

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Robert "Bobby" M. Contreras

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

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

\$.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 8,450.00

EXPENDITURE
TOTALS

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

\$.00

4. TOTAL POLITICAL EXPENDITURES

\$ 5,189.84

CONTRIBUTION
BALANCE

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

\$ 6,586.68

OUTSTANDING
LOAN TOTALS

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

\$.00

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Robert M. Contreras
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert "Bobby" M. Contreras, this the 14th day of January, 2015, to certify which, witness my hand and seal of office.

Ofelia Ortiz
Signature of officer administering oath

Ofelia Ortiz
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME Robert "Bobby" M. Contreras		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,450.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,189.84
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

Robert "Bobby" Contreras

3 Filer ID (Ethics Commission Filers)

4 Date

07/02/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Mauro Barreiro

6 Contributor address; City; State; Zip Code

3803 W. Alberta Road, Edinburg, TX 78539

7 Amount of contribution (\$)

\$1,000

8 Principal occupation / Job title (See Instructions)

Law Office

9 Employer (See Instructions)

Date

07/07/15

Full name of contributor out-of-state PAC (ID#: _____)

Memorial Funeral Home (L. DeLeon)

Contributor address; City; State; Zip Code

311 W. Exp. 83, San Juan, TX 78589

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Funeral Home

Employer (See Instructions)

Date

07/07/15

Full name of contributor out-of-state PAC (ID#: _____)

Memorial Funeral Home (L. DeLeon)

Contributor address; City; State; Zip Code

311 W. Exp. 83, San Juan, TX 78589

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Funeral Home

Employer (See Instructions)

Date

07/07/15

Full name of contributor out-of-state PAC (ID#: _____)

O'Hanlon, McCollom, Demerath

Contributor address; City; State; Zip Code

808 W. Ave., Austin, TX 78701

Amount of contribution (\$)

\$650

Principal occupation / Job title (See Instructions)

Law Office

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 4

2 FILER NAME

Robert "Bobby" M. Contreras

3 Filer ID (Ethics Commission Filers)

4 Date

07/13/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Cecilia Salinas C & C Cleaning & Janitorial Serv.

6 Contributor address; City; State; Zip Code

1709 Calle De Amistad, San Juan, TX 78589

7 Amount of contribution (\$)

\$300

8 Principal occupation / Job title (See Instructions)

Janitorial Services

9 Employer (See Instructions)

Date

07/27/15

Full name of contributor out-of-state PAC (ID#: _____)

Greg Lamantia

Contributor address; City; State; Zip Code

3900 N. McColl Road, McAllen, TX 78501

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/30/15

Full name of contributor out-of-state PAC (ID#: _____)

A-Mingo Bail Bonds (D. Rodriguez)

Contributor address; City; State; Zip Code

P.O. Box 882, Edinburg, TX 78540

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Bail Bonds

Employer (See Instructions)

Date

07/30/15

Full name of contributor out-of-state PAC (ID#: _____)

6-Shooter Bail Bonds (D. Rodriguez)

Contributor address; City; State; Zip Code

P.O. Box 1463, Edinburg, TX 78540

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Bail Bonds

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 4

2 FILER NAME

Robert "Bobby" M. Contreras

3 Filer ID (Ethics Commission Filers)

4 Date

07/30/15

5 Full name of contributor out-of-state PAC (ID#: _____)

A-Lighting Bail Bonds (L. Rodriguez)

6 Contributor address; City; State; Zip Code

3901 W. Schunior, Edinburg, TX 78541

7 Amount of contribution (\$)

\$500

8 Principal occupation / Job title (See Instructions)

Bail Bonds

9 Employer (See Instructions)

Date

07/30/15

Full name of contributor out-of-state PAC (ID#: _____)

David's Bail Bonds

Contributor address; City; State; Zip Code

3901 W. Schunior, Edinburg, TX 78541

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Bail Bonds

Employer (See Instructions)

Date

07/30/15

Full name of contributor out-of-state PAC (ID#: _____)

Rene A. Anzaldua

Contributor address; City; State; Zip Code

P.O. Box 2658, Edinburg, TX 78539

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/30/15

Full name of contributor out-of-state PAC (ID#: _____)

Liberty Bail Bonds

Contributor address; City; State; Zip Code

12403 Bail Bond Ave, Edinburg, Tx 78542

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Bail Bonds

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 4

2 FILER NAME

Robert "Bobby" M. Contreras

3 Filer ID (Ethics Commission Filers)

4 Date

07/30/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

A-24 Hour Bail Bonds

6 Contributor address;

City; State; Zip Code

1508 W. Pecan Blvd., McAllen, TX 78501

7 Amount of contribution (\$)

\$500

8 Principal occupation / Job title (See Instructions)

Bail Bonds

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Robert "Bobby" M. Contreras	3 Filer ID (Ethics Commission Filers)
4 Date 07/07/15	5 Payee name Hilda Cano	
6 Amount (\$) \$70	7 Payee address; City; State; Zip Code Pharr, TX 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 07/07/15	Payee name Fabian De Leon	
Amount (\$) \$150	Payee address; City; State; Zip Code Alamo, TX 78516	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DJ - Event Expense	Description <input type="checkbox"/> Check 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

Date 07/07/15	Payee name Silvia Betancourt	
Amount (\$) \$625.68	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense (arrangements)	Description <input type="checkbox"/> Check 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 5	2 FILER NAME Robert "Bobby" M. Contreras	3 Filer ID (Ethics Commission Filers)
4 Date 07/09/15	5 Payee name Barbara Contreras	
6 Amount (\$) \$322.56	7 Payee address; City; State; Zip Code 3 1/2 Miles Fm 907, Alamo, TX 78516	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies/Food & Bev. Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 07/09/15	Payee name Bobby Contreras	
Amount (\$) \$173.16	Payee address; City; State; Zip Code Alamo, TX 78516	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp. - cards	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 07/09/15	Payee name Omni Events Center	
Amount (\$) \$555	Payee address; City; State; Zip Code N. 9th Street, Alamo, TX 78516	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense - linens	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 5	2 FILER NAME Robert "Bobby" M. Contreras	3 Filer ID (Ethics Commission Filers)
4 Date 07/13/15	5 Payee name Jorge Guajardo	
6 Amount (\$) \$200	7 Payee address; City; State; Zip Code Alamo, TX 78516	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense-Photographer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 07/13/15	Payee name Bobby Conteras	
Amount (\$) \$500	Payee address; City; State; Zip Code Alamo, TX 78516	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense -Hall clean-up	Description <input type="checkbox"/> Check 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	
Date 07/22/15	Payee name The Monitor Newspaper	
Amount (\$) \$1,018.44	Payee address; City; State; Zip Code McAllen, TX 78501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check 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	
Date	Payee name	Amount (\$)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 5	2 FILER NAME Robert "Bobby" M. Contreras	3 Filer ID (Ethics Commission Filers)			
4 Date 09/21/15	5 Payee name La Union del Pueblo Entero (LUPE)				
6 Amount (\$) \$50	7 Payee address; City; State; Zip Code Pharr, TX 78577				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/21/15	Payee name Ofelia Ortiz				
Amount (\$) \$100	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation (husband's fundraiser)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 11/10/15	Payee name Hidalgo County Democratic Party				
Amount (\$) \$1000 \$5 CC check	Payee address; City; State; Zip Code TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Filing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 5	2 FILER NAME Robert "Bobby" M. Contreras	3 Filer ID (Ethics Commission Filers)
4 Date 11/15/15	5 Payee name Vanguard Academy	
6 Amount (\$) \$100	7 Payee address; City; State; Zip Code Pharr, Tx 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation - tickets	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 11/16/15	Payee name IDEA College Prep of San Juan	
Amount (\$) \$100	Payee address; City; State; Zip Code San Juan, TX 78589	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation - tickets	Description <input type="checkbox"/> Check 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

Date 11/16/15	Payee name The Advance Newspaper	
Amount (\$) \$220	Payee address; City; State; Zip Code Pharr, TX 78577	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description <input type="checkbox"/> Check 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED