CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Suide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MV. NICKNAME Rodviguez	MI	OFFICE USE ONLY Date Réceived
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE		TY: STATE: ZIP CODE TYPED TX. TYPU EXTENSION	Date Hand-delivered of Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS/MRS/MR FIRST DOISH NICKNAME LAST COMPOS	MI A. SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	3001 Pecos Plaza	Lavado, TX.	78044
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (95Ψ) 284 – 960	EXTENSION	
9 REPORT TYPE	January 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 01 2017	THROUGH 12	Day Year 31 / 2017
11 ELECTION	Month Day Year Primary General	Runoff Other Description Special	
12 OFFICE	City of Lavedo City Council	man City Counc	ilman District#2
	GO ТО І	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE GENERAL SPECIFIC	Team Vidal Rodriguez COMMITTEE ADDRESS 3001 Peras Plaza COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		Daisy A. Campos COMMITTEE CAMPAIGN TREASURER ADDRESS 3001 Page Plaza	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11.6500
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ O · cc
	4. TOTAL	POLITICAL EXPENDITURES	\$ 11,228 30
CONTRIBUTION BALANCE	1,13,111,13	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 535.83
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* O . SQ
18 AFFIDAVIT		I swear, or affirm, under penalty of p	erjury, that the accompanying report is
OTATE OF TEMS	CYNTHIA L RUIZ My Commission Expire August 12, 2018	true and correct and includes all info under Title 15, Election Code.	didate of Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsc	10	by the said Vidal Rodriguez to certify which, witness my hand and seal of office.	, this the January
Cynllia	LRuz	Cynthia L. Ruiz	Notary Public
Signature of officer a	dministering dath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

D - . .: - - - 1 00 107 1004 E

19 FILER NA	ME	20 Filer ID (Ethics Co	mmission Filers)
	LE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 11,650°
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$ 11,228.39
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBU	JTIONS	\$
8.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
9.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINES	SS OF C/OH	\$
10.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
11.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO RETURNED TO FILER	NS	\$
	A Maddid to the Control of the Contr		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Vidal Rodriguez 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) Lavedo Amanecer Homes 6 Contributor address; City; State; Zip Code 08/14/17 P.O. Box 450050 Laredo, Tx. 78045 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Amount of contribution (\$) Lavedo Police Officers' Association 08/14/17 Contributor address; City; State; Zip Code P.O. Box 2776 Laredo, TX 78044 Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) Jose Ignacio De Ugarte Contributor address; City; State; Zip Code 08/8/17 5959 Maple Av. App 2202 Dallas, Tx. 75235 Principal occupation / Job title (See Instructions) Date ut-of-state PAC (ID#: Amount of contribution (\$) Hachar Investment Contributor address; City; State; Zip Code 09/07/17 2,5000 3302 Cuatro Viernos Dr. Ste. 23B. Lavedo, Tx. 78046 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.

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MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Rodriquez	3 Filer ID (Ethics Commission Filers)
) Date	5 Full name of contributor out-of-state PAC (ID#:) LAVE do Fire Fighters Association Local 872 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) QHOO, TX. 78041 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
0/27/17	Contributor address; City; State; Zip Code	200°00
Principal occup	1410 Crossycciols Ave Lavedo, TX. 78045 Dation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 	Full name of contributor	Amount of contribution (\$)
5/27/17	Contributor address; City; State; Zip Code	2000
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) HHR Tive (enter	Amount of contribution (\$)
10/27/17	Contributor address; City; State; Zip Code 3210 Jame Zapata Her Blog C Lavedo TX 18043	2∞∞
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional	

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MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	1 Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date	Cesar J. Cabello	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 1205 N. Javois Lavedo, TX. 78040	100.
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
10/27/17	Flores, Flores and Canales Contributor address; City; State; Zip Code 5517 Mcphasson rd. STE 14 Larcob. TX. 78041	2000
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
10127117	East Lavedo Huma Place Contributor address; City; State; Zip Code P.O. BOX. 450050 Lavedo, TX. 78045	4000
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
רוורזוטו	J. R. Medira Operating Investments Contributor address; City; State; Zip Code	2000
Principal occup	1205 E. Hillside STE. A. Lavedu, TX. 78041 Pation / Job title (See Instructions) Employer (See Instructions)	ions)
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

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MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	1 Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) SOIO Development Partners	7 Amount of contribution (\$)
10/27/17	6 Contributor address; City; State; Zip Code	20000
	P.O. BOX 1670 Lavedo, Tx. 78044	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
10127/17	KOSAUra Wawi Tuerina Campaign Acct. Contributor address; City; State; Zip Code	20000
	1001 Lane St. Laredo, Tx. 78043	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
10/27/17	Santa Fe Webb Contributor address; City; State; Zip Code	50000
	P.O. Box 505 Benavida, TX. 78341	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
10/27/17	Contributor address; City; State; Zip Code	2000
	LOUZLE POlaris Dr. Laredo, Tx. 78041	
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional	

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MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Vidal	Rodinguez	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
10/27/17	Viviana Frank / Frank M. Rotnorky 6 Contributor address; City; State; Zip Code	5000
	901 Victoria St. STE.A. Laredo, Tx. 78040	
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
10/27/17	Contributor address; City; State; Zip Code	2000
Principal occup	9015 Manzanillo Lando, Tx. 78046 Dation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
10/27/17	F4A EXPress Contributor address; City; State; Zip Code	2000
	14415 Mines Rd. Lavedo, TX. 78045	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Zertuche Construction & Management Service	Amount of contribution (\$)
10/27/17	Contributor address; City; State; Zip Code	2000
	107 Calle Del Norte STE. #4. Laredo, Tr. 78041	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

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MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME VIDA	Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
10 27 17	PalaFox Hospitality 6 Contributor address; City; State; Zip Code	40000
	1000 Zaragoza st. Lavedo, Tx. 78040	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
10/27/17	John R. Solis Contributor address; City; State; Zip Code	4000
	2620 San Bernardo. Laredo, TX. 78040	
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10/30/17	Contributor address; City; State; Zip Code	20000
	308 Latour Laredo, Tx. 78041	
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
IlluIn	Jose Ignacio De Ugarte Contributor address; City; State; Zip Code	20000
	5959 Maple Aue. Apr 2202. Darkas, TX. 75235	
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED
	If contributor is out-of-state PAC, please see instruction guide for additional	

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MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Vida	Rodriguez	
4 Date	5 Full name of contributor out-of-state PAC (ID#) Edward Garza Annie Garza	7 Amount of contribution (\$)
11/14/17	6 Contributor address; City; State; Zip Code	20000
	1522 Demaret Ct. Lando, TX. 78045	
3 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
11/14/17	Southern Distributing Contributor address; City: State: Zip Code	715030
	Contributor address; City; State; Zip Code P. D. BOX 333 Lavedo, TX, 78042	200
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
1/14/17	Contributor address; City; State; Zip Code	1,000 00
	5219 Fesoro PIz. Lavedo, TX. 78041	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
2/2017	WFT Financial Contributor address; City; State; Zip Code	25000
	P. D. BOX 450050 Lavedo, TX. 78045	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)

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MICHE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Vidai	Full name of contributor Out-of-state PAC		
		Sanchez	7 Amount of contribution (\$)
12/20/17	6 Contributor address; City; State	; Zip Code	3000
	308 LATOUR Laredo, 7	7. 78041	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	G (ID#:)	Amount of contribution (\$)
12/20117	Contributor address; City; State	; Zip Code	30000
		X. 78045	_
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/20/17	Contributor address; City; State		3000
Principal occup	1205 N. Javuis Lavedo pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
is.	Contributor address; City; State		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
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	ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see instr		

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	al Committee Legal Services Salaries M The Instruction Guide explains how to co	ages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date 07/31/17	Vidal Rodriguer 5 Payee name Danny's Restaurant		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
23.46	5120 TX-359. Lavedu,-	TX. 78043	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas, complete Schedule T	
OF EXPENDITURE	Food/Beverage	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
07/3/17	Whataburger		
Amount (\$)	Payee address; City; State; Zip Code		
35.21	4416 TX-359. Laredo, T	2.78043	
PURPOSE OF EXPENDITURE	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	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
0814117 Amount (\$)	Vidal Rodrigue Comp Payee address; City, State; Zip Code	<u>paign</u>	
40000	3001 Pecas Plaza. Lave	do, TX. 78046	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE S Koolbo End of Summer	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officebolder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (orders extension and listed phone)

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/N The Instruction Guide explains how to c	Agges/Contract Labor Other (enter a category not list omplete this form.	ted above)
1 Total pages Schedule F1: 39 4 Date	Vidal Rodriquez	3 Filer ID (Ethics Commi	ission Filers)
08/16/17	5 Payee name Walmart		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
16.30	4401 Hwy-83. Laredo	TX-78044	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas, complete Sched	dula T
PURPOSE OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office t	neld
Date	Payee name		
08/16/17	McDonalds		
Amount (\$)	Payee address; City; State; Zip Code		
10.48		nedo, Tx. 78046	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description Check if travel outside of Texas, complete Schede	ule T
EXPENDITURE	Food Beverage	L Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office h	neld
Date	Payee name		
08/18/17	Vidal Rodriguez (an	npaign	
Amount (\$)	Payee address; City; State; Zip Code		
3500	3001 Pecos Plaza, L	aredo, TX 78046	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description Check if travel outside of Texas, complete Schede Check if Austin. TX, officeholder living expense	ule T
	SKOOLOO End of Summer		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office	held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	
to the management	O	. D	: 1 00 107 1004 E

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Other (enter a category not listed above)

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/W The Instruction Guide explains how to committee	Vages/Contract Labor Other (enter a category not listed above) complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Vidal Rodriguez	3 Filer ID (Ethics Commission Filers)	
4 Date ()8 2 1 1	5 Payee name Chick - Fil- A		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
31.00	1914 Bob Bullock. L	avedo, T. 78043	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas, complete Schedule T	
PURPOSE OF		Check if Austin, TX, officeholder living expense	
EXPENDITURE	Food Beverage		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
08/25/17	Palenque Grill		
Amount (\$)	Payee address; City; State; Zip Code		
4000	7220 Boo Bullack LP	#2 Lavedo, TX. 78041	
PURPOSE	Category (See categories listed at the top of this schedule)	Description Check if travel outside of Texas, complete Schedule T	
OF EXPENDITURE	Food Beverage	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		
08/28/17	Santo Remedio Pesto	auvant	
Amount (\$)	Payee address; City; State; Zip Code		
151.55	Cell Shilon Dr. #7 (avedo, Tx. 78045	
PURPOSE	Category (See categories listed at the top of this schedule) _	Description Check if travel outside of Texas, complete Schedule T	
OF EXPENDITURE	F-10	Check if Austin, TX, officeholder living expense	
	Food Boverage		
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			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c		(enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME VIOLUI Rodvigues	3 File	or ID (Ethics Commission Filers)
4 Date	5 Payee name		
08/30/17	Mc Donalds		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
33.23	2507 US.83. Lave	do, TX. 781	246
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Te	
OF EXPENDITURE	Food Beverage	L Check if Austin, TX, office	eholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/11/17	Sams Club		
Amount (\$)	Payee address; City; State; Zip Code		
96.88	4810 San Bernardo.	Lavedo, TX	78041
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	- 11.	Check if travel outside of Tex	
EXPENDITURE	TOOD Beverage ""Toilarkers"	Check if Austin, TX, offic	envider living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/11/17	McDonalds		
Amount (\$)	Payee address; City; State; Zip Code		
18.56	2502 U.S. 83. La	vedo, TX 78	5046
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	+ 10	Check if travel outside of Tex	·
EXPENDITURE	Food Beverage	Check if Austin, TX, offic	enolaer 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 S	CHEDULE AS NEEDED	
Tanna a nanan dalam lena Tanna a Cala:	to Consolication state by the		Davisad 0/0/004E

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)	
39	VIdal Rodriguez			
4 Date 09112117	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
	Only, State, Lip Socie			
61.65	5300 San Dario Av	. Lovedo,	TX. 78041	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Gift Card Donation		outside of Texas, complete Schedule T n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
09/13/17	Alamo Draftmuse			
Amount (\$)	Payee address; City; State; Zip Code	**************************************		
83.35	11210 EastPoint Dr.	Lardo, 7	TX. 78041	
PURPOSE	Category (See categories listed at the top of this schedule)	Description Check if travel of	outside of Texas, complete Schedule T	
OF EXPENDITURE	Gift Card Donations	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			
09/13/17	Jack In The Box			
Amount (\$)	Payee address; City; State; Zip Code			
29.55	4502 s. Zapata Huy.	Lavedo, T	L. 78046	
PURPOSE	Category (See categories listed at the top of this schedule)	Description Check if travel of	outside of Texas, complete Schedule T	
OF EXPENDITURE	Food Beverage		TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Cor

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Mages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (orders a getgerny not listed above)

	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Vidal Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
09 18/17 6 Amount (\$)	Teter Piper Pina 7 Payee address; City; State; Zip Code		
_	7 Payee address; City; State; Zip Code		
84.32	4411 US-83, Lavedo	,TX. 78	046
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	and the Control of Table 1991
PURPOSE OF			outside of Texas, complete Schedule T , TX, officeholder living expense
EXPENDITURE	Food 1 Beverage	SHOOK II ABBIIII	TALL STREET SECTION OF THE SECTION O
	FOOD Beverage "Pizzas For Santa Marganita Churu"		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/18/17	STrîpa		
Amount (\$)	Payee address; City; State; Zip Code		
42.07	3710 US. 83. Lave	do, Tx	78046
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF			outside of Texas, complete Schedule T TX, officeholder living expense
EXPENDITURE	Transportation		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/18/17	Logans		_
Amount (\$)	Payee address; City; State; Zip Code		
126.82	5300 San Dario Lu	avedo, TX.	78041
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF			outside of Texas, complete Schedule T
EXPENDITURE	Food Beverage	LI CHECK IT Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED
and the state of the state of	Communication atoms to the communication at the communication a		Davis at 00/07/0045

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica	•	Vages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	Vidal Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
09/18/17	Walmart Supercenter		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
58.29		do, TX. 7	18046
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel	outside of Texas, complete Schedule T
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
ber 201 - Ber 1 Mildrift - 1 Oct 1 Men	Food/Beverage		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
09/18/17	HEB		
Amount (\$)	Payee address; City; State; Zip Code		
36.28	2314 S. Zapata Huy.	Lavedo,	TX. 78046
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE	_	<u> </u>	outside of Texas, complete Schedule T
OF EXPENDITURE	Transaxilation	Check if Austin,	TX, officeholder living expense
	Transportation		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-			
Date	Payee name		
09120117	Burger King		
Amount (\$)	Payee address; City; State; Zip Code		
(4)	Tayee address, Sity, State, Zip Souce		
27.24	11/11/1 0 - James Hay	1 Alada TT	$1 \cup 1 \cup 1 \cup 1$
21.09	9401 S. CYFUTU TIWY.	MI (MU) IX	(. 18090)
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel of	outside of Texas, complete Schedule T
EXPENDITURE	Foud Beverage	Check if Austin,	TX, officeholder living expense
	1000100.		
		L	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
orbanana ta panana ci an			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense
Polling Expense
Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Candidate/Officer folder/Politic	The Instruction Guide explains how to ca	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 39 4 Date 0912517	2 FILER NAME UNDAN RODVIGUES 5 Payee name		3 Filer ID (Ethics Commission Filers)
6 Amount (\$)	Dannys' Kestauran Payee address; City; State; Zip Code		
69.99	4450 S. Zapata Hu	y. Lavedo),TX. 78046
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Beverage		outside of Texas, complete Schedule T , TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/25/17	Wingstop		
Amount (\$)	Payee address; City; State; Zip Code		
28.75	4415 US. 83 Lavedo, -	TX. 7804	6
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Toul Reverage		outside of Texas, complete Schedule T TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09 25 17 Amount (\$)	The International OF Lagrange address; City; State; Zip Code	Ovedo	
234.34	7128 Rosson Rd. La	redo, TX	78041
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD BEVERAGE	Description Check if travel of	utside of Texas, complete Schedule T TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	VI dal Rodviguez		3 Filer ID (Ethics Commission Filers)	
4 Date 09 25 17	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
. 9.78	3920 Aquanieve Dr.	Lavedo	TX. 78046	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Transportation	[]	outside of Texas, complete Schedule T , TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
09/25/17	McDomins			
Amount (\$)	Payee address; City; State; Zip Code			
22.88	2502 Hwy-83 Lave	edo, Tx.	78046	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TOUG Beverage		outside of Texas, complete Schedule T TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
09/25/17	Dollar General			
Amount (\$)	Payee address; City; State; Zip Code			
32.33	5202 TX-359 LC	redo, T	X. 78043	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE 11 Tailqate CHS 11	[]	outside of Texas, complete Schedule T TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Oniceroide//Politic	The Instruction Guide explains how to co	ages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
09/27/17	L'Oncheria El Popo		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
. 2000	4205 Jaime Zap	ata Mem	wia Laveda Tx 7804
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel	outside of Texas, complete Schedule T
OF EXPENDITURE	Food Beverage	L Check if Austin,	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/20/17	EXXONMODIL		
Amount (\$)	Payee address; City; State; Zip Code		
37.74	4420 S. Zapata Hu	y Laveda	TX. 78046
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF		<u></u>	utside of Texas, complete Schedule T TX, officeholder living expense
EXPENDITURE	Transportation	CONTROL II AUSTIN	TX, Uniceriolder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF.	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/20/17	STRIPES		
Amount (\$)	Payee address; City; State; Zip Code		
54.28	3710 U-S. 83. La	vedo, T)	1.78044
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF			utside of Texas, complete Schedule T
EXPENDITURE	Transportation	L Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEI	DED
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Onicenoider/Politica	al Committee Legal Services Salaries. The Instruction Guide explains how to c	Ages/Contract Labor Other (enter a category not listed above omplete this form.	∍)
1 Total pages Schedule F1:	2 FILER NAME Vidal Rodriguez	3 Filer ID (Ethics Commission F	ilers)
4 Date 10 23 17	5 Payee name	<u> </u>	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
52.53	3902 San Baynardo A	Ne. Lavedo, Tx. 78041	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food 1 Beverage	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
10/23/17	Winastop		
Amount (\$)	Payee address; City; State; Zip Code		
87.23	4415 U.S. 83. Laredo	TX. 78046	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TOOLIBEVEYAGE	Description Check if travel outside of Texas, complete Schedule T 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		
10/23/17	Los Jacales Resta	want	
Amount (\$)	Payee address; City; State; Zip Code		
30.03	620 Gundalupe St. L	avedo, TX. 18040	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food 1 Beverage	Description Check if travel outside of Texas, complete Schedule T 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			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

	The instruction Guide explains how to co	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
39	Vidal		· · · · · · · · · · · · · · · · · · ·
4 Date 	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
(4)			
131.83	10820 International	Blvd. (av	cdo, TX 78045
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Talon Flanse	[]	outside of Texas, complete Schedule T
EXPENDITURE	Event Expense	L Check if Austin	, TX, officeholder living expense
	"Fundraiser dau Priza"		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/24/17	El Tara Tata		
Amount (\$)	Payee address; City; State; Zip Code		
98.88	1701 Norton St. Lave	eda.TX.7	8044
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF	- 11-		outside of Texas, complete Schedule T
EXPENDITURE	Food Beverage	L Check if Austin,	TX, officeholder living expense
* 4			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/26/17	Sams Club		
Amount (\$)	Payee address; City; State; Zip Code		
146.60	UVIN Can Baraarda A	a Lauda	70011
1 10.00	Category (See categories listed at the top of this schedule)		1) 10041
PURPOSE	Category (see categories listed at the top of this scriedule)	Description Check if travel	outside of Texas, complete Schedule T
OF	Donation for Platesale	<u></u>	TX, officeholder living expense
EXPENDITURE	1(=)		- ·
	"Plates +Utensils"	**************************************	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Legal Services 7 clothing. The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Rodriquez 4 Date 10/27/1 6 Amount (\$) 7 Payee address; City; State; Zip Code lock Lavedo, Tx. 18041 Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/30/17 21.64 <u> vadalupe Loredo</u> **PURPOSE** Check if travel outside of Texas, complete Schedule T OF Food/Beverage Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 10/30/17 Hernational of Laredo 202.40 on Ra #1 Lakedo,T **PURPOSE** Check if travel outside of Texas, complete Schedule T OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/VV The Instruction Guide explains how to committee	ages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Vidal Rodviguez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/30/17	The International of Large	do	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
.111.08	7128 Rosson Laredo,	TX. 78041	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food Beverage		outside of Texas, complete Schedule T
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/31/17	STRIPES		
Amount (\$)	Payee address; City; State; Zip Code		
35.00	2519 Jacaman Rd.	Lavedo, T	X 78041
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF			utside of Texas, complete Schedule T
EXPENDITURE	Transportation	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	***************************************	
10131117 Amount (\$)	Payee address; State; Zip Code		
7.51	809 Riverhill dr. Laved	10,TX. 78	046
DUPPOS	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Beverage		utside 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 S	CHEDULE AS NEED	DED
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
39 4 Data	Vida Rodriguez			
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
_				
.50.18	1420 Market St. Lav	redo, TX.7	18040	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	1		outside of Texas, complete Schedule T	
EXPENDITURE	Food /Beverage	LJ Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
11/03/17	McDonalds			
Amount (\$)	Payee address; City; State; Zip Code			
12.20	2502 U-5-83. Lavu	do, Tx.	78046	
•	Category (See categories listed at the top of this schedule)	Description		
PURPOSE OF			outside of Texas, complete Schedule T	
EXPENDITURE	Food/Beverage	L_J Check if Austin,	, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11 103 117 Amount (\$)	Hector Holiday Fund Payee address; City; State; Zip Code	2.		
Amount (w)	Payee address, City, State, Zip Code			
250°	2502 Okane Laredo, -	TX. 7804	13	
	Category (See categories listed at the top of this schedule)	Description		
PURPOSE OF	D : - Tomoroker		outside of Texas, complete Schedule T	
EXPENDITURE	Bowling Fundraiser	LJ Check if Austin,	, TX, officeholder living expense	
	Donation			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH	I			
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:		***************************************	3 Filer ID (Ethics Commission Filers)		
39	Vidal Rodriguez				
4 Date	5 Payee name				
6 Amount (5)	La Paisana				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
34.00	1920 Santa Ursula 10	avedo, Tx	78840		
8	(a) Category (See categories listed at the top of this schedule)	(b) Description			
PURPOSE		Check if travel	outside of Texas, complete Schedule T		
OF EXPENDITURE	Food/Beverage	Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11/06/17	Corner Store				
Amount (\$)	Payee address; City; State; Zip Code				
10.00	2215 S. Zapata Hwy. 1	Lavedo, TX.	78046		
•	Category (See categories listed at the top of this schedule)	Description			
PURPOSE OF		Check if travel	outside of Texas, complete Schedule T		
EXPENDITURE	Transportation	Check if Austin	. TX, officeholder living expense		
:					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11/06/17	Dominois				
Amount (\$)	Payee address; City; State; Zip Code				
36.18	1920 Thurman St.	Laredo	TV. 78046		
	Category (See categories listed at the top of this schedule)	Description			
PURPOSE OF		Check if travel	outside of Texas, complete Schedule T		
EXPENDITURE	Tood Believage	Check if Austin,	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
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SCHEDULE F1

