

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Elvia 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.

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)

\$ *4,580.⁰⁰*

EXPENDITURE
TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *8,806.⁴⁸*

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

\$ *4,500.⁰⁰*

18 AFFIDAVIT



AFFIX NOTARY SEAL HERE

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.

Elvia Rios

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Elvia Rios*, this the *15th* day of *January*, 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: 5	
2 FILER NAME ELVIA RIOS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/3/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Anderson	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 205 Lavista McAllen, TX 78501		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/3/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adan Ramirez	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2917 Pecan Ave McAllen, TX 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/3/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leticia Ramirez	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2917 Pecan Ave McAllen, TX 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-7-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Bonfil	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2828 Bammel LN # 704 Houston, TX 77098		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-8-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guadalupe Gutierrez	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 12724 San Antonio, TX 78212		(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 9/27/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Meza	7 Amount of contribution (\$) \$ 100. ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 911 W. Cottage St. Houston, TX 77009		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanca G. MUNOZ	Amount of contribution (\$) \$ 50. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1206 W. 4th St Westlaco TX 78596		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/30/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louise Villejo	Amount of contribution (\$) \$ 250. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4826 Briarbend Dr. Houston, TX 77035		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/22/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory Lee Pabich	Amount of contribution (\$) \$ 500. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1113 Venetian St. Keller, TX 76262		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria G. Williams	Amount of contribution (\$) \$ 1,000. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1516 Falcon Ave. McAllen, TX 78504		(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 11/21/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E. R. Hargis	7 Amount of contribution (\$) \$ 200.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 108 E. Fresno Ave McAllen, TX 78501		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eduardo Gutierrez	Amount of contribution (\$) \$ 200.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 15644 San Antonio, TX 78212		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/29/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Basilio Gutierrez	Amount of contribution (\$) \$ 300.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4108 N. 21st McAllen, TX 78504		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/9/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belinda Flores	Amount of contribution (\$) \$ 50.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10927 Crown Colony Dr. Austin, TX 78747		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/19/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norma G. Garcia	Amount of contribution (\$) \$ 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1073 Donna, TX 78537		(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 <i>ELUIA RIOS</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12/3/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Garcia</i>	7 Amount of contribution (\$) <i>100.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 720849 McAllen, TX 78504</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>12/3/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jesse de la Fuente</i>	Amount of contribution (\$) <i>200.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9227 mile 2 W. Rd Mercedes, TX 78570</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/3/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaime Enriquez</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1221 Northgate Ln. McAllen, TX 78504</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/3/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gudalupe Gutierrez</i>	Amount of contribution (\$) <i>250.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 12724 San Antonio, TX 78212</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/3/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Hernandez</i>	Amount of contribution (\$) <i>25.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>408 Auburn Ave McAllen, TX 78504</i>		(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 12/2/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Heredia, MD. 6 Contributor address; City; State; Zip Code 706 W. mile 11 N. Westaco, TX 78596	7 Amount of contribution (\$) \$ 300. ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/2/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Salinas Contributor address; City; State; Zip Code 100 W. Erie McAllen TX 78501	Amount of contribution (\$) \$ 100. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/3/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ana C. Navarrete Contributor address; City; State; Zip Code 2116 Hibiscus Ave. McAllen TX 78501	Amount of contribution (\$) \$ 30. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/3/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nashla Showery Contributor address; City; State; Zip Code 205 W. Walnut McAllen, TX 78501	Amount of contribution (\$) \$ 75. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/13/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dedra Montano, MD Contributor address; City; State; Zip Code 809-A Savannah Ave # 725 McAllen, TX 78503	Amount of contribution (\$) \$ 100. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 3	
2 FILER NAME ELVIA RIOS		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ _____	
5 Date of loan 9-17-13	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ELVIA RIOS	9 Loan Amount (\$) \$ 500.00	
6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code 105 E. Fresno Ave McAllen, TX 78500	10 Interest rate 0	
		11 Maturity date N/A	
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	19 Amount Guaranteed (\$)	
18 Guarantor address; City; State; Zip Code			
20 Principal Occupation (See Instructions) N/A		21 Employer (See Instructions)	
Date of loan 10-10-13	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ELVIA RIOS	Loan Amount (\$) 2,000.00	
Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	Lender address; City; State; Zip Code 105 E. Fresno Ave McAllen, TX 78501	Interest rate 0	
		Maturity date N/A	
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	Amount Guaranteed (\$)	
Guarantor address; City; State; Zip Code			
Principal Occupation (See Instructions) N/A		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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <p style="font-size: 1.2em; margin-left: 40px;">ELVIA RIOS</p>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ —
5 Date of loan <p style="font-size: 1.2em;">9-24-13</p>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Elvia Rios</p>	9 Loan Amount (\$) ²⁰ <p style="font-size: 1.2em;">1,000.</p>
6 Is lender a financial Institution? <p>Y <input type="radio"/> N <input checked="" type="radio"/></p>	8 Lender address; City; State; Zip Code <p style="font-size: 1.2em;">105 E. Fresno Ave McAllen, TX 78501</p>	10 Interest rate <p style="font-size: 1.2em;">0</p>
		11 Maturity date <p style="font-size: 1.2em;">N/A</p>
12 Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">Consultant</p>		13 Employer (See Instructions) <p style="font-size: 1.2em;">Rio Associates</p>
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	19 Amount Guaranteed (\$)
		18 Guarantor address; City; State; Zip Code
20 Principal Occupation (See Instructions) <p style="font-size: 1.2em;">N/A</p>		21 Employer (See Instructions)
Date of loan <p style="font-size: 1.2em;">11-14-13</p>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Elvia Rios</p>	Loan Amount (\$) ²⁰ <p style="font-size: 1.2em;">2,000.</p>
Is lender a financial Institution? <p>Y <input type="radio"/> N <input checked="" type="radio"/></p>	Lender address; City; State; Zip Code <p style="font-size: 1.2em;">105 E. Fresno Ave McAllen, TX 78501</p>	Interest rate <p style="font-size: 1.2em;">0</p>
		Maturity date <p style="font-size: 1.2em;">N/A</p>
Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">Consultant</p>		Employer (See Instructions) <p style="font-size: 1.2em;">Rio Associates</p>
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	Amount Guaranteed (\$)
		Guarantor address; City; State; Zip Code
Principal Occupation (See Instructions) <p style="font-size: 1.2em;">N/A</p>		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.

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: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ <i>NIA</i>	
5 Date of loan <i>12-2-13</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ELVIA RIOS</i>	9 Loan Amount (\$) <i>1,000.00</i>	
6 Is lender a financial institution? <i>Y (N)</i>	8 Lender address; City; State; Zip Code <i>105 E. Fresno Ave McAllen, TX 78501</i>	10 Interest rate <i>0</i>	
		11 Maturity date <i>NIA</i>	
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 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions) <i>NIA</i>		21 Employer (See Instructions)	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)	
Is lender a financial institution?	Lender address; City; State; Zip Code	Interest rate	
<i>Y N</i>		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)	
Principal Occupation (See Instructions)		Employer (See Instructions)	

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 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;">4</p>	2 FILER NAME <p style="text-align:center;">Elvia Rios</p>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <p style="text-align:center;">11-22-13</p>	5 Payee name <p style="text-align:center;">Betos Printing</p>	
6 Amount (\$) <p style="text-align:center;">514.⁰⁰</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <p style="text-align:center;">110 W. 4th St. San Juan, TX 78589</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <p style="text-align:center;">Printing Expense</p>	(b) Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center;">Yard signs</p>
Date <p style="text-align:center;">12-3-13</p>	Payee name <p style="text-align:center;">Sergio Gutierrez</p>	
Amount (\$) <p style="text-align:center;">240.⁰⁰</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center;">2906 S. Flagg Ave Pharr, TX 78577</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center;">Fee</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center;">Photograph - Political Event</p>
Date <p style="text-align:center;">10-22-13</p>	Payee name <p style="text-align:center;">Walmart</p>	
Amount (\$) <p style="text-align:center;">11.27</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center;">1200 E. Jackson McAllen, TX 78503</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center;">Printing Expense</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center;">Push cards</p>
Date <p style="text-align:center;">12-4-13</p>	Payee name <p style="text-align:center;">Office MAX</p>	
Amount (\$) <p style="text-align:center;">8.44</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center;">400 E. Expy 83 McAllen, TX 78501</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center;">Printing Expense</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center;">Push cards</p>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>ELVIA RIOS</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	-----------------------------------	--

4 Date <i>10-20-13</i>	5 Payee name <i>Gabriel Salazar</i>
---------------------------	--

6 Amount (\$) <i>500.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>P.O. Box 92093 Austin, TX 78709</i>
---	--

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

Date <i>12-3-13</i>	Payee name <i>Matix Designs</i>
------------------------	------------------------------------

Amount (\$) <i>150.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1215 Chicago 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>Video-fundraiser event</i>
------------------------	--	--

Date <i>10-8-13</i>	Payee name <i>Texas Democratic Party</i>
------------------------	---

Amount (\$) <i>300.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>4818 E. Ben White Blvd #104 Austin, TX 78741</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>on line voter file</i>
------------------------	--	--

Date <i>11-18-13</i>	Payee name <i>Betas Printing</i>
-------------------------	-------------------------------------

Amount (\$) <i>350.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>110 W. 4 St. San Juan, TX 78589</i>
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing</i>	Description (If travel outside of Texas, complete Schedule T) <i>yard signs</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.

1 Total pages Schedule G:	2 FILER NAME <i>ELVIA RIOS</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>11-12-13</i>	5 Payee name <i>HOMERO CURA</i>	
6 Amount (\$) <i>\$1,000.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1700 S. 10 St. McAllen, TX 78501</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Consulting services</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Graphic Design Strategy</i>
Date <i>12-2-13</i>	Payee name <i>Sahadi's Restaurant & BAR</i>	
Amount (\$) <i>2,000.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>703 N. 10th McAllen, TX 78501</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>food beverage</i>
Date <i>12-9-13</i>	Payee name <i>Hidalgo Democratic Party</i>	
Amount (\$) <i>1,000.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>P.O. Box 4585 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>filing fee for JP</i>
Date <i>10-8-13</i>	Payee name <i>Gabriel Salazar</i>	
Amount (\$) <i>500.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>P.O. Box 92093 Austin, TX 78709</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting services</i>	Description (If travel outside of Texas, complete Schedule T) <i>campaign strategy</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.

1 Total pages Schedule G:	2 FILER NAME <i>ELVIA RIOS</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	-----------------------------------	--

4 Date <i>12-9-13</i>	5 Payee name <i>Don Pepe's</i>
--------------------------	-----------------------------------

6 Amount (\$) <i>24.30</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>306 W. McColl McAllen, TX 78504</i>
---	--

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

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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: 14		2 FILER NAME ELVIA RIOS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-3-13		5 Payee name Office MAX			
6 Amount (\$) \$10.80		7 Payee address; City; State; Zip Code 400 E. Expy 83 McAllen TX 78503			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) push cards	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Elvia Rios		Office sought JP Pct 2 PL 2	
Date 12-3-13		Payee name Relation Builder			
Amount (\$) \$ 19.00		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) Other		Description (If travel outside of Texas, complete Schedule T) Web page / social media	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Elvia Rios		Office sought JP Pct 2 PL 2	
Date 11-12-13		Payee name Office MAX			
Amount (\$) 7 49.22		Payee address; City; State; Zip Code 400 E. Expressway 83 McAllen, TX 78503			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Brochures	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Elvia Rios		Office sought JP Pct 2 PL 2	
Date 12-23-13		Payee name Facebook			
Amount (\$) \$ 25.00		Payee address; City; State; Zip Code 1601 Willow Road Menlo Park CA 94025			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Solicitation		Description (If travel outside of Texas, complete Schedule T) social media	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Elvia Rios		Office sought JP Pct 2 PL 2	

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>ELVIA Rios</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>12-9-13</i>	5 Payee name <i>Don Pepe's Restaurant</i>	
6 Amount (\$) <i>\$ 27.30</i>	7 Payee address; City; State; Zip Code <i>306 N. McCall McAllen, TX 78501</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food / Beverage</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>discuss campaign issues</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ELVIA Rios</i>	Office sought <i>3P Pcta PL 2</i> Office held <i>N/A</i>
Date <i>12-7-13</i>	Payee name <i>Red Robin</i>	
Amount (\$) <i>\$ 19.58</i>	Payee address; City; State; Zip Code <i>409 S. Jackson Pharr, TX 78577</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food / Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>discuss campaign issues</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ELVIA Rios</i>	Office sought <i>3P Pcta PL 2</i> Office held <i>N/A</i>
Date <i>11-22-13</i>	Payee name <i>Bj's Restra-urant</i>	
Amount (\$) <i>\$ 7.69</i>	Payee address; City; State; Zip Code <i>3200 Expy 83 McAllen, TX 78501</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food / Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>discuss campaign issues</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ELVIA Rios</i>	Office sought <i>3P Pcta PL 2</i> Office held <i>N/A</i>
Date <i>11-27-13</i>	Payee name <i>Sahadi's</i>	
Amount (\$) <i>\$ 22.80</i>	Payee address; City; State; Zip Code <i>709 N. 10th McAllen, TX 78501</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food / Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>discuss campaign issues</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ELVIA Rios</i>	Office sought <i>3P Pcta PL 2</i> Office held <i>N/A</i>

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>ELVIA RIOS</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>11-30-13</i>	5 Payee name <i>Mama Mia</i>	
6 Amount (\$) <i>\$14.45</i>	7 Payee address; City; State; Zip Code <i>100 E. Hwy 83 McAllen, TX 78501</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food / Beverage</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>discuss campaign issues</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ELVIA RIOS</i>	Office sought <i>JP Pct 2 PL 2</i> Office held <i>NIA</i>
Date <i>10-30-13</i>	Payee name <i>Republic of Rio Grande</i>	
Amount (\$) <i>\$ 30.40</i>	Payee address; City; State; Zip Code <i>1411 S. 10th McAllen, TX 78501</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food / Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>discuss campaign issues</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ELVIA RIOS</i>	Office sought <i>JP Pct 2 PL 2</i> Office held <i>NIA</i>
Date <i>12-14-13</i>	Payee name <i>Sahadi's</i>	
Amount (\$) <i>\$ 14.55</i>	Payee address; City; State; Zip Code <i>709 N. 10th McAllen, TX 78501</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food / Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>discuss campaign issues</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ELVIA RIOS</i>	Office sought <i>JP Pct 2 PL 2</i> Office held <i>NIA</i>
Date <i>8-30-13</i>	Payee name <i>Mama's Pizzeria</i>	
Amount (\$) <i>\$ 28.93</i>	Payee address; City; State; Zip Code <i>401 N. 10 St. McAllen, TX 78501</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food / Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>discuss campaign issues</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ELVIA RIOS</i>	Office sought <i>JP Pct 2 PL 2</i> Office held <i>NIA</i>

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)
4 Date 10-2-13	5 Payee name Junction Café	
6 Amount (\$) \$ 15.77	7 Payee address; City; State; Zip Code 11 South Cage Pharr, TX 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food / Beverage	(b) Description (If travel outside of Texas, complete Schedule T) discuss campaign issues
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ELOIA RIOS	Office sought 3P Pct 2 PL 2 Office held N/A
Date 10-30-13	Payee name Irene's Restaurant	
Amount (\$) \$ 22.00	Payee address; City; State; Zip Code 816 N. Veterans I Rd San Juan, TX 78589	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage	Description (If travel outside of Texas, complete Schedule T) discuss campaign issues
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ELOIA RIOS	Office sought 3P Pct 2 PL 2 Office held N/A
Date 11-23-13	Payee name Red Lobster	
Amount (\$) \$ 36.88	Payee address; City; State; Zip Code 701 Expwy 83 McAllen TX 78501	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage	Description (If travel outside of Texas, complete Schedule T) discuss campaign issues
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ELOIA RIOS	Office sought 3P Pct 2 PL 2 Office held N/A
Date 11-23-13	Payee name Sahadi's	
Amount (\$) \$ 32.35	Payee address; City; State; Zip Code 709 N. 10th McAllen, TX 78501	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage	Description (If travel outside of Texas, complete Schedule T) discuss campaign issues
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ELOIA RIOS	Office sought 3P Pct 2 PL 2 Office held N/A

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>ELVIA RIOS</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9-10-13</i>		5 Payee name <i>The Patio on Guerra</i>			
6 Amount (\$) <i>= 28.98</i>		7 Payee address; City; State; Zip Code <i>116 S. 17th St. McAllen, TX</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Food / Beverage</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>discuss campaign issues</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>ELVIA RIOS</i>		Office sought <i>3P Pct 2 PL 2</i>	
Date <i>9-21-13</i>		Payee name <i>Arturo's Bar and Grill</i>			
Amount (\$) <i>= 15.99</i>		Payee address; City; State; Zip Code <i>702 South Texas Weslaco, TX</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food / Beverage</i>		Description (If travel outside of Texas, complete Schedule T) <i>discuss campaign issues</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>ELVIA RIOS</i>		Office sought <i>3P Pct 2 PL 2</i>	
Date <i>9-26-13</i>		Payee name <i>Echo Hotel Conf Ctr</i>			
Amount (\$) <i>16.50</i>		Payee address; City; State; Zip Code <i>1903 S. Closner Edinburg, TX 78539</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food / Beverage</i>		Description (If travel outside of Texas, complete Schedule T) <i>discuss campaign issues</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>ELVIA RIOS</i>		Office sought <i>3P Pct 2 PL 2</i>	
Date <i>9-22-13</i>		Payee name <i>Sahadi's</i>			
Amount (\$) <i>27.87</i>		Payee address; City; State; Zip Code <i>709 N. 10th McAllen, TX 78501</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food / Beverage</i>		Description (If travel outside of Texas, complete Schedule T) <i>discuss campaign issues</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>ELVIA RIOS</i>		Office sought <i>3P Pct 2 PL 2</i>	

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)	
4 Date 10-12-13		5 Payee name Walmart			
6 Amount (\$) \$ 8.60		7 Payee address; City; State; Zip Code 1200 E. Jackson 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) Biz cards	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Elvira Rios		Office sought JD Pct 2 PL 2	
Date 12-3-13		Payee name JJ's Party House			
Amount (\$) \$ 32.47		Payee address; City; State; Zip Code 201 N. Bicentennial McAllen, TX 78501			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event		Description (If travel outside of Texas, complete Schedule T) balloons	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Elvira Rios		Office sought JP Pct 2 PL 2	
Date 9-20-13		Payee name Republic of Rio Grande			
Amount (\$) \$ 9.74		Payee address; City; State; Zip Code 1411 10th St McAllen, TX 78501			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Beverage		Description (If travel outside of Texas, complete Schedule T) discuss campaign issues	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Elvira Rios		Office sought JP Pct 2 PL 2	
Date 9-21-13		Payee name El Pastor			
Amount (\$) \$ 26.38		Payee address; City; State; Zip Code 1400 Expwy 83 McAllen, TX 78501			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Beverage		Description (If travel outside of Texas, complete Schedule T) discuss campaign issues	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Elvira Rios		Office sought JP Pct 2 PL 2	

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>Elvira Rios</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>11-28-13</i>	5 Payee name <i>Office Max</i>	
6 Amount (\$) <i>\$ 27.30</i>	7 Payee address; City; State; Zip Code <i>400 E. Expy 83 McAllen, TX 78503</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Posters / flyers</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Elvira Rios</i>	Office sought <i>JP Pct 2 PL 2</i> Office held <i>N/A</i>
Date <i>10-11-13</i>	Payee name <i>Office Max</i>	
Amount (\$) <i>\$ 7.96</i>	Payee address; City; State; Zip Code <i>400 E. Expy 83 McAllen, TX 78503</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing</i>	Description (If travel outside of Texas, complete Schedule T) <i>flyers</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Elvira Rios</i>	Office sought <i>JP Pct 2 PL 2</i> Office held <i>N/A</i>
Date <i>10-10-13</i>	Payee name <i>Office Max</i>	
Amount (\$) <i>\$ 15.91</i>	Payee address; City; State; Zip Code <i>400 E. Expy 83 McAllen, TX 78503</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing</i>	Description (If travel outside of Texas, complete Schedule T) <i>flyers</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Elvira Rios</i>	Office sought <i>JP Pct 2 PL 2</i> Office held <i>N/A</i>
Date <i>12-2-13</i>	Payee name <i>Office Max</i>	
Amount (\$) <i>\$ 10.80</i>	Payee address; City; State; Zip Code <i>400 E. Expy 83 McAllen, TX 78503</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing</i>	Description (If travel outside of Texas, complete Schedule T) <i>name badges</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Elvira Rios</i>	Office sought <i>JP Pct 2 PL 2</i> Office held <i>N/A</i>

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>ELVIA Rios</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>9-5-13</i>	5 Payee name <i>Office Depot</i>	
6 Amount (\$) <i>14.06</i>	7 Payee address; City; State; Zip Code <i>910 E. Expy 83 McAllen, TX 78501</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>biz crd</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ELVIA Rios</i>	Office sought <i>3P Pct 2 PL 2</i> Office held <i>N/A</i>
Date <i>11-23-13</i>	Payee name <i>Office MAX</i>	
Amount (\$) <i>6.03</i>	Payee address; City; State; Zip Code <i>400 E. Expy 83 McAllen, TX 78503</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing</i>	Description (If travel outside of Texas, complete Schedule T) <i>graphic design</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ELVIA Rios</i>	Office sought <i>3P Pct 2 PL 2</i> Office held <i>N/A</i>
Date <i>9-24-13</i>	Payee name <i>Office MAX</i>	
Amount (\$) <i>29.43</i>	Payee address; City; State; Zip Code <i>400 E. Expy 83 McAllen, TX 78503</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing</i>	Description (If travel outside of Texas, complete Schedule T) <i>Color Posters</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ELVIA Rios</i>	Office sought <i>3P Pct 2 PL 2</i> Office held <i>N/A</i>
Date <i>9-15-13</i>	Payee name <i>Office MAX</i>	
Amount (\$) <i>19.46</i>	Payee address; City; State; Zip Code <i>400 E. Expy 83 McAllen, TX 78501</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing</i>	Description (If travel outside of Texas, complete Schedule T) <i>Biz crd</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ELVIA Rios</i>	Office sought <i>3P Pct 2 PL 2</i> Office held <i>N/A</i>

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 ELVIA RIOS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-22-13		5 Payee name Julia B. Sullivan			
6 Amount (\$) \$350.00		7 Payee address; City; State; Zip Code 3808 San Rodrigo Mission, TX 78572			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consulting Expenses		(b) Description (If travel outside of Texas, complete Schedule T) Media relations	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Elvia Rios		Office sought JP Pct 2 PL 2	
Office held N/A					
Date 9-30-13		Payee name Pelacios Photography			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 1213 N. Mein McAllen TX 7501			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Photography - Pictures	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Elvia Rios		Office sought JP Pct 2 PL 2	
Office held N/A					
Date 11-26-13		Payee name The Print Depot			
Amount (\$) \$85.52		Payee address; City; State; Zip Code 1510 Beech Avenue McAllen, TX 78501			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Push cards & invitations	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Elvia Rios		Office sought JP Pct 2 PL 2	
Office held N/A					
Date 11-27-13		Payee name Copy IT			
Amount (\$) \$134.66		Payee address; City; State; Zip Code 705 E. Pecan McAllen, TX 78501			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Push cards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Elvia Rios		Office sought JP Pct 2 PL 2	
Office held N/A					

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 ELVIA RIOS	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9-18-13	5 Payee name Walmart	
6 Amount (\$) 8.15	7 Payee address; City; State; Zip Code 1200 E. Jackson McAllen TX 78503	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Biz cards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ELVIA RIOS	Office sought JP Pct 2 PL2 Office held N/A
Date 9-24-13	Payee name office MAX	
Amount (\$) 29.43	Payee address; City; State; Zip Code 400 E Exp. 83 McAllen, TX 78503	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Posters / flyers
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ELVIA RIOS	Office sought JP Pct 2 PL2 Office held N/A
Date 10-8-13	Payee name Palacios Photography	
Amount (\$) 100.00	Payee address; City; State; Zip Code 1213 N. Main McAllen, TX 78501	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Photography
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ELVIA RIOS	Office sought JP Pct 2 PL2 Office held N/A
Date 10-10-13	Payee name office MAX	
Amount (\$) 15.91	Payee address; City; State; Zip Code 400 E Exp 83 McAllen, TX 78503	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Biz cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ELVIA RIOS	Office sought JP Pct 2 PL2 Office held N/A

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 ELVIA RIOS	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12-4-13	5 Payee name Beto's Printing	
6 Amount (\$) \$ 135.00	7 Payee address; City; State; Zip Code 110 W. 4th St. San Antonio, TX 78509	
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) Yard Signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ELVIA RIOS	Office sought 3P Pct 2 PL2 Office held N/A
Date 11-15-13	Payee name Palacios Photography	
Amount (\$) \$ 125.00	Payee address; City; State; Zip Code 1213 N. Main 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) Photos
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ELVIA RIOS	Office sought 3P Pct 2 PL2 Office held N/A
Date 11-25-13	Payee name Office MAX	
Amount (\$) \$ 96.03	Payee address; City; State; Zip Code 400 E. Exp. 83 McAllen, TX 78503	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Print Expense	Description (If travel outside of Texas, complete Schedule T) biz cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ELVIA RIOS	Office sought 3P Pct 2 PL2 Office held N/A
Date 12-2-13	Payee name Office MAX	
Amount (\$) \$ 27.30	Payee address; City; State; Zip Code 400 E. Exp. 83 McAllen, TX 78503	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Push cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ELVIA RIOS	Office sought 3P Pct 2 PL2 Office held N/A

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 ELVIA RIOS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-15-13		5 Payee name Office MAX			
6 Amount (\$) \$ 7.96		7 Payee address; City; State; Zip Code 400 E. Exp 83 McAllen, TX 78503			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) Biz cards	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name ELVIA RIOS		Office sought 3P Pct 2 PL 2	
Date 11-1-13		Payee name Sahadi's			
Amount (\$) \$ 17.65		Payee address; City; State; Zip Code 709 N. 10th McAllen TX 78501			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Beverage		Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name ELVIA RIOS		Office sought 3P Pct 2 PL 2	
4 Date 12-26-13		5 Payee name Facebook			
6 Amount (\$) \$ 50.00		7 Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park, CA 94025			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Solicitation		(b) Description (If travel outside of Texas, complete Schedule T) social media	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name ELVIA RIOS		Office sought 3P Pct 2 PL 2	
Date 9-18-13		Payee name Hidalgo County Elections Department			
Amount (\$) \$ 17.50		Payee address; City; State; Zip Code 101 S. 10th Ave Edinburg, TX 78539			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) map - Pct 2	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name ELVIA RIOS		Office sought 3P Pct 2 PL 2	

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>ELVIA RIOS</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>12-3-13</i>	5 Payee name <i>Office MAX</i>	
6 Amount (\$) <i>\$29.43</i>	7 Payee address; City; State; Zip Code <i>400 E. Expy 83 McAllen, TX 78503</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Posters</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ELVIA RIOS</i>	Office sought <i>3P Pct 2 PL 2</i> Office held <i>N/A</i>
Date <i>11-9-13</i>	Payee name <i>Office MAX</i>	
Amount (\$) <i>\$49.22</i>	Payee address; City; State; Zip Code <i>400 E. Expy 83 McAllen, TX 78503</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing</i>	Description (If travel outside of Texas, complete Schedule T) <i>Flyers</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ELVIA RIOS</i>	Office sought <i>3P Pct 2 PL 2</i> Office held <i>N/A</i>
Date <i>10-31-13</i>	Payee name <i>Walmart</i>	
Amount (\$) <i>\$11.27</i>	Payee address; City; State; Zip Code <i>1200 E. Jackson McAllen, TX 78503</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing</i>	Description (If travel outside of Texas, complete Schedule T) <i>Biz cards</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ELVIA RIOS</i>	Office sought <i>3P Pct 2 PL 2</i> Office held <i>N/A</i>
Date <i>9-17-13</i>	Payee name <i>Walmart</i>	
Amount (\$) <i>8.15</i>	Payee address; City; State; Zip Code <i>1200 E. Jackson McAllen, TX 78503</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing</i>	Description (If travel outside of Texas, complete Schedule T) <i>Biz cards</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ELVIA RIOS</i>	Office sought <i>3P Pct 2 PL 2</i> Office held <i>N/A</i>

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 ELVIA RIOS	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	-----------------------------------	---

Date 9-5-13	Payee name Office Depot		
Amount (\$) 14. ⁰⁰	Payee address; City; State; Zip Code 910 E. Expy 83 McAllen, TX 78501		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
	Printing Exp.	push cards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ELVIA RIOS	Office sought JP Pct 2 PL 2	Office held N/A

Date 11-19-13	Payee name Abraham Moscorro		
Amount (\$) 20. ⁰⁰	Payee address; City; State; Zip Code 508 S. 12 St McAllen, TX 78501		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
	Printing Expense	Graphic design	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ELVIA RIOS	Office sought JP Pct 2 PL 2	Office held N/A

Date 12-30-13	Payee name Compu Print		
Amount (\$) \$ 300. ⁰⁰	Payee address; City; State; Zip Code 508 S. 12 St. McAllen, TX 78501		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
	Printing Expense	Political signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME ELVIA RIOS	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-8-13	5 Payee name Lone Star National Bank	
6 Amount (\$) \$27.95	7 Payee address; City; State; Zip Code 200 Lindbergh McAllen, TX 78501.	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <input checked="" type="radio"/> Fees	(b) Description (See instructions regarding type of information required.) checks
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		