



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME \_\_\_\_\_ 15 ACCOUNT # (Ethics Commission Filers) \_\_\_\_\_

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

COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 53,050 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 353 <sup>30</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 55,931 <sup>71</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,591 <sup>51</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,000 <sup>00</sup>

18 AFFIDAVIT

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

*[Handwritten Signature]*

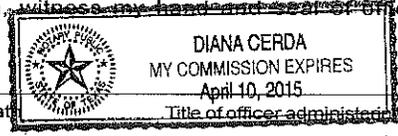
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jose E. Guerra, this the 27<sup>th</sup> day of October, 20 14, to certify which, ~~witness my hand and seal of office.~~

*[Handwritten Signature]*  
Signature of officer administering oath

Dana Cerda  
Printed name of officer administering oath



DIANA CERDA  
MY COMMISSION EXPIRES  
April 10, 2015  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>JOSE EDUARDO GUERRA</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/7</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Ricardo Guerra</b> 6 Contributor address; City; State; Zip Code <b>6700 N. Mile 3 1/2 West Westlaco, TX 78596</b>	7 Amount of contribution (\$) <b>\$1,000<sup>00</sup></b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>Construction</b>		10 Employer (See Instructions) <b>Guerra Const. Co.</b>	
Date <b>10/2</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Stephen &amp; Elizabeth Burns</b> Contributor address; City; State; Zip Code <b>P.O. Box 2436 McAllen, TX 78502</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/8</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Francisco Guerrero</b> Contributor address; City; State; Zip Code <b>664. S. Jackson Rd. Edinburg, TX 78539</b>	Amount of contribution (\$) <b>10,000<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/8</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Joel &amp; Marissa Rivera</b> Contributor address; City; State; Zip Code <b>P.O. Box 1055 Westlaco, TX 78599</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>John Rodriguez</b> Contributor address; City; State; Zip Code <b>710 S. Cage Blvd. Pharr, TX 78577</b>	Amount of contribution (\$) <b>5,000</b>	In-kind contribution description (if applicable)
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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/9	Xavier & Cynthia Ornelas 2620 Blue Ridge Dr. Edinburg, TX 78539	100 <sup>00</sup>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/9	Roy & Hipolita Quintanilha 3508 Palenque McAllen, TX 78504	500 <sup>00</sup>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/9	Lucas & Norma Hinciasa 32667 N. Expy 281 Edinburg, TX 78542	400 <sup>00</sup>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/7	Pete Diaz 1410 Shay Ln. Edinburg, TX 78539	100 <sup>00</sup>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/5	Dr. Alberto Garza P.O. Box 3488 Edinburg, TX 78540	400 <sup>00</sup>	
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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4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/31	Texas WG Development 6 Contributor address; City; State; Zip Code 6316 N. 10 <sup>th</sup> - Bldg. # Ste. 908 McAllen TX 78504	250 <sup>00</sup>	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 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)
10/23	Bobby Cavillo & Oscar Elizondo Contributor address; City; State; Zip Code 2101 Angelina Marie Dr. Pharr, TX 78577	500 <sup>00</sup>	
		(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)
10/3	French or Amy Ellison Contributor address; City; State; Zip Code 21784 FM 490 Edinburg, TX 78541	2000 <sup>00</sup>	
		(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)
10/9	Alfonso Medina Contributor address; City; State; Zip Code 4804 E. Iowa Rd. Edinburg, TX 78542	100 <sup>00</sup>	
		(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)
10/9	Thomas E. Gaston Contributor address; City; State; Zip Code 2103 Ann St. Edinburg TX 78539	100 <sup>00</sup>	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

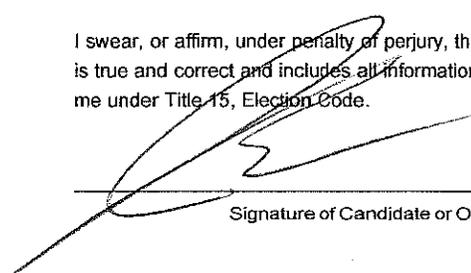
14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
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EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 353 <sup>30</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 55,931 <sup>71</sup>
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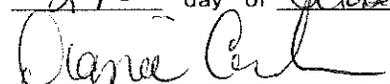
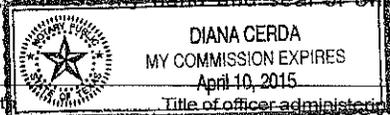
18 AFFIDAVIT

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

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jose E. Guerra, this the 27<sup>th</sup> day of October, 20 14, to certify which ~~witness my hand and seal of office.~~

 Signature of officer administering oath	Dana Cerda Printed name of officer administering oath	 Title of officer administering oath
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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:	
2 FILER NAME <b>JOSE EDUARDO GUERRA</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/7</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Ricardo Guerra</b> 6 Contributor address; City; State; Zip Code <b>6700 N. Mile 3 1/2 West Westlaco, TX 78596</b>	7 Amount of contribution (\$) <b>\$1,000<sup>00</sup></b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>Construction</b>		10 Employer (See Instructions) <b>Guerra Const. Co.</b>	
Date <b>10/2</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Stephen &amp; Elizabeth Burns</b> Contributor address; City; State; Zip Code <b>P.O. BOX 2436 McAllen, TX 78502</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/8</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Francisco Guerrero</b> Contributor address; City; State; Zip Code <b>664. S. Jackson Rd. Edinburg, TX 78539</b>	Amount of contribution (\$) <b>10,000<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/8</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Joel &amp; Marissa Rivera</b> Contributor address; City; State; Zip Code <b>P.O. Box 1055 Westlaco, TX 78599</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>John Rodriguez</b> Contributor address; City; State; Zip Code <b>710 S. Cage Blvd. Pharr, TX 78577</b>	Amount of contribution (\$) <b>5,000</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Xavier &amp; Cynthia Ornelas</b>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/9	6 Contributor address; City; State; Zip Code <b>2620 Blue Ridge Dr. Edinburg, TX 78539</b>	100 <sup>00</sup>	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Roy &amp; Hipolita Quintanilha</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/9	Contributor address; City; State; Zip Code <b>3508 Palenque McAllen, TX 78504</b>	500 <sup>00</sup>	
		(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# _____) <b>Lucas &amp; Norma Hincjosa</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/9	Contributor address; City; State; Zip Code <b>32667 N. Expy 281 Edinburg, TX 78542</b>	400 <sup>00</sup>	
		(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# _____) <b>Pete Diaz</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/7	Contributor address; City; State; Zip Code <b>1410 Shay Ln. Edinburg, TX 78539</b>	100 <sup>00</sup>	
		(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# _____) <b>Dr. Alberto Garza</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/5	Contributor address; City; State; Zip Code <b>P.O. BOX 3488 Edinburg, TX 78540</b>	400 <sup>00</sup>	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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10/31	Texas WG Development 6 Contributor address; City; State; Zip Code 6316 N. 10 <sup>th</sup> - Bldg. # Ste. 708 McAllen TX 78504	250 <sup>00</sup>	
(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)		10 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)
10/23	Bobby Cavillo & Oscar Elizondo Contributor address; City; State; Zip Code 2101 Angelina Marie Dr. Pharr, TX 78577	500 <sup>00</sup>	
(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)
10/3	French or Amy Ellison Contributor address; City; State; Zip Code 21784 FM 490 Edinburg, TX 78541	2000 <sup>00</sup>	
(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)
10/9	Alfonso Medina Contributor address; City; State; Zip Code 4804 E. Iowa Rd. Edinburg, TX 78542	100 <sup>00</sup>	
(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)
10/9	Thomas E. Gaston Contributor address; City; State; Zip Code 2103 Ann St. Edinburg TX 78539	100 <sup>00</sup>	
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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10/16	Enrique Guiza 6 Contributor address; City; State; Zip Code 12131 N. Conway Ave Mission, TX 78573	500 <sup>00</sup>	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 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)
10/14	Alfredo Regalado Contributor address; City; State; Zip Code Phen, TX 78577	\$2,500 <sup>00</sup>	
		(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)
10/13	Nancy Vargas de Kim Contributor address; City; State; Zip Code 3801 San Rodvigo Mission TX 78572	1,000 <sup>00</sup>	
		(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)
10/16	David Adame Contributor address; City; State; Zip Code 128 East Yucca McAllen, TX 78504	500 <sup>00</sup>	
		(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)
10/17	Samie Whitmore Contributor address; City; State; Zip Code 222 Byron Nelson McAllen TX 78503	100 <sup>00</sup>	
		(If travel outside of Texas, complete Schedule T)	
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10/14	Mr. A. Hinojosa P.O. Box 7 Mercedes, TX 78570	250 <sup>00</sup>	
(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/17	S. F. Vale P.O. Box 150 Rio Grande City 78582	300 <sup>00</sup>	
(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/17	FJBS Mgt. 2412 Paseo Del Lago Mission, TX 78573	2,000 <sup>00</sup>	
(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/17	Julio Cerda 1602 Solar Dr. Mission, TX 78574	250 <sup>00</sup>	
(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/16	John De La Garza 316 Hollywood Dr. Edinburg, TX 78539	300 <sup>00</sup>	
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Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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10/10	Roel Pena 6 Contributor address; City; State; Zip Code 2500 KINGS Dr. Edinburg, TX 78539	100 <sup>00</sup>	
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10/17	ELLIS, KOENEKE & Ramirez Contributor address; City; State; Zip Code 1101 Chicago Ave. McAllen, TX 78501	300 <sup>00</sup>	
		(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)
10/23	Robert & Melody Allyn Contributor address; City; State; Zip Code 8330 N. Sherry Rd. Mission, TX 78573	350 <sup>00</sup>	
		(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)
10/23	Alan VODOR Contributor address; City; State; Zip Code P.O. Box 3097 McAllen, TX 78502	1,000 <sup>00</sup>	
		(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)
10/23	Mr. VICTORS Contributor address; City; State; Zip Code P.O. Box 2604 Edinburg, TX 78540	300 <sup>00</sup>	
		(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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/23	Sylvia Cardenas 6 Contributor address; City; State; Zip Code 5504 N. 1st. St. McAllen, TX 78504	300 <sup>00</sup>	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 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)
10/23	Ruben Cardenas Contributor address; City; State; Zip Code 1712 Lake Spur McAllen, TX 78501	300 <sup>00</sup>	
		(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)
10/24	Gordon & Betty Bloomfield Contributor address; City; State; Zip Code 1310 Iris Ave. McAllen, TX 78501	100 <sup>00</sup>	
		(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)
10/20	Carlos & Melissa Garcia Contributor address; City; State; Zip Code 1300 Daffodil McAllen, TX 78501	500 <sup>00</sup>	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Produce			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/23	Paul Moxley Contributor address; City; State; Zip Code P.O. Box 4197 McAllen, TX 78502	500 <sup>00</sup>	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
		P. & P Mgt.	

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

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) S.F. Vale	7 Amount of contribution (\$) 1000 <sup>00</sup>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 158 Rio Grande City, TX. 78582		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David & Mari Carmen Mc Dermot	Amount of contribution (\$) 300 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 412 S. Mier St. San Diego, TX 78384		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Law Office of Sergio Muñoz	Amount of contribution (\$) 500 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1110 S. Closer Blvd. Edinburg, TX 78539		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tomas Revesz	Amount of contribution (\$) 300 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 2498 McAllen TX 78502		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Memorial Funeral Home	Amount of contribution (\$) 300 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1517 Edinburg, TX 78540		(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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Paula &amp; Larry Skloss</i>	7 Amount of contribution (\$) <i>250<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1828 Fairway Circle Mission, TX 78572</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Farming</i>		10 Employer (See Instructions) <i>Self</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Melissa Guerra</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 50 Linn TX 78563</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retail</i>		Employer (See Instructions) <i>Self</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Joseph Holland</i>	Amount of contribution (\$) <i>2,000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 610 McAllen, TX 78505</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Real Estate</i>		Employer (See Instructions) <i>Self</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>AnnaLisa Holland Miller</i>	Amount of contribution (\$) <i>1,000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 610 McAllen, TX 78505</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#: <i>Marcus Bawera</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10113 N. 10<sup>th</sup> St Ste A McAllen, TX 78504</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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe &amp; Dora Brown</i> 6 Contributor address; City; State; Zip Code <i>124 E. Whitewing McAllen, TX 78501</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		<i>2,500<sup>00</sup></i>	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jaime Jerry Muñoz	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/21	6 Contributor address; City; State; Zip Code 201 W. 13 1/2 St. San Juan, TX 78589	500 <sup>00</sup>	Food for Event
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BOB GARZA	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/21	Contributor address; City; State; Zip Code 2811 N. Veterans San Juan TX	1,000 <sup>00</sup>	Event Venue The Palapas
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TIM WILKINS	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/23	Contributor address; City; State; Zip Code 6601 S. 10 <sup>th</sup>	500 <sup>00</sup>	Event Venue Sofie's Saloon
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: APEX	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/19	Contributor address; City; State; Zip Code 4801 W. University Edinburg TX 78539	3600 <sup>00</sup>	Food Adv. Merch
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ERIC FLORES	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/27	Contributor address; City; State; Zip Code 4801 107 Edinburg, Tx 78539	3600 <sup>00</sup>	Food Adv. Merch
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Eric Flores</b> 6 Contributor address; City; State; Zip Code <b>4801 Texas 107 Edinburg TX 78539</b>	7 Amount of contribution (\$) <b>3600<sup>00</sup></b>	8 In-kind contribution description (if applicable) <b>Event (Food Marketing)</b> <small>(If travel outside of Texas, complete Schedule T)</small>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alvaro Medrano</b> Contributor address; City; State; Zip Code <b>7007 S. Expwy. 83 Mercedes TX 78570</b>	Amount of contribution (\$) <b>300<sup>00</sup></b>	In-kind contribution description (if applicable) <b>FOOD</b> <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/4</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Julian Valdez</b> Contributor address; City; State; Zip Code <b>2510 Mile H Donna TX</b>	Amount of contribution (\$) <b>400<sup>00</sup></b>	In-kind contribution description (if applicable) <b>FOOD Event</b> <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

JOSE EDUARDO GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS: → → → → → →

\$ 10,000<sup>00</sup>

5 Date of loan

8/14/14

7 Name of lender

Guerra Enterprises Ltd.

out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

10,000<sup>00</sup>

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

PO BOX 418

LINN, TX 78563

10 Interest rate

0

11 Maturity date

12/31/15

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

8/27/14

Name of lender

GUERRA ENTERPRISES Ltd.

out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

10,000<sup>00</sup>

Is lender a financial institution?

Y  N

Lender address; City; State; Zip Code

PO BOX 418

LINN, TX 78563

Interest rate

0

Maturity date

12/31/15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	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:	2 FILER NAME <b>JOSE EDUARDO GUERRA</b>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--	--

4 Date <b>9/29</b>	5 Payee name <b>Academy</b>
-----------------------	--------------------------------

6 Amount (\$) <b>328<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>Expway 83 McAllen, TX 78504</b>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Event</b>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	--	--

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

Date <b>9/29</b>	Payee name <b>Home Depot</b>
---------------------	---------------------------------

Amount (\$) <b>253<sup>00</sup></b>	Payee address; City; State; Zip Code <b>Trenton McAllen TX 78504</b>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Polling Expenses</b>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9/29</b>	Payee name <b>HEB</b>
---------------------	--------------------------

Amount (\$) <b>199.<sup>46</sup></b>	Payee address; City; State; Zip Code <b>Closner EDINBURG TX</b>
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Travel</b>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9/29</b>	Payee name <b>HEB</b>
---------------------	--------------------------

Amount (\$) <b>48<sup>14</sup></b>	Payee address; City; State; Zip Code <b>Closner EDINBURG TX</b>
---------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FOOD</b>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 9/29	<b>5</b> Payee name Sal's Vinyl Graphics
-----------------------	---

<b>6</b> Amount (\$) 80 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code Pharm, TX 78577
--	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------	---	--

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/29	Payee name Home Depot
--------------	--------------------------

Amount (\$) 125 <sup>00</sup>	Payee address; City; State; Zip Code Trenton, McAllen, TX 78504
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/29	Payee name McCoy's
--------------	-----------------------

Amount (\$) 1536 <sup>9</sup>	Payee address; City; State; Zip Code West 107 Edinburg, TX 78537
----------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/29	Payee name Sal's Vinyl Graphics
--------------	------------------------------------

Amount (\$) 400 <sup>00</sup>	Payee address; City; State; Zip Code N. Cage Blvd. Pharm TX 78577
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/30	5 Payee name HEB
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6 Amount (\$) 11 <sup>88c</sup>	7 Payee address; City; State; Zip Code S. Cage Blvd. Pharr
------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/30	Payee name Home Depot
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Amount (\$) 157.47	Payee address; City; State; Zip Code 910 E. Exp. 83 McAllen, TX 78501
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Supplies	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/30	Payee name Copy Plus
--------------	-------------------------

Amount (\$) 136.2	Payee address; City; State; Zip Code McAllen, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/30	Payee name Stripes
--------------	-----------------------

Amount (\$) 40 <sup>00</sup>	Payee address; City; State; Zip Code Zdunburg, TX
---------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) GAS	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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 Candidate/Officeholder/Political Committee |
| Event Expense       | Polling Expense               | Travel Out Of District           | OTHER (enter a category not listed above)                                  |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/29	5 Payee name Dollar Tree
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6 Amount (\$) 10.83	7 Payee address; City; State; Zip Code Clossner Edinburg, TX
------------------------	---

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)
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/29	Payee name Home Depot
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Amount (\$) 10.70	Payee address; City; State; Zip Code Trenton McAllen, TX 78504
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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)
	Polling	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/30	Payee name COMMUNITY PRESS
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Amount (\$) 950.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Advertising	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/30	Payee name Holy Spirit Parish
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Amount (\$) 300.00	Payee address; City; State; Zip Code Edinburg TX
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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)
	Donation	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>00</b>	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>10/3</b>	5 Payee name <b>HEB</b>
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6 Amount (\$) <b>230<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>S. Case Pham TX 78577</b>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Travel-Gas</b>	(b) Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/2</b>	Payee name <b>AZIZ</b>
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Amount (\$) <b>57<sup>30</sup></b>	Payee address; City; State; Zip Code <b>Sullivan City</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Gas</b>	Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/2</b>	Payee name <b>Stripes</b>
---------------------	------------------------------

Amount (\$) <b>50<sup>00</sup></b>	Payee address; City; State; Zip Code <b>S. Clozner Edinburg tx</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Gas</b>	Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/2</b>	Payee name <b>JC's Restaurant</b>
---------------------	--------------------------------------

Amount (\$) <b>34<sup>47</sup></b>	Payee address; City; State; Zip Code <b>S. Clozner Edinburg</b>
---------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FOOD</b>	Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Jose Eduardo Guerra</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10/2</i>	5 Payee name <i>Stripes</i>
-----------------------	--------------------------------

6 Amount (\$) <i>166<sup>39</sup></i>	7 Payee address, City, State, Zip Code <i>S. Closer - Edinburg TX</i>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Gas</i>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/1</i>	Payee name <i>SKY Promotions</i>
---------------------	-------------------------------------

Amount (\$) <i>2208<sup>00</sup></i>	Payee address, City, State, Zip Code <i>1303 Pine Ave Pharr TX 78577</i>
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/1</i>	Payee name <i>Martha Selina Medrano</i>
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Amount (\$) <i>4000</i>	Payee address, City, State, Zip Code <i>1303 Pine Ave Pharr TX 78577</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/1</i>	Payee name <i>JC'S</i>
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Amount (\$) <i>1461<sup>00</sup></i>	Payee address, City, State, Zip Code <i>S. Closer Edinburg</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FOOD</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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 Candidate/Officeholder/Political Committee |
| Event Expense       | Polling Expense               | Travel Out Of District           |  |
| 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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/3	5 Payee name SC's
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6 Amount (\$) 32 <sup>18</sup>	7 Payee address; City; State; Zip Code S. Clooner Edinburg
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/3	Payee name McCoy's
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Amount (\$) 208 <sup>90</sup>	Payee address; City; State; Zip Code W. 107 - Edinburg TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/3	Payee name Positive Program
--------------	--------------------------------

Amount (\$) 5000 <sup>00</sup>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/1	Payee name Andy Torres
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Amount (\$) 500	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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<br>Candidate/Officeholder/Political Committee |
| Event Expense       | Polling Expense               | Travel Out Of District           | OTHER (enter a category not listed above)                                     |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   |   |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/6	5 Payee name HEB
6 Amount (\$) 55.48	7 Payee address; City; State; Zip Code S. Cage Blvd. Phaw TX 78577

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Supplies	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 10/6	Payee name Office Depot
Amount (\$) 169.13	Payee address; City; State; Zip Code 1910 E. Exp. 83 - McAllen, TX

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Supplies	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 10/6	Payee name Stripes
Amount (\$) 50.00	Payee address; City; State; Zip Code S. Olesner Edinburg TX 78539

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gas	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 10/6	Payee name Aguilar Meat Market
Amount (\$) 71.20	Payee address; City; State; Zip Code San Juan, TX 78589

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/Event	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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# 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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/6	5 Payee name FRANK TREVINO
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6 Amount (\$) 300 <sup>00</sup>	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) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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375  
8066

Date 10/6	Payee name Pedro Garcia
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Amount (\$) 50 <sup>75</sup>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/7	Payee name Sewell II
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Amount (\$) 50 <sup>00</sup>	Payee address; City; State; Zip Code Bus 83 - San Juan TX 78589
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) GAS	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/7	Payee name Oriental Trading Co.
--------------	------------------------------------

Amount (\$) 316 <sup>25</sup>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/7	5 Payee name Copy Plus
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6 Amount (\$) 738 <sup>00</sup>	7 Payee address; City; State; Zip Code McAllen, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/8	Payee name Stripes
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Amount (\$) 59 <sup>00</sup>	Payee address; City; State; Zip Code San Juan, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gas	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/4	Payee name Copy Plus
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Amount (\$) 136 <sup>00</sup>	Payee address; City; State; Zip Code McAllen, TX 78504
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/8	Payee name Peter Salinas
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Amount (\$) 1,600 <sup>00</sup>	Payee address; City; State; Zip Code Edinburg, TX 78539
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/8	5 Payee name Rodolfo Rodriguez
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6 Amount (\$) 350 <sup>00</sup>	7 Payee address; City; State; Zip Code Val Verde - Donna, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/8	Payee name FRANK TREVINO
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Amount (\$) 150 <sup>00</sup>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/10	Payee name HERB
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Amount (\$) 30 <sup>00</sup>	Payee address; City; State; Zip Code S. Gage Blvd. Pharr
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) GAS	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/9	Payee name Tele Perez
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Amount (\$) 100 <sup>00</sup>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 10/9	<b>5</b> Payee name POSITIVE PROGRAM
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<b>6</b> Amount (\$) 10,000	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/10	Payee name Andy Torres
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Amount (\$) 500 <sup>00</sup>	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/14	Payee name HEB
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Amount (\$) 40 <sup>00</sup>	Payee address; City; State; Zip Code Phan
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) GAS	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/4	Payee name USPS
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Amount (\$) 132 <sup>30</sup>	Payee address; City; State; Zip Code McAllen, TX
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fundraising Exp.	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/14	5 Payee name HEB
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6 Amount (\$) 204 <sup>00</sup>	7 Payee address; City; State; Zip Code Phan, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/14	Payee name Cricket
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Amount (\$) 50 <sup>00</sup>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone/office	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/15	Payee name Morelos
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Amount (\$) 92 <sup>00</sup>	Payee address; City; State; Zip Code Palmview
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/14	Payee name Copy Plus
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Amount (\$) 762 <sup>00</sup>	Payee address; City; State; Zip Code McAllen
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 10/14	<b>5</b> Payee name The Monitor	
<b>6</b> Amount 298.20	<b>7</b> Payee address; City; State; Zip Code McAllen, TX 78504	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
<b>4</b> Date 10/14	<b>5</b> Payee name RODOLFO RODRIGUER	
<b>6</b> Amount (\$) 375.00	<b>7</b> Payee address; City; State; Zip Code Val Verde - Donna TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Contract Labor	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
<b>4</b> Date 10/15	<b>5</b> Payee name Hidalgo Co. Elections Dept.	
<b>6</b> Amount (\$) 11.50	<b>7</b> Payee address; City; State; Zip Code University Dr. Edinburg TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Fee	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
<b>4</b> Date 10/15	<b>5</b> Payee name The Monitor	
<b>6</b> Amount (\$) 7,034.50	<b>7</b> Payee address; City; State; Zip Code McAllen TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/15	5 Payee name Elite Productions
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6 Amount (\$) 1000 <sup>00</sup>	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) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/16	Payee name USPS
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Amount (\$) 820	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/16	Payee name Stripes
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Amount (\$) 46 <sup>00</sup>	Payee address; City; State; Zip Code Schuburg
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) GAS	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/17	Payee name Beto's
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Amount (\$) 810 <sup>00</sup>	Payee address; City; State; Zip Code S. Nebraska San Juan
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/16	5 Payee name Sky Promotions
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6 Amount (\$) 5138 <sup>00</sup>	7 Payee address; City; State; Zip Code 1303 Pine Ave. Pharr TX 78577
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Adv. Merch.	(b) Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/17	Payee name HEB
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Amount (\$) 4800	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD	Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/17	Payee name Academy
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Amount (\$) 155 <sup>83</sup>	Payee address; City; State; Zip Code Edinburg TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/17	Payee name Westaco Mid Valley Lions Club
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Amount (\$) 200 <sup>00</sup>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10/17</i>	5 Payee name <i>Andy Torres</i>
------------------------	------------------------------------

6 Amount (\$) <i>500<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>Edinburg TX</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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>10/20</i>	Payee name <i>USPS</i>
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Amount (\$) <i>88.<sup>20</sup></i>	Payee address; City; State; Zip Code <i>M Allen</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising/Postage</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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	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 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date 10/20 5 Payee name Stripes

6 Amount (\$) 4416 7 Payee address; City; State; Zip Code Phaw, TX 78577

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) GAS (b) Description (If travel outside of Texas, complete Schedule T)  
 Check if Austin, TX, officeholder living expense

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

Date 10/20 Payee name HEB

Amount (\$) 11924 Payee address; City; State; Zip Code S. Page Blvd. - Phaw TX 78577

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Event Description (If travel outside of Texas, complete Schedule T)  
 Check if Austin, TX, officeholder living expense

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

Date 10/20 Payee name Sam's Club

Amount (\$) 21703 Payee address; City; State; Zip Code McAllen, TX 78504

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Event Description (If travel outside of Texas, complete Schedule T)  
 Check if Austin, TX, officeholder living expense

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

Date 10/20 Payee name Stripes

Amount (\$) 40<sup>00</sup> Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) GAS Description (If travel outside of Texas, complete Schedule T)  
 Check if Austin, TX, officeholder living expense

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

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# 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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/20	5 Payee name RODOLFO RODRIGUEZ
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6 Amount (\$) 375.00	7 Payee address; City; State; Zip Code Val Verde - Donna TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/21	Payee name 7 Star
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Amount (\$) 22.65	Payee address; City; State; Zip Code San Juan
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/21	Payee name HEB
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Amount (\$) 61.23	Payee address; City; State; Zip Code S. Cage - Pharr TX 78577
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/22	Payee name HEB
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Amount (\$) 63.22	Payee address; City; State; Zip Code Pharr, TX 78577
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/22	5 Payee name WAL MART
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6 Amount (\$) 8065	7 Payee address; City; State; Zip Code McAllen, TX 78504
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/22	Payee name Sam's
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Amount (\$) 657.46	Payee address; City; State; Zip Code McAllen, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/22	Payee name HC ED
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Amount (\$) 1750	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/23	Payee name HEB
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Amount (\$) 167.10	Payee address; City; State; Zip Code S. Case - Pharr, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/23	5 Payee name Stripes
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6 Amount (\$) 46.00	7 Payee address; City; State; Zip Code Edinburg TX 78539
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) GAS	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/23	Payee name Sky Promotions
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Amount (\$) 3909.00	Payee address; City; State; Zip Code 1303 Pine Ave. Pharr, TX 78577
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/23	Payee name Facebook
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Amount (\$) 260.66	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/24	Payee name Telemundo
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Amount (\$) 1000.00	Payee address; City; State; Zip Code S. Jackson W Allen, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Media-Advertising	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/24	5 Payee name Sky Promotions
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6 Amount (\$) 300 <sup>00</sup>	7 Payee address; City; State; Zip Code
------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/24	Payee name Sweet N Tasty
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Amount (\$) 120 <sup>00</sup>	Payee address; City; State; Zip Code N. 10th - McAllen TX 78501
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD - EVENT	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/24	Payee name Sofie's Saloon
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Amount (\$) 727 <sup>30</sup>	Payee address; City; State; Zip Code S. 10th St. - McAllen, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/24	Payee name Moises Hernandez
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Amount (\$) 300 <sup>00</sup>	Payee address; City; State; Zip Code McAllen, TX 78504
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 10/22	<b>5</b> Payee name Valencia
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<b>6</b> Amount (\$) 243 <sup>80</sup>	<b>7</b> Payee address; City; State; Zip Code S. Jackson - Pharr, TX 78577
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Event	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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