

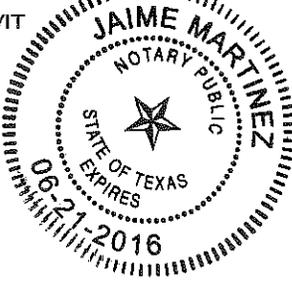
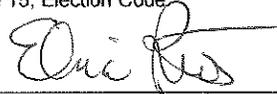
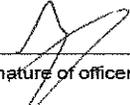
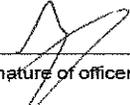
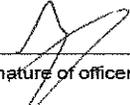
CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME <i>Elvia Rios</i>	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <div style="font-size: 2em; text-align: center;">N/A</div> <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	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 950. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,237. ²⁴
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	\$ 5,813. ⁰⁰

18 AFFIDAVIT  AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said <u>Elvia Rios</u> , this the <u>3rd</u> day of <u>February</u> , 20 <u>14</u> , to certify which, witness my hand and seal of office.	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. <div style="text-align: center;">  <hr/> Signature of Candidate or Officeholder </div> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">  Signature of officer administering oath </td> <td style="width:33%; border: none;"> Jaime Martinez Printed name of officer administering oath </td> <td style="width:33%; border: none;"> Notary Title of officer administering oath </td> </tr> </table>	 Signature of officer administering oath	Jaime Martinez Printed name of officer administering oath	Notary Title of officer administering oath
 Signature of officer administering oath	Jaime Martinez Printed name of officer administering oath	Notary 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	
2 FILER NAME Elvia Rios		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/6/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Armando DIAZ	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1840 Hawthorne Loop Driftwood, TX 78619		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. Homero Rivas	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 406 S. Broadway McAllen, TX 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Edward GONZALEZ	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 610 S. Broadway McAllen, TX 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Luis Castillejo	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 914 N. Main McAllen, TX 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Maria M. Ventura	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11250 Ramona Ave # 406 Montclair, CA 91763		(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 ELVIA RIOS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/31/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darlene L. Vale	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1612 N. 8th St. 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 <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)	

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Elvia Rios		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ <u> </u>
5 Date of loan 1-9-2014	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Elvia Rios	9 Loan Amount (\$) \$ 1,000.⁰⁰
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 105 E. Fresno McAllen, TX 78501	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Consultant		13 Employer (See Instructions) Rio Associates
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 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions) NIA		21 Employer (See Instructions)
Date of loan 1-30-2014	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Elvia Rios	Loan Amount (\$) \$ 1,000.⁰⁰
Is lender a financial Institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code 105 E. Fresno McAllen, TX 78501	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Rio Associates
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 Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions) NIA		Employer (See Instructions) NIA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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: <u>3</u>	2 FILER NAME <u>Elvira Rios</u>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <u>1-24-13</u>	5 Payee name <u>Rex Cafe</u>	
6 Amount (\$) <u>\$ 12.00</u>	7 Payee address; City; State; Zip Code <u>321 N. 17th McAllen, TX 78501</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Food/Bev Exp</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>discuss campaign issues</u>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Elvira Rios</u>	Office sought <u>JP Pct 2 PL 2</u> Office held <u>—</u>
Date <u>1-22-14</u>	Payee name <u>Home Depot</u>	
Amount (\$) <u>\$ 50.81</u>	Payee address; City; State; Zip Code <u>409 N. Jackson McAllen, TX 78501</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Fees</u>	Description (If travel outside of Texas, complete Schedule T) <u>signs - Lumber / studs</u>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Elvira Rios</u>	Office sought <u>JP Pct 2 PL 2</u> Office held <u>—</u>
Date <u>1-22-14</u>	Payee name <u>Stripes</u>	
Amount (\$) <u>\$ 20.00</u>	Payee address; City; State; Zip Code Stripes <u>1407 W. Nobano Loop Pharr, McAllen, TX 78577</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Transportation</u>	Description (If travel outside of Texas, complete Schedule T) <u>gasoline.</u>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Elvira Rios</u>	Office sought <u>JP Pct 2 PL 2</u> Office held <u>—</u>
Date <u>1-28-14</u>	Payee name <u>Morado's Restaurant</u>	
Amount (\$) <u>\$ 26.43</u>	Payee address; City; State; Zip Code <u>1610 N. 23rd St McAllen TX 78501</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Food/Bev. Exp.</u>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Elvira Rios</u>	Office sought <u>JP Pct 2 PL 2</u> Office held <u>—</u>

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: 3		2 FILER NAME ELVIA RIOS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-27-14		5 Payee name Office MAX			
6 Amount (\$) \$34.97		7 Payee address; City; State; Zip Code 400 E. Expway 83 McAllen TX 78503			
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) Flyers.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name ELVIA RIOS		Office sought 3P Pct 2 PL2	
Date 1-24-14		Payee name Rex Cefe			
Amount (\$) \$10.91		Payee address; City; State; Zip Code 321 N. 17 St McAllen TX 78501			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Bev Exp.		Description (If travel outside of Texas, complete Schedule T) discuss campaign issues	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name ELVIA RIOS		Office sought 3P Pct 2 PL2	
Date 1-15-14		Payee name US Mail & More			
Amount (\$) \$25.83		Payee address; City; State; Zip Code 1001 S 10th St McAllen TX 78501			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) mail	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name ELVIA RIOS		Office sought 3P Pct 2 PL2	
Date 1-26-14		Payee name Mooyah Burges & Frios			
Amount (\$) \$11.56		Payee address; City; State; Zip Code 3721 W. Pecan McAllen TX 78501			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Bev Exp.		Description (If travel outside of Texas, complete Schedule T) discuss campaign issues	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name ELVIA RIOS		Office sought 3P Pct 2 PL2	

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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.

1 Total pages Schedule F: 3	2 FILER NAME ELVIA RIOS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1-25-14	5 Payee name Sahadi's
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6 Amount (\$) \$ 8.00	7 Payee address; City; State; Zip Code 709 N. 10th McAllen, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Bev Exp.	(b) Description (If travel outside of Texas, complete Schedule T) discuss campaign issues
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ELVIA RIOS	Office sought 3P Pct 2 PL2	Office held —
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Date 1-19-14	Payee name US Postal Service
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Amount (\$) \$ 8.25	Payee address; City; State; Zip Code 620 W. Pecan McAllen, TX 78501
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) STAMPS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ELVIA RIOS	Office sought 3P Pct 2 PL2	Office held —
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Date 1-25-14	Payee name Rex Cafe
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Amount (\$) \$ 10.50	Payee address; City; State; Zip Code 321 S. 17th St McAllen, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Bev Exp	Description (If travel outside of Texas, complete Schedule T) discuss campaign issues
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ELVIA RIOS	Office sought 3P Pct 2 PL2	Office held —
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Date	Payee name
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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)
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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 MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME Elvia Rios	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1-2-14	5 Payee name Face book	
6 Amount (\$) \$70.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1401 Willow Rd Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) social media
Date 1-30-14	Payee name UTPA - Environmental Awareness Club	
Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5100 Courtenay Dr. Awareness Club - UTPA 1201 W. University Dr. Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Student Forum
Date 1-15-14	Payee name STC Young Democrats	
Amount (\$) \$75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3201 W Pecan Blvd, McAllen, TX 78501	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Student Forum
Date 1-8-14	Payee name Compu print	
Amount (\$) \$300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 508 S. 12 St McAllen, TX 7501	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Signs

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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.

1 Total pages Schedule G: 3	2 FILER NAME Elvia Rios	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2-2-14	5 Payee name Nation Builder	
6 Amount (\$) 19.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 448 S. Hill St. Suite 200 Los Angeles, CA 90013	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) social media
Date 1-21-14	Payee name Facebook	
Amount (\$) 250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park CA 94025	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) social media
Date 1-3-14	Payee name Nation Builder	
Amount (\$) 19.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 448 S. Hill St. Suite 200 Los Angeles, CA 90013	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) social media
Date 2-2-14	Payee name Facebook	
Amount (\$) 195.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) social media

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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.

1 Total pages Schedule G: <p style="text-align:center; font-size: 2em;">3</p>	2 FILER NAME <p style="text-align:center; font-size: 1.5em;">Elvia Rios</p>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <p style="text-align:center; font-size: 1.5em;">1-16-14</p>	5 Payee name <p style="text-align:center; font-size: 1.5em;">Compu print</p>	
6 Amount (\$) <p style="text-align:center; font-size: 1.5em;">\$ 748.⁰⁰</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <p style="text-align:center; font-size: 1.5em;">508 S 12 St McAllen, TX 78501</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.5em;">Printing Expense</p>	(b) Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center; font-size: 1.5em;">Bumper stickers</p>
Date <p style="text-align:center; font-size: 1.5em;">1-27-14</p>	Payee name <p style="text-align:center; font-size: 1.5em;">Compu print</p>	
Amount (\$) <p style="text-align:center; font-size: 1.5em;">\$ 760.⁰⁰</p> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center; font-size: 1.5em;">508 S. 12 St McAllen TX 78501</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.5em;">Printing Expense</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center; font-size: 1.5em;">signs</p>
Date <p style="text-align:center; font-size: 1.5em;">1-23-14</p>	Payee name <p style="text-align:center; font-size: 1.5em;">Beto's Screening Prints</p>	
Amount (\$) <p style="text-align:center; font-size: 1.5em;">\$ 40.⁶⁷</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center; font-size: 1.5em;">110 W. 4th St. San Juan, TX 78589</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.5em;">Printing Expense</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center; font-size: 1.5em;">SIGNS - Yard</p>
Date <p style="text-align:center; font-size: 1.5em;">1-13-14</p>	Payee name <p style="text-align:center; font-size: 1.5em;">Centro Cultural</p>	
Amount (\$) <p style="text-align:center; font-size: 1.5em;">\$ 251.⁶¹</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center; font-size: 1.5em;">220 S. 17th St McAllen TX 78501</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.5em;">office Overhead</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center; font-size: 1.5em;">Rent</p>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		