date Processed: _____ Date Imaged: _____	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <u>Dr.</u> FIRST: <u>Miguel</u> MI: _____ NICKNAME: _____      LAST: <u>NEVAREZ</u> SUFFIX: _____		
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE): <u>1200 South Sugar Road</u> APT / SUITE #: _____      CITY: <u>Edinburg</u> STATE: <u>Texas</u> ZIP CODE: <u>78534</u>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <u>(956)</u> PHONE NUMBER: <u>381-5926</u> EXTENSION: _____		
<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 Day Year <u>01 / 01 / 2009</u> <u>06 / 30 / 2009</u>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <u>03 / / 2010</u>	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) <u>District Clerk, Hidalgo County</u>	<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 Laura Hinojosa 16 ACCOUNT # (Ethics Commission Filer)

17 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 72,844.60
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3861.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 145,658.00

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 13<sup>th</sup> day of July, 2009, to certify which, witness my hand and seal of office.

Stephanie Palacios  
Signature of officer administering oath

Stephanie Palacios  
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>20</b>	
2 FILER NAME <b>Laura Hinojosa</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/16/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Pablo Javier Almaguer</b>	7 Amount of contribution (\$) <b>50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1316 N. 6th Street McAllen, Texas 78501-2345</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Attorney at law</b>		10 Employer (See Instructions)	
Date <b>3/31/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Melissa Lopez Ontiveros</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>801 Shasta McAllen, Texas 78504</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney at law</b>		Employer (See Instructions)	
Date <b>3/16/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Watt's Everrow Craft LLP</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2314 W. University Drive, Ste. 220 Edinburg, TX 78539</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney at law</b>		Employer (See Instructions)	
Date <b>3/16/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Vincent Honrad, M.D.</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2821 Michaelangelo, Ste. 201 Edinburg, Texas 78539</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Doctor</b>		Employer (See Instructions)	
Date <b>3/11/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Laura Martinez Ilyun</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5016 N. Cyn this McAllen Texas 78504</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney at law</b>		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>20</b>	
2 FILER NAME <b>Luis Hinojosa</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/9/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>S. David DeAnda, Jr.</b>	7 Amount of contribution (\$) <b>1,000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2408 Dorado Drive Mission, Texas 78572</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Self-Employed</b>		10 Employer (See Instructions)	
Date <b>3/11/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lawrence R. Gelman, M.D.</b>	Amount of contribution (\$) <b>1,500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5501 S. McColl Road Edinburg, Texas 78539</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Doctor</b>		Employer (See Instructions)	
Date <b>3/10/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Alonzo Carter</b>	Amount of contribution (\$) <b>3,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 2673 McAllen, Texas 78502-2673</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Business Man</b>		Employer (See Instructions)	
Date <b>3/8/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Martha Salinas - Honor</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>500 W. Harvey Street McAllen, Texas 78501</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Self-Employed</b>		Employer (See Instructions)	
Date <b>3/9/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Querra + Moore, LLP</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4201 N. McColl McAllen, Texas 78504</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney at Law</b>		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>20</b>	
2 FILER NAME <b>Laura Hinojosa</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/5/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ann L. Canales</b>	7 Amount of contribution (\$) <b>1,500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>336 Royal Street Edinburg, Texas 78533</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Attorney at Law</b>		10 Employer (See Instructions)	
Date <b>3/5/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Augusto Castrillon</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2805 Santa Esperanza Mission, Texas 78572</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Self Employed</b>		Employer (See Instructions)	
Date <b>3/5/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>R. David and Edna Guerra</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>423 Nightingale McAllen, Texas 78503</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Self Employed</b>		Employer (See Instructions)	
Date <b>3/5/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>International Bank of Commerce</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>130 East Travis St. San Antonio, Texas 78205</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/5/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Annette C. Muniz</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1213 Orange St McAllen, Texas 78501</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>20</b>	
2 FILER NAME <b>Laura Hinojosa</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/3/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cesar Perez</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>202 W. Water St Rio Grande City, Texas 78582</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/3/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Matthew Guerra</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 5371 McAllen, Tx. 78502-5371</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/6/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kathryn C. Mendez</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>104 S.E. Greenbriar Sq. McAllen, Texas 78503</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/2/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ruben Bonilla</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2727 Morgan Ave Corpus Christi, Texas 78405</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/6/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Atlas + Hall</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Drawer 3725 McAllen, Texas 78502-3725</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney at Law</b>		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

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2 FILER NAME <i>Laura Hinojosa</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/27/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Law Office of Manuel Guerra, III</i>	7 Amount of contribution (\$) <i>2,500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>320 West Pecan Blvd. McAllen, Texas 78501</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney at law</i>		10 Employer (See Instructions)	
Date <i>2/26/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruben Hinojosa for Congress</i>	Amount of contribution (\$) <i>5,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>502 North 11th Street McAllen, Texas 78501</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/25/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Border Health PAC</i>	Amount of contribution (\$) <i>5,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1210 W. Exp 83, Suite 10 Pharr, Texas 78577</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/4/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan + Rita Palacios</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>624 Palacios Drive Edinburg, Texas 78539</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Business man</i>		Employer (See Instructions)	
Date <i>3/5/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Palacios + Love</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2720 W. Canton, Sk B Edinburg, Texas 78539</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney at law</i>		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

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2 FILER NAME <b>Laura Hinojosa</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2/24/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Verna A. Pizzen</b>	7 Amount of contribution (\$) <b>1,000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>112 W Jackson Ave. McAllen, Texas 78501</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>2/27/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rodolfo Trevino</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2112 W University Drive Edinburg, Texas 78539</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/26/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>El Toro Club #2</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2203 S. 23rd Street McAllen, Texas 78503</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Business Man</b>		Employer (See Instructions)	
Date <b>3/3/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nilda P. Van Hook</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8725 Curry Rd. Edinburg, Texas 78539</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/3/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>A-Mingo Bail Bonds</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 882 Edinburg, Texas 78540</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Business Man</b>		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>20</b>	
2 FILER NAME <b>Laura Hinojosa</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/3/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>A- Fast Bail Bonds</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>710 E. El Cidalo Road Edinburg, Texas 78541</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Businessman</b>		10 Employer (See Instructions)	
Date <b>2/26/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Law Office of Keno Vasquez</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3525 W. Freddy Gonzalez, Ste. C Edinburg, Texas 78541</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney at Law</b>		Employer (See Instructions)	
Date <b>3/3/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jaime A. Gonzalez, Jr.</b>	Amount of contribution (\$) <b>1,500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3511 Plazas Del Lago Edinburg, Texas 78535</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney at Law</b>		Employer (See Instructions)	
Date <b>3/2/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Yzaquiel + Chapar</b>	Amount of contribution (\$) <b>2,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6521 N. 10th Street, Ste A McAllen, Texas 78504</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney at Law</b>		Employer (See Instructions)	
Date <b>2/27/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gloria G. Guajardo, TTEE</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>402 Plymouth Lane Laredo, Texas 78041</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>20</b>	
2 FILER NAME <b>Laura Anglish</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/2/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Meyer + Gverera</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>308 N. 15th St McAllen, Texas 78501</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/26/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe V. La Mentio, Jr.</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>115 Houston McAllen, Texas 78501</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Business Man</b>		Employer (See Instructions)	
Date <b>3/31/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jesse Trevino</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 429 McAllen, Texas 78505-0429</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/4/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Elizabeth M. Dietz</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5415 N. McColl Road, Ste. 78.504 McAllen, Texas 78504</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/4/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Macias Law Firm</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4715 South Jackson Edinburgh, Texas 78539</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney at Law</b>		Employer (See Instructions)	

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>20</u>	
2 FILER NAME <u>Laura Hinojosa</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>2/2/09</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dr. Carlos Manriquez</u>	7 Amount of contribution (\$) <u>250.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code <u>2518 W. Trenton Edinburg, Texas 78539</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Doctor</u>		10 Employer (See Instructions)	
Date <u>3/3/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rene A. Anzaldue</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <u>P.O. Box 2658 Edinburg, Texas 78540</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Business Man</u>		Employer (See Instructions)	
Date <u>3/3/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>G.E. Roney Investments</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <u>P.O. Box 5910 McAllen, Texas 78502</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Business Man</u>		Employer (See Instructions)	
Date <u>3/2/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Harbison Farms</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <u>P.O. Box 747 Mercedes, Texas 78570</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3/4/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Discount Bail Bonds</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <u>3111 S. Bus Hwy 281 Edinburg, Texas 78539</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Business Man</u>		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>20</b>	
2 FILER NAME <b>Laura Hinojosa</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/5/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ellis, Koeneke + Ramirez</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1101 Chicago Ave McAllen, Texas 78501</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Attorney at Law</b>		10 Employer (See Instructions)	
Date <b>3/3/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marin Ofelio Rojas</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1402 Colosio Lane Mission, Texas 78572</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/6/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kittelman, Thomas + Gonzalez, LLP</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 1416 McAllen, Texas 78505</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney at Law</b>		Employer (See Instructions)	
Date <b>3/4/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Law Office of Preston Herrickson, P.C.</b>	Amount of contribution (\$) <b>1,500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>222 West Cano Edinburg, Texas 78540</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney at Law</b>		Employer (See Instructions)	
Date <b>3/6/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Aztec Realty</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>500 E. Pecan McAllen, Texas 78502</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Business Man</b>		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>20</b>	
2 FILER NAME <b>Laura Hingosa</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/31/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>R. P. (Bob) Sanchez</b>	7 Amount of contribution (\$) <b>50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1507 Marigold McAllen, Texas 78501</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Attorney at Law</b>		10 Employer (See Instructions)	
Date <b>3/5/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marlyn Y. Fox</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>309 Uvalde Ave. McAllen, Texas 78505</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/5/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gilbert Mceldonado</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 4465 McAllen, Texas 78510</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/5/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pamela C. Voss</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1611 Crownpointe Mission, Texas 78572</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/5/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sabrina S. Guerra</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7121 N. 4th Street McAllen, Texas 78509</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

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2 FILER NAME <b>Laura Hinojosa</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/4/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David and Anadelin Kennedy</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1817 Post Oaks Edinburg, Texas 78539</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/5/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert R Flores</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1319 Vance Street Edinburg, Texas 78539</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/5/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Loredo + Marroquin, PLLC</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2720 W. Canton Road, Sk. A Edinburg, Texas 78539</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/4/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Touchy + Green, LLP</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2301 Price Road, Suite C Brownsville, Texas 78521-2448</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney at Law</b>		Employer (See Instructions)	
Date <b>3/5/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carlos E. Ortegón, PC</b>	Amount of contribution (\$) <b>150.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6521 N. 10th Street, Sk F McAllen, Texas 78504</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney at Law</b>		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: <u>20</u>	
2 FILER NAME <u>Laura Hinojosa</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>3/4/09</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Norma E. Valdez</u>	7 Amount of contribution (\$) <u>250.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>4811 Ritz Ave. Edinburg, Texas 78535</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>3/5/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Law Office of Leticia Hinojosa, PC</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1602 Dulcanir Street Edinburg, Texas 78534</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Attorney at Law</u>		Employer (See Instructions)	
Date <u>3/6/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Daniel Gallegos</u>	Amount of contribution (\$) <u>300.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>509 Shasta McAllen, Texas 78504</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3/4/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Willetta + Guerra, LLP</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>10213 N. 10th Ave. McAllen, Texas 78504</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Attorney at Law</u>		Employer (See Instructions)	
Date <u>3/5/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Perave Brandon Fielder Collins + Mott</u>	Amount of contribution (\$) <u>1,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>400 N. McColl, Ste. A McAllen, Texas 78504</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Attorney at Law</u>		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>20</b>	
2 FILER NAME <b>Laura Hinojosa</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/5/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Goldman + Goldman Real Estate</b>	7 Amount of contribution (\$) <b>1,000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>615 Blaze Blvd. Edinburg, Texas 78539</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Business Man</b>		10 Employer (See Instructions)	
Date <b>3/5/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John A. Rodriguez</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1205 N Paul Longoria Rd., Sk F San Juan, Tx. 78589</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/5/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert W. Williams or Susan Williams</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 5632 Mc Allen, Texas 78502-5632</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/5/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Claude H. Hildreth</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7500 N. Taylor Rd. Mc Allen, Texas 78504</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/5/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul or Paula Maxley</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>216 East Emory Ave. Mc Allen, Texas 78504</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: <b>20</b>
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2 FILER NAME <b>Laura Hinojosa</b>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <b>3/5/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>El Toro Management Co. LLC</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>304 South Second Street McAllen, Texas 78501</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date <b>3/4/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Oxford + Gonzalez</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Drawer 630 Edinburg, Texas 78540</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) <b>Attorney at Law</b>	Employer (See Instructions)
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Date <b>3/7/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Luis M Rios, Jr. M.D.</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8125 N. 2nd Street McAllen, Texas 78504</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) <b>Doctor</b>	Employer (See Instructions)
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Date <b>3/9/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>L. Keith Fox</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 2288 McAllen, Texas 78501</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) <b>Business Man</b>	Employer (See Instructions)
--	-----------------------------

Date <b>3/9/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Aaron D Fox</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2200 Fox Drive McAllen, Texas 78504</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) <b>Business Man</b>	Employer (See Instructions)
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

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2 FILER NAME <b>Laura Hinojosa</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/11/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael A. Falek</b>	7 Amount of contribution (\$) <b>150.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P.O. Box 720190 McAllen Texas 78504</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/11/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Law Office of Monica M. Galvan</b>	Amount of contribution (\$) <b>150.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3525 W. Freddy Gonzalez, Skc C Edinburg, Texas 78541</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney at Law</b>		Employer (See Instructions)	
Date <b>3/9/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Clark Spikes, Jr.</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Drawer 993 Mission, Texas 78573</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/11/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Fred Pulcin</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1809 E Russell Road Edinburg, Texas 78541</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Business Man</b>		Employer (See Instructions)	
Date <b>3/11/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael V. McCarthy</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 542 Edinburg, Texas 78540</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Business Man</b>		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

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2 FILER NAME <b>Laura Hinojosa</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/11/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Saul Orkgo</b>	7 Amount of contribution (\$) <b>1,000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1220 Castillo Court Edinburg, Texas 78539</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Business Man</b>		10 Employer (See Instructions)	
Date <b>3/9/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David O. Rogers Jr</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 1079 Edinburg, Texas 78540-1079</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Business Man</b>		Employer (See Instructions)	
Date <b>3/11/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ricardo A. Ramos</b>	Amount of contribution (\$) <b>75.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4712 N. McColl Road McAllen, Texas 78504</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney at Law</b>		Employer (See Instructions)	
Date <b>3/31/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John G. Escamilla</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1900 E. Tam Mile Road Mission, Texas 78574</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/12/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jose G. Gonzalez, Jr.</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>313 Thunderbird Ave. McAllen Texas 78504</b>		(If travel outside of Texas, complete Schedule T)	
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>20</b>	
2 FILER NAME <i>Laura Hinojosa</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/20/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Gonzalez + Palacios, LLP</i>	7 Amount of contribution (\$) <i>1,500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1317 E. Quebec Ave. Mc Allen, Texas 78503</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney at Law</i>		10 Employer (See Instructions)	
Date <i>4/27/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ricardo Palacios + Denis Palacios</i>	Amount of contribution (\$) <i>1,500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1216 Susan Dr. Edinburg, Texas 78539</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Business Law</i>		Employer (See Instructions)	
Date <i>3/5/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Garcia + Karam, LLP</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>820 South Main Mc Allen, Texas 78501</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney at Law</i>		Employer (See Instructions)	
Date <i>3/6/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Hernandez Law Firm LLP</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>222 E Van Buren Street, Ste. 700 Harlingen, Texas 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney at Law</i>		Employer (See Instructions)	
Date <i>4/7/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bondas Law Firm, PC</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>500 N. Shoreline Blvd, Ste 1020 Corpus Christi, Texas 78471</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney at Law</i>		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: <u>20</u>	
2 FILER NAME <u>Lauren Hinojosa</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>3/9/09</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Craig S. Fox</u>	7 Amount of contribution (\$) <u>250.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>P.O. Box 2288 McAllen, Texas 78502</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Business Man</u>		10 Employer (See Instructions)	
Date <u>3/9/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kenneth S. Fox</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1400 Camello McAllen, Texas 78501</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Business Man</u>		Employer (See Instructions)	
Date <u>3/4/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Hector Hugo Rios</u>	Amount of contribution (\$) <u>1,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3811 San Daniel Mission, Texas 78572</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>7/8/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bruce &amp; Lori Goldman</u>	Amount of contribution (\$) <u>1,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>615 Blaze Blvd Edinburg, Texas 78539</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Business Man</u>		Employer (See Instructions)	
Date <u>5/6/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Elias Olivarez, Jr.</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>820 North 10th St McAllen, Texas 78501</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Business Man</u>		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>20</b>	
2 FILER NAME <i>Lauren Hinojosa</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/14/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eric Reed</i>	7 Amount of contribution (\$) <i>400.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>945 Mc Kinney St. Houston, Texas 77002</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/15/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Baltazar Serna, Jr.</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>126 Villita San Antonio, Texas 78205</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/17/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Filimon P. Vela</i>	Amount of contribution (\$) <i>2,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>802 Carancahua St. Ste. 1590 Corpus Christi Texas 78740</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney at Law</i>		Employer (See Instructions)	
Date <i>3/5/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kenneth + Amy Johnson</i>	Amount of contribution (\$) <i>4,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Rio Grande Valley, Texas</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Business Man</i>		Employer (See Instructions)	
Date <i>3/5/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lala Karam - J.J's Party House</i>	Amount of contribution (\$) <i>249.60</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>201 N. Bicentennial Blvd. McAllen, Texas 78501</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Business Man</i>		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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages this Schedule B:

2 FILER NAME *Laura Hinojosa* 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨      \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address;      City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor 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 FORM AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME <i>Laura Hinojosa</i>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨			\$
5 Date of loan <i>9/15/08</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>First National Bank</i>		9 Loan Amount (\$) <i>150,000.00</i>
6 Is lender a financial institution? <input checked="" type="radio"/> Y <input type="radio"/> N	8 Lender address;    City;    State;    Zip Code <i>P.O. Box 810 Edinburg, Texas 78540</i>		10 Interest rate <i>7.5%</i>
			11 Maturity date <i>9/15/09</i>
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		18 Amount Guaranteed (\$)
17 Guarantor address;    City;    State;    Zip Code			
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)
Is lender a financial institution?  Y    N	Lender address;    City;    State;    Zip Code		Interest rate
			Maturity date
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		Amount Guaranteed (\$)
Guarantor address;    City;    State;    Zip Code			
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.

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: **2**

2 FILER NAME **Laura Hinojosa** 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
	6 Payee address, City, State, Zip Code	

8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
--	--

Date	Payee name	Amount (\$)
<b>3/4/09</b>	<b>Sims</b>	<b>1,161.05</b>
	Payee address, City, State, Zip Code	
	<b>500 N. Jackson Road Pharr, Texas 78577</b>	

Purpose of payment (See instructions regarding type of information required.) <b>Food fund raiser</b> (If travel outside of Texas, complete Schedule T)	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
---	--

Date	Payee name	Amount (\$)
<b>5/8/09</b>	<b>Mayra Navarro</b>	<b>250.00</b>
	Payee address, City, State, Zip Code	
	<b>2407 River Oaks Dr. Edinburg, Texas 78539</b>	

Purpose of payment (See instructions regarding type of information required.) <b>UTPA Study Abroad</b> (If travel outside of Texas, complete Schedule T)	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
--	--

Date	Payee name	Amount (\$)
<b>5/21/09</b>	<b>Hidalgo County Democratic Party</b>	<b>1,200.00</b>
	Payee address, City, State, Zip Code	
	<b>105 E. Expressway 83, Sk-F Pharr, Texas 78577</b>	

Purpose of payment (See instructions regarding type of information required.) <b>donation</b> (If travel outside of Texas, complete Schedule T)	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
---	--

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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2

2 FILER NAME Laura Hinjosa 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>6/9/09</u>	5 Payee name <u>ACTS Missions</u>	7 Amount (\$) <u>250.00</u>
6 Payee address; City; State; Zip Code <u>612 W. Nolan, Ste. 340 McAllen, Texas 78504</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Donation</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
--	--

Date <u>6/20/09</u>	Payee name <u>Ryan Gibson Foundation</u>	Amount (\$) <u>500.00</u>
Payee address; City; State; Zip Code <u>5910 N. Central Expressway, Ste 770 Dallas, Texas 75206</u>		

Purpose of payment (See instructions regarding type of information required.) <u>FINs</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>-- Complete if direct expenditure to benefit C/OH --</small> 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:

2 FILER NAME

*Laura Hines*

3 ACCOUNT # (Ethics Commission filers)

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

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**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

2 FILER NAME *William Hingjisa* 3 ACCOUNT # (Ethics Commission filers)

4	Date	5 Business name	7	Amount (\$)
		6 Business address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
--	--

Date	Business name	Amount (\$)
Business address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
--	---

Date	Business name	Amount (\$)
Business address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
--	---

Date	Business name	Amount (\$)
Business address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
--	---

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule I:

2 FILER NAME *Luern Hingose* 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name ..... 6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	

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**CREDITS (optional)**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

*Laura Hinojosa*

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME <i>Laura Hinojosa</i>		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

### 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

### 4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

#### A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

#### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

### 5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder