



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Elvia Rios

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

N/A

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

REC'D JUL 15 2015

12:00 PM  
L2 @ 27

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)

\$ 1,750.<sup>00</sup>

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,755.<sup>00</sup>

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

\$ 7,396

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.

*Elvia Rios*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elvia Rios, this the 15<sup>th</sup> day of July, 2015, 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

*[Signature]*

Rolando Hinojosa

Personal Banker

**SUBTOTALS - COH**

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <i>Elvia Rios</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1,750</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>7396</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ <i>1755</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>1</b>	
2 FILER NAME <b>ELVIA RIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>2/25/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>OSCAR ALVAREZ</b>	7 Amount of contribution (\$) <b>350.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>600 S. 11 St. McAllen, TX 78501</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Attorney</b>		10 Employer (See Instructions) <b>Law firm of D. Alvarez</b>	
Date <b>2/25/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LUPE SILVA</b>	Amount of contribution (\$) <b>350.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6704 N. 17 St. McAllen, TX 78504</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>NIA</b>	
Date <b>2/27/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Basilio Gutierrez</b>	Amount of contribution (\$) <b>400.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4108 N. 21st. McAllen, TX 78501</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Pest Control</b>		Employer (See Instructions) <b>Advent Pest Control</b>	
Date <b>2/21/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jacqueline Soliz-CAAPA</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1105 Champions Lane Austin, TX 78747</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Homemaker</b>		Employer (See Instructions) <b>NIA</b>	
Date <b>3/10/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Suan G Gutierrez</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8521 Leesburg Pike Ste 175 Vienna, VA 22182</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Consultant</b>		Employer (See Instructions) <b>Self-employed.</b>	

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

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <span style="font-size: 1.5em; font-family: cursive;">ELVIA RIOS</span>		3 Filer ID (Ethics Commission Filers)
4 Date <span style="font-size: 1.5em; font-family: cursive;">2-18-14</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em; font-family: cursive;">Alejandro Rios Toure</span>	7 Amount of contribution (\$) <span style="font-size: 1.5em; font-family: cursive;">300.<sup>00</sup></span>
6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em; font-family: cursive;">6158 Robles Dr. El Paso, TX 79912</span>		
8 Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em; font-family: cursive;">physician</span>		9 Employer (See Instructions) <span style="font-size: 1.2em; font-family: cursive;">UMC Hospital El Paso TX</span>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>ELVIA RIOS</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>0</i>
5 Date of loan <i>2-25-14</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <i>ELVIA RIOS</i>	9 Loan Amount (\$) <i>7396.<sup>00</sup></i>
6 Is lender a financial institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <i>105 E. Fresno McAllen, TX 78501</i>	10 Interest rate <i>0</i>
		11 Maturity date <i>N/A.</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 (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		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?  Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		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 (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

# 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.

<b>1</b> Total pages Schedule F:		<b>2</b> FILER NAME <i>Elvia Rios</i>		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date <i>2/15/14</i>		<b>5</b> Payee name <i>Stripes</i>			
<b>6</b> Amount (\$) <i>20.00</i>		<b>7</b> Payee address; City; State; Zip Code <i>100 W. Tolosa McAllen TX 78501</i>			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Travel - District</i>		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>Gasoline</i>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Elvia Rios</i>		Office sought <i>SP</i>	
Date <del><i>2-18-14</i></del>		Payee name <del><i>Upper Valley Mail Services</i></del>			
Amount (\$) <del><i>\$ 300.00</i></del>		Payee address; City; State; Zip Code <del><i>McAllen, TX 78501</i></del>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <del><i>Mailer</i></del>		Description (If travel outside of Texas, complete Schedule T) <del><i>postcard to constituents</i></del>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <del><i>ER</i></del>		Office sought <del><i>SP</i></del>	
Date <i>2-24-14</i>		Payee name <i>US Mail &amp; More</i>			
Amount (\$) <i>10.32</i>		Payee address; City; State; Zip Code <i>1001 S. 10th McAllen TX 78501</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Mail</i>		Description (If travel outside of Texas, complete Schedule T) <i>postage</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Elvia Rios</i>		Office sought <i>SP</i>	
Date <i>2-25-14</i>		Payee name <i>Coco Melendez</i>			
Amount (\$) <i>25.00</i>		Payee address; City; State; Zip Code <i>280 S. 17th McAllen, TX 78501</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contract Labor</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Elvia Rios</i>		Office sought <i>SP</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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>Elvira Rios</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>2-28-14</i>	<b>5</b> Payee name <i>Nomad Shrine Club</i>	
<b>6</b> Amount (\$) <i>12.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>1044 W. Nolana Loop Phurr, TX. 78577</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Event Expense</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>food / beverage</i>
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Elvira Rios</i>	Office sought <i>JP</i> Office held <i>—</i>
<b>Date</b> <i>3-1-14</i>	<b>Payee name</b> <i>Don Pepe's Restaurant</i>	
<b>Amount (\$)</b> <i>19.28</i>	<b>Payee address; City; State; Zip Code</b> <i>306 N. McColl McAllen TX 78501</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>food beverage exp.</i>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <i>event</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Elvira Rios</i>	Office sought <i>JP</i> Office held <i>—</i>
<b>Date</b> <i>3-14-14</i>	<b>Payee name</b> <i>Don Pepe's Restaurant</i>	
<b>Amount (\$)</b> <i>9.27</i>	<b>Payee address; City; State; Zip Code</b> <i>306 N. McColl McAllen, TX 78501</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>food / beverage</i>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <i>event</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Elvira Rios</i>	Office sought <i>JP</i> Office held <i>—</i>
<b>Date</b> <i>3-12-14</i>	<b>Payee name</b> <i>Big Sisters Big Brothers</i>	
<b>Amount (\$)</b> <i>25.00</i>	<b>Payee address; City; State; Zip Code</b> <i>1111 W. Nolana McAllen, TX 78502</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>Contribution</i>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <i>non-profit</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Elvira Rios</i>	Office sought <i>JP</i> Office held <i>—</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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>ELVIA Rios</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>2-25-14</i>	<b>5</b> Payee name <i>El Mañana News</i>	
<b>6</b> Amount (\$) <i>403.<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>300. W. Dallas McAllen, TX 78501</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Ads expense</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>ad in paper</i>
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ELVIA Rios</i>	Office sought <i>SP</i> Office held <i>—</i>
<b>Date</b> <i>2-25-14</i>	<b>Payee name</b> <i>Stripes</i>	
<b>Amount (\$)</b> <i>20.<sup>90</sup></i>	<b>Payee address; City; State; Zip Code</b> <i>200 E. Hiways McAllen, TX 78501</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>Travel in District</i>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <i>fuel</i>
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name <i>ELVIA Rios</i>	Office sought <i>SP</i> Office held <i>—</i>
<b>Date</b> <i>2-26-14</i>	<b>Payee name</b> <i>Univision Radio</i>	
<b>Amount (\$)</b> <i>400.<sup>00</sup></i>	<b>Payee address; City; State; Zip Code</b> <i>P.O. Box 460708 Houston, TX 77058</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>Advertising Exp.</i>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <i>radio ads</i>
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name <i>ELVIA Rios</i>	Office sought <i>SP</i> Office held <i>—</i>
<b>Date</b> <i>2-26-14</i>	<b>Payee name</b> <i>Stripes</i>	
<b>Amount (\$)</b> <i>20.<sup>00</sup></i>	<b>Payee address; City; State; Zip Code</b> <i>5700 S. 10th McAllen TX 78501</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>Travel in District</i>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <i>fuel</i>
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name <i>ELVIA Rios</i>	Office sought <i>SP</i> Office held <i>—</i>

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	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 <b>ELVIA RIOS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3-12-14</b>		5 Payee name <b>HWNT</b>			
6 Amount (\$) <b>30.<sup>00</sup></b>		7 Payee address; City; State; Zip Code <b>3319 N. McColl McAllen, TX 78501</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Donation / Contribution</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>non-profit</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>ELVIA RIOS</b>		Office sought <b>JP</b> Office held <b>—</b>	
Date <b>3-24-14</b>		Payee name <b>Hidalgo County District Clerk</b>			
Amount (\$) <b>418.<sup>00</sup></b>		Payee address; City; State; Zip Code <b>100 N. Clossner Edinburg TX 78539.</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Fees</b>		Description (If travel outside of Texas, complete Schedule T) <b>election</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>ELVIA RIOS</b>		Office sought <b>JP</b> Office held <b>—</b>	
Date <b>5-20-14</b>		Payee name <b>The Advance News</b>			
Amount (\$) <b>30.<sup>00</sup></b>		Payee address; City; State; Zip Code <b>217 W. Newcomb Ave Pharr, TX 78577</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Ad exp.</b>		Description (If travel outside of Texas, complete Schedule T) <b>ad</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>ELVIA RIOS</b>		Office sought <b>JP</b> Office held <b>—</b>	
Date <b>3-6-14</b>		Payee name <b>Koko's</b>			
Amount (\$) <b>48.<sup>00</sup></b>		Payee address; City; State; Zip Code <b>6100 N. 10th McAllen TX 78503</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food / beverage</b>		Description (If travel outside of Texas, complete Schedule T) <b>event.</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>ELVIA RIOS</b>		Office sought <b>JP</b> Office held <b>—</b>	

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 <b>ELVIA RIOS</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>3-4-15</b>	5 Payee name <b>Nation Builder</b>	
6 Amount (\$) <b>19.00</b>	7 Payee address; City; State; Zip Code <b>448 Hill St. # 220 Los Angeles, CA 90013</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>ad expense</b>	(b) Description (if travel outside of Texas, complete Schedule T) <b>social media</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>ELVIA RIOS</b>	Office sought <b>JP</b> Office held <b>—</b>
Date <b>3-4-15</b>	Payee name <b>Facebook</b>	
Amount (\$) <b>195.00</b>	Payee address; City; State; Zip Code <b>1600 Willow Mentor Park, CA 94005</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description (if travel outside of Texas, complete Schedule T) <b>social media</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>ELVIA RIOS</b>	Office sought <b>JP</b> Office held <b>—</b>
Date <b>3-1-15</b>	Payee name <b>Antonio de la Garza</b>	
Amount (\$) <b>50.00</b>	Payee address; City; State; Zip Code <b>320 S. 17th St. McAllen, TX 78501</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contract Labor</b>	Description (if travel outside of Texas, complete Schedule T) <b>signage.</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>ELVIA RIOS</b>	Office sought <b>JP</b> Office held <b>—</b>
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

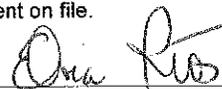
1 C/OH NAME

ELVIA RIOS

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

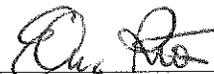
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder