## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST E VEYOY	do	OFFICE USE ONLY			
NAME	NICKNAME LAST	SUFFIX	Date Received			
	Ever Villarre	Pa	REC'D JAN 2 3 2019			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address		STATE; ZIP CODE	JM 11:25am			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (950) 391-9074	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$			
TREASURER NAME	Oraha	SUFFIX	Date Processed			
100/8/02	Laly Garzo		Date Imaged			
7 0444D41041	STREET ADDRESS (NO PO BOX PLEASE); APT / S		ZIP CODE			
7 CAMPAIGN TREASURER ADDRESS	2407 N. Shary Ro	Ste. A				
(Residence or Business)	Mission Texas 7	8574	14			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 212-2370	EXTENSION				
9 REPORT TYPE	January 15 30th day before 6		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year	THROUGH 12	Day Year / 31 / 3018			
11 ELECTION	ELECTION DATE  Month Day Year Primary  O3/03/3000 General	Runoff Other Description  Special				
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if know				
÷		Hidalgo Cour Precine	nly Commissioner ct 3			
GO TO PAGE 2						

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

Everardo "Ever" Villarreal 20 Filer ID (Ethics of	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. X SCHEDULE E: LOANS	\$ 20,000,00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,115.84
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OI	4 \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	verardo	"Ever" Villarreal 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			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$			\$ 0.00		
	2. TOTAL	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00				
	4. TOTAL	\$ 6115.84			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$13,884.14		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE PAY OF THE REPORTING PERIOD	\$ 20,000.00		
Iswear, 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.  Notary Public, State of Texas Comm. Expires 05-25-2021 Notary ID: 131145232  Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said <u>FVEYCIRO VINGIREAL</u> , this the <u>23rd</u> day of <u>January</u> , 20 19, to certify which, witness my hand and seal of office.					
Hayanam Haza Yajalva M. havza Notary Public.  Signalure of officer administering oath Printed name of officer administering oath Title of officer administering oath					

LOANS			SCHEDULE E			
The I	1 Total pages Schedule E:					
2 FILER NAME EVEVAYA	3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEMIZED LOANS			\$ 20,000,00			
5 Date of loan 7 Name of lender			9 Loan Amount (\$)			
10/39/3018	Everardo VIII	arreal	10,000.00			
6 Is lender a financial Institution?	8 Lender address; City; S 2407 N. Shary	10 Interest rate				
Y (N)	Mission Texas		11 Maturity date 03/03/2030			
12 Principal occupation		13 Employer (See Instructions)				
12 ( Thicipal occupation ) obs this (See Helicania)			ruction			
14 Description of Colla		15 Check if personal funds were				
none		account (See Instructions)				
16 GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)			
INFORMATION		, , , , , , , , , , , , , , , , , , ,				
	<b>18</b> Guarantor address; City; S	State; Zip Code				
not applicable						
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)			
12/28/2018	Everardo Villar	real	10,000,00			
Is lender a financial Institution?	a financial 21107 N Stracy Rd Ste A		Interest rate			
Y (N)	Mission Texas	78574	03 03 a0a0			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
contractor		E at R Construction				
Description of Collateral		Check if personal funds were deposited into political				
none		account (See Instructions)				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
not applicable						
Principal Occupati	on (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 MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Relmbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME EVERARDO "EVER" VIllarrea 3 Filer ID (Ethics Commission Filers) 4 Date Rodd # Associates ayee address; City; State; Zip Code 1117 N. Main St.; McAllen Texas 78501 11/19/3018 7 Payee address; 3,467.88 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Advertising Expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Rodd & Associates 12/14/18 Payee address; City; State; Zip Code Amount (\$) 1117 N. Main St; McAllen Texas 78501 2,540.00 Category (See Categories listed at the top of this schedule) Description \_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Advertising Expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date City: State: Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED