

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT**

**FORM SC C/OH
COVER SHEET PG 1**

The SC C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
MR. VICTOR HUGO DE LA CRUZ			OFFICE USE ONLY Date Received RECEIVED FEB 22 2016 <i>2:20 PM</i> <i>Rub</i>
4 CANDIDATE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<input type="checkbox"/> Change of Address	401 S KANSAS AVE STE B2, WESLACO, TX 78596		
5 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956)	720-2350	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
MRS. JULISSA R MARQUEZ			Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
(Residence or Business)	401 S KANSAS AVE STE D, WESLACO, TX 78596		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956)	376-1568	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH - FR)		
10 PERIOD COVERED	Month- Day Year	THROUGH	Month Day Year
	01 / 22 / 2016		02 / 20 / 2016
11 CONVENTION / ELECTION DATE	Month / Day / Year	12 OFFICE SOUGHT	<input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR
13 POLITICAL PARTY	COUNTY (If Applicable) JUSTICE OF THE PEACE, PRECINCT 1, PLACE 1, HIDALGO COUNTY		

GO TO PAGE 2

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT**

**FORM SC C/OH
COVER SHEET PG 2**

14 CANDIDATE NAME
VICTOR HUGO DE LA CRUZ

15 Filer ID (Ethics Commission Filers)

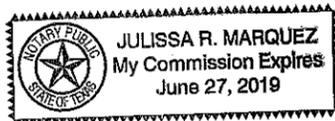
16 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political expenditures by political committees to support the candidate. *These expenditures may have been made without the candidate's knowledge or consent.* Candidates are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	N/A
<input type="checkbox"/> 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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,600.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,751.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 912.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

[Handwritten Signature]

Signature of Candidate

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said VICTOR HUGO DE LA CRUZ, this the 22nd day of February, 20 16, to certify which, witness my hand and seal of office.

[Handwritten Signature] JULISSA R MARQUEZ NOTARY PUBLIC

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - SC C/OH

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

19. CANDIDATE NAME VICTOR HUGO DE LA CRUZ		20. Filer ID (Ethics Commission Filers)
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,600.00
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 FROM POLITICAL CONTRIBUTIONS		\$ 7,751.40
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
9. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
10. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.06

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME JULISSA R MARQUEZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/26/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOUTH TEXAS VOCATIONAL INSTITUTE LLC 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALAZAR INSURANCE GROUP Contributor address; City; State; Zip Code	Amount of contribution (\$) \$350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GINA MENESES Contributor address; City; State; Zip Code	Amount of contribution (\$) \$600.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALICIA OCHOA & JAIME RODRIGUEZ Contributor address; City; State; Zip Code	Amount of contribution (\$) \$1500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME JULISSA R MARQUEZ		3 Filer ID (Ethics Commission Filers)
4 Date 02/09/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'HANLON MCCOLLOM & DEMERATH PC 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID GARZA Contributor address; City; State; Zip Code	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN DAVID & ANNETTE FRANZ Contributor address; City; State; Zip Code	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONARDO & ERICA MUNOZ Contributor address; City; State; Zip Code	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME JULISSA R MARQUEZ		3 Filer ID (Ethics Commission Filers)
4 Date 02/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETE & DELIA RIOJAS	7 Amount of contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 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)
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)

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME JULISSA R MARQUEZ	3 Filer ID (Ethics Commission Filers)
4 Date 01/28/2016	5 Payee name GUZMAN, LORENZA	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SALARIES WAGES/CONTRACT LABOR	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT LABOR FOR CAMPAIGN SERVICES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/29/2016	Payee name ELSA STATE BANK	
Amount (\$) \$17.50	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING/BANKING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK SERVICE CHARGES FOR CAMPAIGN ACCT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/05/2016	Payee name GUZMAN, LORENZO	
Amount (\$) \$150.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALARIES WAGES/CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT LABOR FOR CAMPAIGN SERVICES
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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME JULISSA MARQUEZ	3 Filer ID (Ethics Commission Filers)
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4 Date 02/09/2016	5 Payee name GARCIAJR, OSCAR
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6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SALARIES WAGES/CONTRACT LABOR	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT LABOR FOR CAMPAIGN SERVICES
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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 02/08/2016	Payee name BETO'S SCREEN PRINTING
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Amount (\$) \$350.00	Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOR CAMPAIGN BOARD SIGNS
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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 02/10/2016	Payee name VELA, JOSE
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Amount (\$) \$650.00	Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALARIES WAGES/CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT LABOR FOR CAMPAIGN SERVICES
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME JULISSA MARQUEZ	3 Filer ID (Ethics Commission Filers)
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4 Date 02/10/2016	5 Payee name VALERIS, JENNIFER
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6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SALARIES WAGES/CONTRACT LABOR	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT LABOR FOR CAMPAIGN SERVICES
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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 02/10/2016	Payee name GUZMAN, LORENZO
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Amount (\$) \$200.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALARIES WAGES/CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT LABOR FOR CAMPAIGN SERVICES
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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 02/10/2016	Payee name GUZMAN, ALEX
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Amount (\$) \$125.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALARIES WAGES/CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT LABOR FOR CAMPAIGN SERVICES
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME JULISSA MARQUEZ	3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2016	5 Payee name CAVAZOS, JORGE	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SALARIES WAGES/CONTRACT LABOR	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
		CONTRACT LABOR FOR CAMPAIGN SERVICES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/11/2016	Payee name DE LOS RIOS, ROSENDO	
Amount (\$) \$350.00	Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALARIES WAGES/CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
		CONTRACT LABOR FOR CAMPAIGN SERVICES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/10/2016	Payee name TOWN CRIER	
Amount (\$) \$1,373.90	Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
		FOR CAMPAIGN FLYERS
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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 2 FILER NAME: JULISSA MARQUEZ 3 Filer ID (Ethics Commission Filers)

4 Date: 02/10/2016 5 Payee name: RIVAS, DOMINGO

6 Amount (\$): \$300.00 7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE: SALARIES WAGES/CONTRACT LABOR
 (a) Category (See categories listed at the top of this schedule)
 (b) Description: Check if travel outside of Texas, complete Schedule T
 Check if Austin, TX, officeholder living expense
 CONTRACT LABOR FOR CAMPAIGN SERVICES

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

Date: 02/11/2016 Payee name: CARRILLAS, VERONICA

Amount (\$): \$500.00 Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE: SALARIES WAGES/CONTRACT LABOR
 Category (See categories listed at the top of this schedule)
 Description: Check if travel outside of Texas, complete Schedule T
 Check if Austin, TX, officeholder living expense
 CONTRACT LABOR FOR CAMPAIGN SERVICES

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

Date: 02/14/2016 Payee name: GARCIA, ANITA

Amount (\$): \$350.00 Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE: SALARIES WAGES/CONTRACT LABOR
 Category (See categories listed at the top of this schedule)
 Description: Check if travel outside of Texas, complete Schedule T
 Check if Austin, TX, officeholder living expense
 CONTRACT LABOR FOR CAMPAIGN SERVICES

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME JULISSA MARQUEZ	3 Filer ID (Ethics Commission Filers)
4 Date 02/14/2016	5 Payee name MARTINEZ, ANA	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SALARIES WAGES/CONTRACT LABOR	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT LABOR FOR CAMPAIGN SERVICES
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 02/15/2016	Payee name PALOMO, SERGIO	
Amount (\$) \$100.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALARIES WAGES/CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT LABOR FOR CAMPAIGN SERVICES
	Candidate / Officeholder name Office sought Office held	
Date 02/11/2016	Payee name VALERIO, JENNIFER	
Amount (\$) \$350.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALARIES WAGES/CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT LABOR FOR CAMPAIGN SERVICES
	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME JULISSA MARQUEZ	3 Filer ID (Ethics Commission Filers)
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4 Date 02/14/2016	5 Payee name ORTIZ, ORALIA
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6 Amount (\$) \$700.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SALARIES WAGES/CONTRACT LABOR	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT LABOR FOR CAMPAIGN SERVICES
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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 02/17/2016	Payee name ELSA STATE BANK
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Amount (\$) \$35.00	Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING/BANKING	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANKING FEES FOR CAMPAIGN ACCOUNT
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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 02/14/2016	Payee name OFELIA CAMPOS
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Amount (\$) \$350.00	Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALARIES WAGES/CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT LABOR FOR CAMPAIGN SERVICES
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: 1
2 FILER NAME JULISSA R MARQUEZ		3 Filer ID (Ethics Commission Filers)
4 Date 01/29/2016	5 Name of person from whom amount is received ELSA STATE BANK	8 Amount (\$) \$0.06
	6 Address of person from whom amount is received; City; State; Zip Code	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer INTEREST EARNED		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

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