

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. Paul M. <hr/> NICKNAME LAST SUFFIX Vazaldua Jr.	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1325 E JASMINE McAllen Tx 78501	Date Received 21 2014 8:55am CE	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 451-6775	Date Hand Delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. Matthew <hr/> NICKNAME LAST SUFFIX Vazaldua		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1210 E PRESIDENTE SAN JUAN TX 78589		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 512 757-6828		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 9 / 23 / 13 THROUGH 12 / 31 / 2013		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 03 / 04 / 14		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Justice of the Peace Precinct 2 Place 2	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Mr. Paul M. Vazaldua, Jr.

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)

\$ 13,950⁰⁰

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 12,830⁰⁰

CONTRIBUTION
BALANCE

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

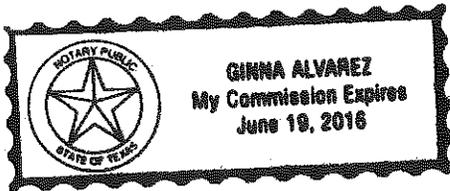
\$ 339.00

OUTSTANDING
LOAN TOTALS

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

\$ 0

18 AFFIDAVIT



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

Paul M. Vazaldua, Jr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Paul M. Vazaldua, Jr., this the January day of 21st, 20 14, to certify which, witness my hand and seal of office.

Ginna Alvarez
Signature of officer administering oath

Ginna Alvarez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>7</u> of <u>5</u>	
2 FILER NAME <u>Mr. Paul M. VAZALDUA JR</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>11/5/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOHN M. PHILLIPS</u>	7 Amount of contribution (\$) <u>2,600.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>2919 SCENIC WAY, McAllen TX 78501</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>BUSINESS OWNER</u>		10 Employer (See Instructions) <u>1</u>	
Date <u>11/6/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOSEPH PHILLIPS</u>	Amount of contribution (\$) <u>2,500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>109 RFD GRANDE PA MISSION TX 78572</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>BUSINESS OWNER</u>		Employer (See Instructions)	
Date <u>10/25/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>OCTAVIO CASTANEDA</u>	Amount of contribution (\$) <u>1,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>305 NOLANA, McAllen TX 78501</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>BOARDSMAN</u>		Employer (See Instructions) <u>CASTANEDA BATHBONDS</u>	
Date <u>11/10/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>BILMA CHAVEZ</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>205 W. IRIS McAllen TX, 78501</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>N/A</u>	
Date <u>11/12/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RICARDO RAMIREZ</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4943 S. JACKSON, EDINBURG TX, 78589</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>LAWYER</u>		Employer (See Instructions) <u>LAW OFFICE OF DEAGARZA RAMIREZ</u>	

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: <u>2 of 5</u>	
2 FILER NAME <u>MR. PAUL M. VAZALDIA JR.</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>11/16/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RUBEN RAMIREZ</u>	7 Amount of contribution (\$) <u>400.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>530 PECAN Blvd McAllen Tx 78501</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Attorney</u>		10 Employer (See Instructions) <u>SELF</u>	
Date <u>11/16/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MICHAEL FEANNIGAN</u>	Amount of contribution (\$) <u>300.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>609 CHICAGO Ave, McAllen Tx, 78501</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>SELF</u>	
Date <u>11/19/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOHN DAVID ; ANNETTE FRANZ</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>400 N. McCall McAllen Tx, 78501</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>SELF</u>	
Date <u>11/19/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CARLOS GALVAN</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3525 W. FREDDY GONZALEZ DR 78539</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>SELF</u>	
Date <u>11/19/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>PRESTON HENDRICHSON</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>222 W. CANO ST, EDINBURG Tx 78339</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>SELF</u>	

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: <i>3 of 5</i>	
2 FILER NAME <i>MR. PAUL M. VAZALONA JR</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>11/19/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARK WALKER</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2424 N. 10th Street #200 McAllen Tx 78504</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions) <i>WALKER ; TWENHAUFFEL</i>	
Date <i>12/4/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KEN DEJARNETT</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>708 HERON, McAllen Tx 78501</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Director of Real Estate</i>		Employer (See Instructions) <i>MULLER AFFORDABLE HOMES</i>	
Date <i>11/15/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TERRY LAWLES</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2727 W. University Dr, Edinburg Tx 78539</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>SELF</i>	
Date <i>11/19/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOSE A. RAMIREZ</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>210 W. CANO, EDINBURG TX 78539</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>SELF</i>	
Date <i>11/20/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LETICIA HENDRICKS</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>602 Pulcena St, McAllen Tx 78539</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>SELF</i>	

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: 4 of 5	
2 FILER NAME MR. PAUL M. VAZALDA JR.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/20/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAMEER AHMED	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3907 S. SUGAR RD EDINBURG TX 78539		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) SELF	
Date 11/19/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL RIOS	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 104 E. LARK, McAllen TX 78504		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) SID INFRASTRUCTURE	
Date 11/21/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILBERTO VAZALDA	Amount of contribution (\$) 2,500.00 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1210 E. PRESIDENTE, SAN JUAN TX 79589		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Investigator (Brother)		Employer (See Instructions) Pharr PD	
Date 11/21/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA M. JORDAN	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1104 E. RIO VISTA, PHARR TX 78577		(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#: _____) Joe Flores	Amount of contribution (\$) 2,200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) County Commissioner (Businessman)		Employer (See Instructions) self	

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: 5 of 5	
2 FILER NAME Mr. Paul M Vazaldu Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/25/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francisco Enrriquez	7 Amount of contribution (\$) 350⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4200 B N. Bicentennial McAllen TX 78504		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacinto Garza	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Self	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES

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 PAUL M. VAZALQUIA JR	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/9/13	5 Payee name CONTROL POINT	
6 Amount (\$) 2000.00	7 Payee address; City; State; Zip Code 458 New Jersey SE WASHINGTON DC 20003	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) KICKOFF MAILER
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/5/13	Payee name JAI ME FARRIAS	
Amount (\$) 2,700.00	Payee address; City; State; Zip Code 1214 N. 8th McAllen, Tx 78501	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expenses	Description (If travel outside of Texas, complete Schedule T) 4 x 8 signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/30/13	Payee name BETO SIGNS	
Amount (\$) 1,665.00	Payee address; City; State; Zip Code 110 W. 4th Street SAN JUAN Tx 79589	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expenses	Description (If travel outside of Texas, complete Schedule T) Yard Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/19/13	Payee name LETICIA CONTRERAS	
Amount (\$) 750.00	Payee address; City; State; Zip Code 2028 HERON, McAllen Tx 78504	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN KICKOFF
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>PAUL M. VAZALQUIA JR</i>	3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>11/30/13</i>	5 Payee name <i>AVISO MEDIA</i>		
6 Amount (\$) <i>1600.00</i>	7 Payee address; City; State; Zip Code <i>2118 N. 43th LANE McAllen Tx 78501</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>Graphics</i>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>11/21/13</i>	Payee name <i>HEB</i>		
Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>3200 N. 10th, McAllen Tx 78501</i>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FOOD/BEVERAGE EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>Turkeys</i>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>11/19/13</i>	Payee name <i>PEPPERS</i>		
Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>4620 N. 10th ST, McAllen Tx 78504</i>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FOOD/BEVERAGE EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>Fundraising Event</i>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>10/17/13</i>	Payee name <i>MCM PRINTING</i>		
Amount (\$) <i>1200.00</i>	Payee address; City; State; Zip Code <i>1200 E. HACKBERRY AVE, McAllen Tx 78501</i>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>T-shirts</i>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Panc M. VAZARDA JR	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/15/13	5 Payee name GOTPRINT.COM	
6 Amount (\$) 565.00	7 Payee address; City; State; Zip Code 7651 N. SAN FERNANDO RD, BARRACK CA 91505	
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) Pushcards
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/26/13	Payee name Pharr Cancer Walk	
Amount (\$) 100⁰⁰	Payee address; City; State; Zip Code 8700 S. Veterans Pharr, TX 78577	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Entry Fees	Description (If travel outside of Texas, complete Schedule T) Cancer Walk
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11/30/13	Payee name Family Faith Foundation	
Amount (\$) 250⁰⁰	Payee address; City; State; Zip Code 10545 N. Stewart Rd. Mission, TX 78573	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Entry Fee	Description (If travel outside of Texas, complete Schedule T) Kickball Tournament
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11/23/13	Payee name Hidalgo County Democratic Party	
Amount (\$) 1,000⁰⁰	Payee address; City; State; Zip Code 10545 N. Stewart Rd Mission, TX 78573 3307 N. McColl Rd Ste D 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)
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Paul M Vazaldue Jr	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	---	---

4 Date 12/20/13	5 Payee name MB Printer
---------------------------	-----------------------------------

6 Amount (\$) 565 ⁰⁰	7 Payee address; City; State; Zip Code 912 Beech Ave. McAllen, Tx 78501
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expenses	(b) Description (If travel outside of Texas, complete Schedule T) Christmas Cards
---------------------------------	---	--

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

Date 12/23/13	Payee name Upper Valley Mail Service
------------------	---

Amount (\$) 216 ⁰⁰	Payee address; City; State; Zip Code 1418 Beech Ave. #109 McAllen, Tx 78501
----------------------------------	---

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

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

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

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

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

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

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED