

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE NAME Healthy Hidalgo PAC		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 612 W Nolana Ave Ste 415 McAllen TX 78504	Date Received <i>RuQ +</i> <i>9:54 AM.</i> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Bill NICKNAME LAST SUFFIX Adams	RECEIVED JAN 13 2015	
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1401 E Eighth St Weslaco TX 78596		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 969-5200		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year Month Day Year 10 / 26 / 2014 THROUGH 01 / 15 / 2015		
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Healthy Hidalgo County	ACCOUNT # (Ethics Commission Filers)
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13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME									
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)									
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # <table style="float:right; margin-left: 20px;"> <tr> <td colspan="3">ELECTION DATE</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td>11</td> <td>04</td> <td>2014</td> </tr> </table>	ELECTION DATE			Month	Day	Year	11	04	2014
	ELECTION DATE										
Month	Day	Year									
11	04	2014									
DESCRIPTION Ballot measure proposing the creation of the Hidalgo County Hospital District.											

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 121592.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 145,946.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8618.67
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

15 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Bill Adams

Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Bill Adams, this the 13th day of January, 20 15, to certify which, witness my hand and seal of office.

Jacqueline Munguia

Signature of officer administering oath

Jacqueline Munguia

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: 1	
2 FILER NAME Healthy Hidalgo County		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/28/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mission Hospital, Inc.	7 Amount of contribution (\$) 8636.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 900 S Bryan Rd Mission TX 78502		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See instructions)		10 Employer (See Instructions)	
Date 10/31/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) UHS of Delaware, Inc.	Amount of contribution (\$) 24582.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 367 S Gulph Rd King of Prussia PA 19406		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doctors Hospital at Renaissance	Amount of contribution (\$) 30974.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 1110 Weslaco TX 78596		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) International Bank of Commerce	Amount of contribution (\$) 4000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code One South Broadway McAllen TX 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rio Grande Regional Hospital	Amount of contribution (\$) 53400.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 101 E Ridge Rd McAllen TX 78503		(If travel outside of Texas, complete Schedule T)	
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>			

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F: 13		2 FILER NAME Healthy Hidalgo County		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/27/14		5 Payee name KM International			
6 Amount (\$) 20000.00		7 Payee address; City; State; Zip Code 6508 N 26th St McAllen TX 78504			
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) voter mail <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/27/14		Payee name R Communications			
Amount (\$) 2800.00		Payee address; City; State; Zip Code 1201 N Jackson Rd Ste 900 McAllen TX 78501			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) advertising expense		Description (If travel outside of Texas, complete Schedule T) radio ad <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/28/14		Payee name Upper Valley Mail			
Amount (\$) 5800.00		Payee address; City; State; Zip Code 1418 Beech Ste 109 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) voter mail <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Healthy Hidalgo County	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/28/14	5 Payee name Evelia C. Castillo
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6 Amount (\$) 1326.00	7 Payee address; City; State; Zip Code 2811 N 37th Lane McAllen TX 78501
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) contract labor	(b) Description (If travel outside of Texas, complete Schedule T) administrative support <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/28/14	Payee name Edinburg Conference Center at DHR
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Amount (\$) 500.00	Payee address; City; State; Zip Code 5501 S McColl Rd Edinburg TX 78539
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event expense	Description (If travel outside of Texas, complete Schedule T) fee for luncheon <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/28/14	Payee name Peppers
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Amount (\$) 1537.46	Payee address; City; State; Zip Code 4620 N 10th St McAllen TX 78504
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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) catering for luncheon <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/28/14	Payee name The Monitor
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Amount (\$) 3888.00	Payee address; City; State; Zip Code 1400 E Nolana McAllen TX 78504
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) newspaper ad <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F:	2 FILER NAME Healthy Hidalgo County	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/28/14	5 Payee name Laura Barberena
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6 Amount (\$) 5000.00	7 Payee address; City; State; Zip Code 8314 Dawnwood Dr San Antonio TX 78250
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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) voter mail <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/28/14	Payee name De Saro Rodriguez Advertising Agency
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Amount (\$) 1150.00	Payee address; City; State; Zip Code 800 N. Main St. Ste. 300A McAllen TX 78501
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) media production <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/28/14	Payee name Upper Valley Mail
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Amount (\$) 10,800.00	Payee address; City; State; Zip Code 1418 Beech Ste 109 McAllen TX 78501
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing expense	Description (If travel outside of Texas, complete Schedule T) voter mail <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/29/14	Payee name The Monitor
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Amount (\$) 1500.00	Payee address; City; State; Zip Code 1400 E Nolana McAllen TX 78504
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) newspaper ad <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |
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1 Total pages Schedule F:	2 FILER NAME Healthy Hidalgo County	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/29/14	5 Payee name KRGV
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6 Amount (\$) 9758.00	7 Payee address; City; State; Zip Code 900 E Expressway Weslaco TX 78596
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) advertising expense	(b) Description (If travel outside of Texas, complete Schedule T) TV ad <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/29/14	Payee name Upper Valley Mail Services
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Amount (\$) 50.00	Payee address; City; State; Zip Code 1418 Beech Ste 109 McAllen TX 78501
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) voter mail <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/29/14	Payee name Mari's Tacos
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Amount (\$) 500.00	Payee address; City; State; Zip Code 602 S 11th St Donna TX 78537
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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) food <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/29/14	Payee name Charlie's Meat Market
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Amount (\$) 500.00	Payee address; City; State; Zip Code 211 W Edinburg Ave Elsa TX 78543
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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) food <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Healthy Hidalgo County		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/29/14		5 Payee name Entravision			
6 Amount (\$) 8015.50		7 Payee address; City; State; Zip Code 801 N. Jackson Rd McAllen TX 78501			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) advertising expense		(b) Description (If travel outside of Texas, complete Schedule T) TV ad <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/29/14		Payee name KGBT			
Amount (\$) 6010.00		Payee address; City; State; Zip Code 9201 W Expressway 83 Harlingen TX 78552			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) advertising expense		Description (If travel outside of Texas, complete Schedule T) TV ad <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/30/14		Payee name HEB			
Amount (\$) 1529.95		Payee address; City; State; Zip Code 901 Trenton Rd McAllen TX 78501			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) transportation expense		Description (If travel outside of Texas, complete Schedule T) gas <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/30/14		Payee name Satori Display			
Amount (\$) 324.75		Payee address; City; State; Zip Code 3221 W US Highway 83 Ste D 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) display <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Healthy Hidalgo County		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/30/14		5 Payee name R Communications			
6 Amount (\$) 8200.00		7 Payee address; City; State; Zip Code 1201 N. Jackson Rd Ste 900 McAllen TX 78501			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) advertising expense		(b) Description (If travel outside of Texas, complete Schedule T) Radio ad <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/30/14		Payee name KVEO			
Amount (\$) 4313.75		Payee address; City; State; Zip Code 394 N Expressway 83 Brownsville TX 78521			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) advertising expense		Description (If travel outside of Texas, complete Schedule T) TV ad <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/31/14		Payee name Rosa Espinosa			
Amount (\$) 500.00		Payee address; City; State; Zip Code 1209 Victory St San Juan TX 78589			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) contract labor		Description (If travel outside of Texas, complete Schedule T) canvassing <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/31/14		Payee name Brianda Espinosa			
Amount (\$) 500.00		Payee address; City; State; Zip Code 1209 Victory St San Juan TX 78589			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) contract labor		Description (If travel outside of Texas, complete Schedule T) canvassing <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Healthy Hidalgo County		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/31/14		5 Payee name Caridad Murillo			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code 206 W 3rd St San Juan TX 78589			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) contract labor		(b) Description (If travel outside of Texas, complete Schedule T) canvassing <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/31/14		Payee name Armantina Garcia			
Amount (\$) 500.00		Payee address; City; State; Zip Code 625 E Citrus Alamo TX 78516			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) contract labor		Description (If travel outside of Texas, complete Schedule T) canvassing <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/31/14		Payee name Dalia Molina			
Amount (\$) 500.00		Payee address; City; State; Zip Code 3224 S Sugar Rd Edinburg TX 78539			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) contract labor		Description (If travel outside of Texas, complete Schedule T) canvassing <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Healthy Hidalgo County	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/31/14	5 Payee name KM International
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6 Amount (\$) 5000.00	7 Payee address; City; State; Zip Code 6508 N 26th Street
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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) voter mail <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/31/14	Payee name The Positive Program
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Amount (\$) 3600.00	Payee address; City; State; Zip Code 6508 N 26th St McAllen TX 78504
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) contract labor	Description (If travel outside of Texas, complete Schedule T) media production and GOTV <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/31/14	Payee name Enterprise Rental
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Amount (\$) 962.67	Payee address; City; State; Zip Code 4714 N 10th St McAllen TX 78504
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) travel in district	Description (If travel outside of Texas, complete Schedule T) vehicle for gotv/canvassing efforts <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/31/14	Payee name Roger Ortiz
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Amount (\$) 600.00	Payee address; City; State; Zip Code 6508 N 26th St McAllen TX 78504
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) contract labor	Description (If travel outside of Texas, complete Schedule T) GOTV efforts <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Healthy Hidalgo County	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/31/14	5 Payee name Agustin Olivarez
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6 Amount (\$) 600.00	7 Payee address; City; State; Zip Code 6508 N 26th Street McAllen TX 78504
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) contract labor	(b) Description (If travel outside of Texas, complete Schedule T) GOTV efforts <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/31/14	Payee name Donaciano Alvarado
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Amount (\$) 500.00	Payee address; City; State; Zip Code PO BOX 1462 Edcouch TX 78538
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) contract labor	Description (If travel outside of Texas, complete Schedule T) GOTV efforts <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/31/14	Payee name Printworks
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Amount (\$) 1250.00	Payee address; City; State; Zip Code 1414 Pecan Blvd McAllen TX 78501
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing expense	Description (If travel outside of Texas, complete Schedule T) voter literature <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/31/14	Payee name Sky Promotions
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Amount (\$) 790.23	Payee address; City; State; Zip Code 1303 E Pine Ave Pharr TX 78577
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing expense	Description (If travel outside of Texas, complete Schedule T) t-shirts <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Healthy Hidalgo County	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/31/14	5 Payee name Pathfinder Public Affairs	
6 Amount (\$) 10000.00	7 Payee address; City; State; Zip Code 612 W Nolana Ave Ste 415 McAllen TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) consulting expense	(b) Description (If travel outside of Texas, complete Schedule T) campaign management <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/1/14	Payee name Valley Interfaith	
Amount (\$) 5000.00	Payee address; City; State; Zip Code 955 W Price Rd Brownsville TX 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) donation	Description (If travel outside of Texas, complete Schedule T) GOTV/canvassing <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/1/14	Payee name Staffnet LLC	
Amount (\$) 2800.00	Payee address; City; State; Zip Code 4403 W Military Highway Ste 710 McAllen TX 78503	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) contract labor	Description (If travel outside of Texas, complete Schedule T) election day field workers <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/3/14	Payee name The Monitor	
Amount (\$) 9276.00	Payee address; City; State; Zip Code 1400 E Nolana McAllen TX 78504	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) newspaper ad <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel in District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Healthy Hidalgo County		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/3/14		5 Payee name De Saro Rodriguez Advertising Agency			
6 Amount (\$) 4513.75		7 Payee address; City; State; Zip Code 800 N Main St Ste 300A McAllen TX 78501			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) advertising expense		(b) Description (If travel outside of Texas, complete Schedule T) media production <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/3/14		Payee name Mary Alice Palacios			
Amount (\$) 500.00		Payee address; City; State; Zip Code 701 E Baker Edinburg TX 78539			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) contract labor		Description (If travel outside of Texas, complete Schedule T) canvassing <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/3/14		Payee name Julie Palacios Carcano			
Amount (\$) 500.00		Payee address; City; State; Zip Code 2215 Carla Marie Way Edinburg TX 78542			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) contract labor		Description (If travel outside of Texas, complete Schedule T) canvassing <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/5/14		Payee name Vicente Faz			
Amount (\$) 344.00		Payee address; City; State; Zip Code 1016 S 20th Ave Edinburg TX 78539			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) contract labor		Description (If travel outside of Texas, complete Schedule T) labor for sign pick-up <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Healthy Hidalgo County		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/7/14		5 Payee name Mark Aguilar			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code 11015 McAllen TX 78504			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) contract labor		(b) Description (If travel outside of Texas, complete Schedule T) election day field work <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/14/14		Payee name Vicente Faz			
Amount (\$) 106.75		Payee address; City; State; Zip Code 1016 S 20th Ave Edinburg TX 78539			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) contract labor		Description (If travel outside of Texas, complete Schedule T) labor for sign pick up <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/14/14		Payee name Evelia C. Castillo			
Amount (\$) 595.00		Payee address; City; State; Zip Code 2811 N 37th Lane McAllen TX 78501			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) contract labor		Description (If travel outside of Texas, complete Schedule T) campaign administrative support <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/18/14		Payee name Ray and Wood Law Firm			
Amount (\$) 780.00		Payee address; City; State; Zip Code 2700 Bee Caves Rd # 200 Austin TX 78746			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) legal services		Description (If travel outside of Texas, complete Schedule T) campaign report review <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Healthy Hidalgo County		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/18/14		5 Payee name AIM Direct			
6 Amount (\$) 1000.00		7 Payee address; City; State; Zip Code 1913 W Houston Ave McAllen TX 78501			
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) campaign flyers/brochures <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/31/14		Payee name Hermila Garcia			
Amount (\$) 500.00		Payee address; City; State; Zip Code PO Box 1059 McAllen TX 78577			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) contract labor		Description (If travel outside of Texas, complete Schedule T) canvassing <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date =		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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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