

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Laura Hinojosa **16 ACCOUNT # (Ethics Commission Filers)**

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

additional pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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)	\$ 78,425.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,250.28
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	\$ 40,698.39

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 15th day of July, 20 11, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>18</u>	
2 FILER NAME <u>Laura Hinojosa</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>2/15/11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>A-Fast / Al Bail Bonds</u>	7 Amount of contribution (\$) <u>1,000.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>710 E. El Cibolo Road Edinburg, Texas 78542</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Bondsman</u>		10 Employer (See Instructions)	
Date <u>3/29/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Amy A. Johnson</u>	Amount of contribution (\$) <u>1,500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>12101 N. Rooth Road McAllen, Texas 78504</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Businesswoman</u>		Employer (See Instructions)	
Date <u>3/17/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Arturo Martinez POP</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 998 Alamo, Texas 78516</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>3/25/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Adrian A. Villarreal</u>	Amount of contribution (\$) <u>25.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 579 McAllen, Texas 78501</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3/25/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Sonia A. Falcon</u>	Amount of contribution (\$) <u>75.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2421 Fir Avenue McAllen, Texas 78501</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 18	
2 FILER NAME Laura Hinojosa		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/23/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aissa V. Garcia	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4101 Nopal Street McAllen, Texas 78504		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Supporter		10 Employer (See Instructions)	
Date 3/10/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pablo Javier Almaguer	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1316 North 6th Street McAllen, Texas 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney at Law		Employer (See Instructions)	
Date 3/9/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul R. Rodriguez	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1401 South "H" Street McAllen, Texas 78505		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/10/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Border Health PAC	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 612 W. Nolana, Bldg 300, Ste. 340 McAllen, Texas 78504		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/11/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Morales Law Firm,	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3102 S. McCall Rd. Edinburg, Texas 78539		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney at Law		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>18</u>	
2 FILER NAME <u>Laura Hinojosa</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>3/22/11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Barrera, Sanchez + Asociados PC</u>	7 Amount of contribution (\$) <u>300.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>10113 N. 10th Street, Suite A McAllen, TX 78504</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Attorney at Law</u>		10 Employer (See Instructions)	
Date <u>3/23/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Aissa V. Garcia</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4101 Nopal Street McAllen Texas 78504</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Supporter</u>		Employer (See Instructions)	
Date <u>3/23/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jay Cortez + Susan C. Cortez</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>601 Wisteria Ave McAllen, Texas 78504</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Supporter</u>		Employer (See Instructions)	
Date <u>3/18/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brian Kelly Madden</u>	Amount of contribution (\$) <u>1,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2604 Ponderosa Dr. Mission, Texas 78572</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3/18/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bruce or Lori Goldman</u>	Amount of contribution (\$) <u>1,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>204 Nightingale McAllen, TX 78504</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Businessman</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: 18	
2 FILER NAME <i>Laura Hingoson</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/16/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ralph Bullard</i>	7 Amount of contribution (\$) <i>1,000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 575 Addicks, Tx 75001</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Supporter</i>		10 Employer (See Instructions)	
Date <i>3/20/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bruce L. Goldman</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>615 Blaze Blvd Edby, Tx 78539</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Businessman</i>		Employer (See Instructions)	
Date <i>3/18/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Law Office of Reynaldo Ortiz LP</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1305 E. Nolana Loop, Ste F McAllen, Tx 78504</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>3/18/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Loya Insurance</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11900 N- 26th St Ste 200 McAllen, Tx 78504</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/12/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>E. Brent Bottom</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>802 N. Carancahua, Ste 1500 Corpus Christi, Tx 78471</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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 18	
2 FILER NAME <i>Laura Hirigosa</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/18/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ruben + Edna Rodriguez</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 2164 Elsa, TX 78543</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Suppliers</i>		10 Employer (See Instructions)	
Date <i>3/3/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Dr. Fred Farias III</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1313 S. 10th McAllen, TX 78501</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/12/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Contreras, Gutierrez + Associates</i>	Amount of contribution (\$) <i>300.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10113 N. 10th St, Ste L McAllen TX 78504</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/25/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Colvin, Chaney, Saenz + Rodriguez LLP</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1201 E. Van Buren Brownsville, TX 78522</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>3/25/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>S. David DeArda, Jr</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2408 Durado Drive Mission, TX 78572</i>		(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: 18	
2 FILER NAME Laura Hinojosa		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/24/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) A.C. Cuellar, Jr. 6 Contributor address; City; State; Zip Code 231 Lion Lake Drive S Progreso Lakes, Tx 78596	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eliza D. Alvarado Contributor address; City; State; Zip Code 1409 N. Zany Blvd. Apt 417 Dallas, Tx 75203	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diann Bartek Contributor address; City; State; Zip Code Rio Grande Valley, Texas	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/24/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Huckema + Longoria LLP Contributor address; City; State; Zip Code 600 E. Nolana Ave, Ste. 202 McAllen, Tx 78501	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney at Law		Employer (See Instructions)	
Date 3/23/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jorky, Inc Contributor address; City; State; Zip Code P.O. Box 359 Edggs. Tx. 78540	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business		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: **18**

2 FILER NAME
Laura Hinojosa

3 ACCOUNT # (Ethics Commission Filers)

4 Date
3/25/11

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

David Guerra

6 Contributor address; City; State; Zip Code

Rio Grande Valley, Texas

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Augusto A. Castrillon

Contributor address; City; State; Zip Code

Rio Grande Valley, Texas

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Horacio Pena

Contributor address; City; State; Zip Code

Rio Grande Valley, Texas

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

El Toro Management LLC

Contributor address; City; State; Zip Code

**1625 W. Expressway 83
Pharr, TX 78577**

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Rick Villarreal

Contributor address; City; State; Zip Code

Rio Grande Valley, Texas

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(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: 18	
2 FILER NAME Laurie Hinojosa		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/22/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mario E. Ramirez	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 332nd District Court Edbg. Tx. 78539		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/8/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellis, Koeneke & Ramirez	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1109 Chicago Ave McAllen, Tx 78504		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney at Law		Employer (See Instructions)	
Date 2/8/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edmundo D. Ramirez	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 900 S. 15th St. McAllen, Tx 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney at Law		Employer (See Instructions)	
Date 5/2/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Flemon Vela Law Group	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1002 E. Taylor Brownsville, Tx 78520		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney at Law		Employer (See Instructions)	
Date 5/2/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vela & Reed LLC	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 440 Louis and St. Ste. 720 Houston, Tx.		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 18	
2 FILER NAME <i>Laura Hinijosa</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/23/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Garcia + Villarreal, LLP</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>4401 N. McCall Rd McAllen, TX 78504</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>3/30/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Garcia, Quintanilla + Palacios</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5526 N. 10th St. McAllen, TX 78504</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>3/24/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fred Regalado Bail Bonds</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 5217 McAllen, TX 78512</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Bondsman</i>		Employer (See Instructions)	
Date <i>3/28/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Garcia + Martinez LLP</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10113 N. 10th St, Ste H McAllen, TX 78504</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/24/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WW, LLC</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>109 S. Main McAllen, TX 78501</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Business</i>		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>3/25/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>In + Out Investments,</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1506 West Pecan Blvd McAllen, Tx. 78501</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Business</i>		10 Employer (See Instructions)	
Date <i>3/28/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>IBC / IBC PAC STATE</i>	Amount of contribution (\$) <i>1,000.00</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)		Employer (See Instructions)	
Date <i>3/28/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John A. Rodriguez</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1205 N. Raul Longoria Rd Ste F San Juan, Tx. 78539</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/25/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Law Office of Manuel Guerra, III</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>320 West Pecan Avenue McAllen Tx. 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>2/24/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Law Office of Laura Martinez Colunga</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>600 S. Closer Blvd. Edinburg, Tx. 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>18</u>	
2 FILER NAME <u>Laura Hinojosa</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>2/24/11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ana L. Canales</u>	7 Amount of contribution (\$) <u>1,000.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>336 Royal St. Edinburg, TX. 78539</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>3/9/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Guerra + Moore LLP</u>	Amount of contribution (\$) <u>1,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4201 N. McColl Rd. Mc Allen, Tx. 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>2/7/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lineberger Guggen Blair + Sampson LLP</u>	Amount of contribution (\$) <u>1000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 17428 Austin, Tx 78760</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>3/8/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kenneth S. Foy</u>	Amount of contribution (\$) <u>1,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1400 Camelina Mc Allen, Tx. 78501</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Businessman</u>		Employer (See Instructions)	
Date <u>3/18/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Law Office of Manuel Guerra, III</u>	Amount of contribution (\$) <u>1,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>320 W. Pecan Blvd. Avenue Mc Allen, Tx. 78501</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: 18	
2 FILER NAME <i>Laura Hinojosa</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/31/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Law Office of Keno Vasquez</i>	7 Amount of contribution (\$) <i>750.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3525 W. Freddy Gonzalez, Ste C Edg. Dr. 78541</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>3/31/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kittleman, Thomas + Gomales LLP</i>	Amount of contribution (\$) <i>2,500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 1484 McAllen, Tx. 78505</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>3/25/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Law Office of Leticia Hinojosa PC</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>McAllen, Tx 78504</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>3/24/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Law Office of Rogelio Garza</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4405 N. McColl Rd. McAllen, Tx. 78504</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>3/25/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dora Brown</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>124 E. Whitewing McAllen, Tx 78501</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Supporter</i>		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: 18	
2 FILER NAME <i>Laura Hinojosa</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/7/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>The Loreda Law Firm</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2720 W. Canton Rd. Ste A Edinburg, TX. 78539</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>3/11/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Atlas + Hall</i>	Amount of contribution (\$) <i>2,500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Drawer 3725 McAllen, TX. 78502</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney at Law</i>		Employer (See Instructions)	
Date <i>3/11/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Everra Law Firm</i>	Amount of contribution (\$) <i>2,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>320 West Pecan Blvd McAllen, TX. 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>3/24/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Olivarez</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Rio Grande Valley, TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/15/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Perdue, Brandon Fiddler Collins + Mott LLP</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>400 N. McColl, Ste. A McAllen, TX 78501</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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 18

2 FILER NAME Laura Hingosa

3 ACCOUNT # (Ethics Commission Filers)

4 Date 3/28/11
 5 Full name of contributor out-of-state PAC (ID#: _____)
Peralez Franz LLP
 6 Contributor address; City; State; Zip Code
1416 Dove Avenue
McAllen, Tx. 78504

7 Amount of contribution (\$) 500.00
 8 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Attorney at Law

10 Employer (See Instructions)

Date 3/22/11
 Full name of contributor out-of-state PAC (ID#: _____)
Physician Laboratory Services LLC
 Contributor address; City; State; Zip Code
707 Savannah Avenue
McAllen, Tx. 78503

Amount of contribution (\$) 1,000.00
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 3/25/11
 Full name of contributor out-of-state PAC (ID#: _____)
Law Offices of Michael E. Flanagan
 Contributor address; City; State; Zip Code
809 Chicago Avenue
McAllen, Tx. 78501

Amount of contribution (\$) 1,000.00
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney at Law

Employer (See Instructions)

Date 3/28/11
 Full name of contributor out-of-state PAC (ID#: _____)
Law Office of Preston Henriksen PC
 Contributor address; City; State; Zip Code
222 W. Cano
Edinburg, Tx. 78539

Amount of contribution (\$) 500.00
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney at Law

Employer (See Instructions)

Date 3/9/11
 Full name of contributor out-of-state PAC (ID#: _____)
Nijad I. Fares
 Contributor address; City; State; Zip Code
P.O. Box 130688
Houston, Tx. 77219

Amount of contribution (\$) 5,000.00
 In-kind contribution description (if applicable)
 (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: 18

2 FILER NAME
Laura Hinojosa

3 ACCOUNT # (Ethics Commission Filers)

4 Date
3/10/11

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

6 Contributor address; City; State; Zip Code
4715 South Jackson
Edgy, Tx. 78534

7 Amount of contribution (\$)
250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Attorney at Law

10 Employer (See Instructions)

Date
4/13/11

Full name of contributor out-of-state PAC (ID# _____)
Nilda P. VanHook

Contributor address; City; State; Zip Code
8725 Curry Rd.
Edinburg, Tx 78534

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/15/11

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

Contributor address; City; State; Zip Code
612 W. Nolana, Bldg 300, Ste. 340
McAllen, Tx. 78504

Amount of contribution (\$)
2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/22/11

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

Contributor address; City; State; Zip Code
P.O. Box 8294
Westaco, Tx 78594

Amount of contribution (\$)
1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/28/11

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

Contributor address; City; State; Zip Code
Everystone Centre 320 S. 8th St
McAllen, Tx. 78501

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney at Law

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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: 18	
2 FILER NAME <i>Laura Hinojosa</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/25/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Richard H. Garcia</i>	7 Amount of contribution (\$) <i>1,000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5526 N. 10th St. McAllen, TX 78504</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>1/24/11</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 N. 11th Street McAllen, TX 78501</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/28/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>David O. Rogers, Jr.</i>	Amount of contribution (\$) <i>2,500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 1077 Edinburg, TX 78540</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Businessman</i>		Employer (See Instructions)	
Date <i>3/28/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Saul Ortega</i>	Amount of contribution (\$) <i>2,500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1220 Gastille Court Edinburg, TX 78539</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Businessman</i>		Employer (See Instructions)	
Date <i>3/28/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Gonzalez + Palacios LLP</i>	Amount of contribution (\$) <i>2,500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1317 E. Quebec Avenue McAllen, TX 78503</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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>18</u>	
2 FILER NAME <u>Laura Hinjosa</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>3/23/11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Palacios + Love</u> 6 Contributor address; City; State; Zip Code <u>2720 W. Canton, Ste. B Edg. Tx. 78534</u>	7 Amount of contribution (\$) <u>500.00</u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <u>Attorney at Law</u>		10 Employer (See Instructions)	
Date <u>3/24/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Juan + Rita Palacios</u> Contributor address; City; State; Zip Code <u>624 Palacios Drive Edg. Tx 78534</u>	Amount of contribution (\$) <u>1,000.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <u>Businessman</u>		Employer (See Instructions)	
Date <u>3/25/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>The Ramirez Law Firm</u> Contributor address; City; State; Zip Code <u>McAllen, Texas 78504</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <u>Attorney at Law</u>		Employer (See Instructions)	
Date <u>3/25/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>The Prunedu Law Firm PLLC</u> Contributor address; City; State; Zip Code <u>McAllen, Texas 78504</u>	Amount of contribution (\$) <u>300.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <u>Attorney at Law</u>		Employer (See Instructions)	
Date <u>3/25/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Griffith + Garcia LP</u> Contributor address; City; State; Zip Code <u>McAllen, Texas 78504</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
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: 18	
2 FILER NAME <i>Laura Hinojosa</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/1/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Willetta + Guerra LLP</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>10213 N. 10th Street McAllen, TX 78504</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>3/23/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JONES, Galligan Key Lozano</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Drawer 1247 Westaco, TX 78546</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>3/24/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob Trevino Insurance</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>pharr, Texas 78577</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/25/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaime Gonzalez, Jr.</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1500 Northgate Lane McAllen, TX 78504</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME <i>Laura Hinojosa</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan <i>9/19/2015</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>First National Bank</i>	9 Loan Amount (\$) <i>40,698.39</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, TX 78540</i>	10 Interest rate <i>7.5%</i>
		11 Maturity date <i>9/19/2011</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 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation (See Instructions)		20 Employer (See Instructions)
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 Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3		2 FILER NAME Laura Hinojosa		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/17/11		5 Payee name Hidalgo County Bar Foundation			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code 314 South Clusner Edinburg, TX 78539			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Donation		(b) Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/25/11		Payee name Fast Signs			
Amount (\$) 753.69		Payee address; City; State; Zip Code 4117 N. 10th St. McAllen, TX 78504			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/26/11		Payee name Monte Cristo Golf Course			
Amount (\$) 1,725.00		Payee address; City; State; Zip Code 3101 N. Kenyon Rd. Edinburg, TX 78542			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/26/11		Payee name Monte Cristo Golf Course			
Amount (\$) 150.00		Payee address; City; State; Zip Code 3101 N. Kenyon Rd. Edinburg, TX 78542			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>3</i>	2 FILER NAME <i>Laura Hinojosa</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/15/11</i>	5 Payee name <i>Woman to Woman Magazine</i>
---------------------------------	---

6 Amount (\$) <i>200.00</i>	7 Payee address; City; State; Zip Code <i>McAllen, TX. 78504</i>
---------------------------------------	--

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/13/11</i>	Payee name <i>Promotional Products of South Texas</i>
------------------------	--

Amount (\$) <i>922.47</i>	Payee address; City; State; Zip Code <i>1101 Sunrise Avenue Mission, TX. 78574</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/23/11</i>	Payee name <i>Brand Extract</i>
------------------------	------------------------------------

Amount (\$) <i>77.94</i>	Payee address; City; State; Zip Code <i>7026 Old Katy Rd., Ste. 210 Houston, TX. 77024</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense/Advertis</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/15/11</i>	Payee name <i>Dolly Elizondo - Garcia Campaign</i>
------------------------	---

Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>McAllen, TX. 78504</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>3</i>	2 FILER NAME <i>Laura Hinojosa</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>6/24/11</i>	5 Payee name <i>MGM Printing</i>	
6 Amount (\$) <i>300.00</i>	7 Payee address; City; State; Zip Code <i>1200 E. Hackberry Ave # McAllen, Tx. 78501</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2/1/11</i>	Payee name <i>Copy Zone</i>	
Amount (\$) <i>121.19</i>	Payee address; City; State; Zip Code <i>4131 N. 10th Street McAllen, TX. 78504</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Laura Hinojosa</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <i>Laura Amojosw</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

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

Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

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

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>Laura Hinojosa</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
---------------------------------	---	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
------	------------

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 <i>Copy Zone</i>		
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 checked="" 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)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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

Laura Hinojosa

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, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder