



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Elvira Rios*

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.

*N/A*

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

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

\$ *0*

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

\$ *300.00*

EXPENDITURE  
TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *2,178.34*

CONTRIBUTION  
BALANCE

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

\$ *0*

OUTSTANDING  
LOAN TOTALS

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

\$ *9,600.00*

18 AFFIDAVIT



AFFIX NOTARY STAMP

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.

*Elvira Rios*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Elvira Rios*, this the *24th* day of *February*, 20 *14*, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME ELVIA RIOS

3 ACCOUNT # (Ethics Commission Filers)

4 Date 2/20/14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Basilio Gutierrez

7 Amount of contribution (\$) \$ 300.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
4108 N. 21st  
McAllen, TX 78504

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

ER

~~Date 11/27/14~~

~~5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Edward Gonzalez~~

~~7 Amount of contribution (\$) 250.00~~

~~8 In-kind contribution description (if applicable)~~

~~6 Contributor address; City; State; Zip Code  
610 Broadway McAllen, TX 78501~~

~~(If travel outside of Texas, complete Schedule T)~~

~~9 Principal occupation / Job title (See Instructions)~~

~~10 Employer (See Instructions)~~

ER

~~Date 11/27/14~~

~~5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Luis Castañeda~~

~~7 Amount of contribution (\$) 200.00~~

~~8 In-kind contribution description (if applicable)~~

~~6 Contributor address; City; State; Zip Code  
914 N. Main McAllen TX 78501~~

~~(If travel outside of Texas, complete Schedule T)~~

~~9 Principal occupation / Job title (See Instructions)~~

~~10 Employer (See Instructions)~~

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <i>3</i>	<b>2</b> FILER NAME <i>Elvia Pios</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>2-14-14</i>	<b>5</b> Payee name <i>The Monitor</i>	
<b>6</b> Amount (\$) <i>81.60</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>1400 E. Nolana McAllen TX 78501</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Fee</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>News ad</i>
Date <i>2-10-14</i>	Payee name <i>office Depot</i>	
Amount (\$) <i>106.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>910 E. Exp 83 McAllen TX 78501</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Exp.</i>	Description (If travel outside of Texas, complete Schedule T) <i>printing material</i>
Date <i>2-5-14</i>	Payee name <i>US Mail</i>	
Amount (\$) <i>137.91</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1001 S. 10th McAllen, TX 78501</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>Mail</i>
Date <i>2-3-14</i>	Payee name <i>Face book</i>	
Amount (\$) <i>195.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1601 Willow Rd menlo Park, CA 94025</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>FB social media</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>ELVIA RIOS</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>2-16-14</i>	<b>5</b> Payee name <i>Bay Area Sports</i>	
<b>6</b> Amount (\$) <i>230.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>4701 Ayers St. Corpus Christi, TX 78415</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Printing Exp.</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>mailers <del>push</del> push crds / 2012 crd</i>
Date <i>2-18-14</i>	Payee name <i>Upper Valley Mail Services</i>	
Amount (\$) <i>300.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1418 Beech McAllen, TX 78501</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>mailing service</i>
Date <i>2-17-14</i>	Payee name <i>The Advance News</i>	
Amount (\$) <i>260.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1100 317 W. McCombe Ave Pharr, TX 78577</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>newspaper ad</i>
Date <i>2/18/14</i>	Payee name <i>the Monitor</i>	
Amount (\$) <i>480.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1400 E. Tolena McAllen TX 78501</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fee</i>	Description (If travel outside of Texas, complete Schedule T) <i>news ad</i>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>Elvia Rios</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>2-3-14</i>	<b>5</b> Payee name <i>Nation Builders</i>	
<b>6</b> Amount (\$) <i>19.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>448 Hill St. #900 LA, CA 90013</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Fees</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>soul media</i>
Date <i>1-29-14</i>	Payee name <i>Antonio de la Garza</i>	
Amount (\$) <i>150.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>220 S. 17th McAllen, TX 78501</i>	
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) <i>Putting Up Signs</i>
Date <i>1-29-14</i>	Payee name <i>Angels of Love</i>	
Amount (\$) <i>75.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>4020 W. 22nd McAllen TX 78501</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation Made by Candidate</i>	Description (If travel outside of Texas, complete Schedule T) <i>fundrais</i>
Date <i>2-22-14</i>	Payee name <i>Comfort House</i>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>617 Dallas Ave McAllen, TX 78501</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation made by candidate</i>	Description (If travel outside of Texas, complete Schedule T) <i>fundrais</i>

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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       | Printing Expense              | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                |                               | 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 ELVIA RIOS	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 1-27-14	<b>5</b> Payee name Home Depot	
<b>6</b> Amount (\$) \$ 33.64	<b>7</b> Payee address; City; State; Zip Code 409 N. Jackson McAllen, TX 78504	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Fees	<b>(b)</b> Description (if travel outside of Texas, complete Schedule T) Sign material
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
<b>Date</b> 2-5-14	<b>Payee name</b> H.C. Elections Dept.	
<b>Amount (\$)</b> 9.80	<b>Payee address; City; State; Zip Code</b> 101 S. 104th Edinburg, TX 78539	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Fees	<b>Description</b> (if travel outside of Texas, complete Schedule T) election reporting
	<b>Complete ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
<b>Date</b> 2-6-14	<b>Payee name</b> kees Soda fountain	
<b>Amount (\$)</b> \$ 12.99	<b>Payee address; City; State; Zip Code</b> 5120 N. 104th McAllen, TX 78504	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Food / Bev.	<b>Description</b> (if travel outside of Texas, complete Schedule T) campaign issues mtg.
	<b>Complete ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
<b>Date</b> 2-4-14	<b>Payee name</b> Valeros	
<b>Amount (\$)</b> 128.01	<b>Payee address; City; State; Zip Code</b> 210 S. 104th St McAllen, TX 78501	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Travel In-District	<b>Description</b> (if travel outside of Texas, complete Schedule T) Gas
	<b>Complete ONLY</b> 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: <b>3</b>	2 FILER NAME <b>ELVIA RIOS</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>2-10-14</b>	5 Payee name <b>H.C. Elections Dept.</b>
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6 Amount (\$) <b>9.80</b>	7 Payee address; City; State; Zip Code <b>101 S. 10th Edinburg, TX 78539</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Fee</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>election reporting</b>
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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>2-10-14</b>	Payee name <b>Walmart</b>
------------------------	------------------------------

Amount (\$) <b>14.67</b>	Payee address; City; State; Zip Code <b>1200 E. Jackson McAllen TX 78501</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fee</b>	Description (If travel outside of Texas, complete Schedule T) <b>Printing paper</b>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2-15-14</b>	Payee name <b>Lowe's</b>
------------------------	-----------------------------

Amount (\$) <b>94.03</b>	Payee address; City; State; Zip Code <b>707 S. Jackson McAllen, TX 78501</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fee</b>	Description (If travel outside of Texas, complete Schedule T) <b>Sign material</b>
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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 <b>2-14-14</b>	Payee name <b>McCoy's</b>
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Amount (\$) <b>14.02</b>	Payee address; City; State; Zip Code <b>1120 W. Hwy 83 Pharr, TX 78577</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fee</b>	Description (If travel outside of Texas, complete Schedule T) <b>Sign material</b>
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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       | Printing Expense              | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                |                               | 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 <i>Elvia Rios</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>1-26-14</i>	<b>5</b> Payee name <i>Stripes</i>	
<b>6</b> Amount (\$) <i>719.87</i>	<b>7</b> Payee address; City; State; Zip Code <i>200 E. US Hwy 83 McAllen TX 78501</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Travel In District</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>GAS</i>
	Candidate / Officeholder name	Office sought                      Office held
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>1-27-14</i>	Payee name <i>Antonio de la Garza</i>	
Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>220 S. 17th McAllen TX 78501</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Fee</i>	Description (If travel outside of Texas, complete Schedule T) <i>Lumber / sign material</i>
	Candidate / Officeholder name	Office sought                      Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought                      Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought                      Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Elvia Rios</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
5 Date of loan <i>2/10/14</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elvia Rios</i>	9 Loan Amount (\$) <i>\$600.00</i>
6 Is lender a financial institution? <i>Y</i> <input checked="" type="radio"/> <i>N</i>	8 Lender address; City; State; Zip Code <i>105 E. Fresno McAllen TX 78501</i>	10 Interest rate —
		11 Maturity date —
12 Principal occupation / Job title (See Instructions) <i>Consultant</i>		13 Employer (See Instructions) <i>Rio Associates</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor <i>N/A</i>	19 Amount Guaranteed (\$)
		18 Guarantor address; City; State; Zip Code
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <i>1-30-14</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elvia Rios</i>	Loan Amount (\$) <i>\$500.00</i>
Is lender a financial institution? <i>Y</i> <input checked="" type="radio"/> <i>N</i>	Lender address; City; State; Zip Code <i>105 E. Fresno McAllen, TX 78501</i>	Interest rate —
		Maturity date —
Principal occupation / Job title (See Instructions) <i>Consultant</i>		Employer (See Instructions) <i>Rio Associates</i>
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor <i>N/A</i>	Amount Guaranteed (\$)
		Guarantor address; City; State; Zip Code
Principal Occupation (See Instructions)		Employer (See Instructions)

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