Davida ad 00/07/004 E

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Onicenoider/Politica	The Instruction Guide explains how to c		Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME VIOLAT RODVIQUEZ		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name	<u> </u>			
11/06/17	Stripes				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
37.41	3302 Pita Mangana.	Lavedo, Tx	. 78046		
8	(a) Category (See categories listed at the top of this schedule)	(b) Description			
PURPOSE OF		J	tside of Texas, complete Schedule T		
EXPENDITURE	ransportation	Check if Austin, I	"X, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11/06/17	Palenoue Arill				
Amount (\$)	Payee address; City; State; Zip Code				
42.13		Laredo, T	x. 78041		
B. I.D. C. C.	Category (See categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food/Beverage	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense			
LAPENDITORE	1 au rotringe				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11/07/17	Whataburger				
Amount (\$)	Payee address; City; State; Zip Code				
34.90	809 Riverhill Dr. L	aredo, TX	. 7804		
	Category (See categories listed at the top of this schedule)	Description			
PURPOSE OF	+ 110	[]	side of Texas, complete Schedule T		
EXPENDITURE	1000 Beverage	L 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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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed shove)

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Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Loarique 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code 29. 20 8 Check if travel outside of Texas, complete Schedule T **PURPOSE** onation OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete QNLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH Date Payee name Payee address: City; State; Zip Code ondo, TX. Description Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense Food/Beverage EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) aredoitx. Category (See categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas, complete Schedule T tion Ashlyn Riva Check if Austin, TX, officeholder living expense EXPENDITURE ical EXP. Fundiciser" Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 111011 6 Amount (\$) Payee address: ines Rd. I ardo, Tx. 78045 24.50 (a) Category (See categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Food Beverage Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Payee address; City; State; Zip Code Hwy Laredo Description Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin. TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Payee address: City; State; Zip Code Kearney Lavedo, -Description **PURPOSE** Check if travel outside of Texas, complete Schedule T OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

expenditure to benefit C/OH

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) odrigue 4 Date 5 Payee name Payee address; City; State; Zip Code Check if travel outside of Texas, complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense Transportation **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name City; State; Zip Code Lavedo, TX. 78046 Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Payee address; City; State; Zip Code Description **PURPOSE** Check if travel outside of Texas, complete Schedule T OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME ROOM qua	3 Filer ID (Ethics Commission Filers)			
4 Date 13/10	Payee name CDOCUOS				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
.19.77	2502 US-83 La	vedo, Tx. 78046			
8	(a) Category (See categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	FOOON/Beverage	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
11 13117 Amount (\$)	LOVEDO ENEGY AVEC	NA			
85.75	6700 Avena Blvd, Lavedo, Tx, 78041				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TOUCH BEVEYAGE	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date .	Payee name				
11/317	11/317 Altitude Trampoline				
Amount (\$)	Payee address; City; State; Zip Code				
5.00	6019 McPherson Rd.	Lavedo, TX 78041			
PURPOSE OF EXPENDITURE	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			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
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Policy 10/10/15					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: FILER NAME 3 Filer ID (Ethics Commission Filers) 39 Jidal 4 Date Payee name 6 Amount (\$) Payee address: Cardo, TX 78040 8 (b) Description **PURPOSE** Check if travel outside of Texas, complete Schedule T Food/Bevoog OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Pavee address: City; State; Zip Code Blud, lavedo, TX. Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Food/Beverage Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) State; Zip Code avedo, TX. Category (See categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense EXPENDITURE Transportation Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Gulde explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 39 laal 4 Date 6 Amount (\$) 7 Payee address; 3 Laredo, Tx. Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense Food/Beverage **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Pavee address: Lalupe St. Lando Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense FOOD Beverage **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State; Zip Code Oredo, **PURPOSE** Check if travel outside of Texas, complete Schedule T OF Check if Austin, TX, officeholder living expense **EXPENDITURE**

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Office sought

Office held

Candidate / Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

D ***:-- 7 00 107 1004 E

	The Instruction Guide explains how to	complete this form,	Other (enter a category not listed above)		
1 Total pages Schedule F1:					
4 Date	5 Payee name TOXOP CAMPAS				
6 Amount (\$)	7 Payee address; City; State; Zip Code	**************************************			
300.00	3106 Bismark Lar	rdo, Tx.	78046		
8	(a) Category (See categories listed at the top of this schedule)	(b) Description			
PURPOSE OF	Labor		outside of Texas, complete Schedule T		
EXPENDITURE	TYONKSONING COM. FC		•		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11/17/16	Whataburger				
Amount (\$)	Payee address; City; State; Zip Code				
24.42	809 RiverHill Dr.	Lando, 7	V. 78046		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	entelle of Towns or water Orbits I T		
OF EXPENDITURE	Food/Bevorage		outside of Texas, complete Schedule T , TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date .	Payee name				
11/20/17 Eduardo's Merican Restaurant					
Amount (\$)	Payee address; City; State; Zip Code				
34.60	4160 US-83 Lavedo, TX. 78046				
PURPOSE	Category (See categories listed at the top of this schedule)	Description			
OF EXPENDITURE	FOOd/Beverage		outside of Texas, complete Schedule T , TX, officeholder living expense		
	1 0 0				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Davis -- 4 00/07/004 E

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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Vida Rodriguez 39 4 Date 11120117)Ominos 6 Amount (\$) 7 Payee address; City; State; Zip Code 198.29 Check if travel outside of Texas, complete Schedule T **PURPOSE** igarroa Softball Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) LONGO, TX. 78044 Check if travel outside of Texas, complete Schedule T **PURPOSE** FOOD/Beverage. OF Check if Austin. TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name avedo, TX. Category (See categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas, complete Schedule T OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME UIDAU RODVIGUOZ		3 Filer ID (Ethics Commission Filers)	
4 Date 	5 Rayee name CVN+NIQ Zius			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
300.00	2002 Mallorca La	Ivedo, TX	78043	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	outside of Texas, complete Schedule T	
OF EXPENDITURE	Plate Sale Donation		n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
11/20117	Celestina Campos			
Amount (\$)	Payee address; City; State; Zip Code			
500.00	3001 Pecas Plaz	a Loveo	6, Tx. 78046	
PURPOSE	Category (See categories listed at the top of this schedule)	Description Check if travel of	outside of Texas, complete Schedule T	
OF EXPENDITURE	Tranksgiving Labor	[TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date .	Payee name			
11/2017	Valerie Campos			
Amount (\$)	Payee address; City; State; Zip Code			
350.00	3003 Recos Plaza	, ,	1 Laveal, T. 28046	
PURPOSE	Category (See categories listed at the top of this schedule)	Description Check if travel of	outside of Texas, complete Schedule T	
OF EXPENDITURE	Labor	[<u>-</u>	, TX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
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SCHEDULE F1

Davis - 4 001071004 E

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	0 -	Services		ages/Contract Labor	Other (enter a catego		ve)
		Instruction Guide ex	plains how to co	omplete this form.			
1 Total pages Schedule F1:		20driguez			3 Filer ID (Ethics	Commission	Filers)
4 Date 11/24/17	5 Payee name	eray Archa					***************************************
6 Amount (\$)	7 Payee address;	City; State	; Zip Code				
239.38	10700	Arena 1	AVAO. T	y. 78041			
8	(a) Category (See ca		this schedule)	(b) Description	··		
PURPOSE			ŕ	· ' (, , , , , , , , , , , , , , , , , ,	outside of Texas, compl	ete Schedule T	
OF EXPENDITURE	FOOD	Beverag	e		n, TX, officeholder living		
9 Complete ONLY if direct expenditure to benefit C/OF		ficeholder name		Office sought		Office held	
Date	Payee name						
11/24/17	Toys "T	Z" US					
Amount (\$)	Payee address;	City; State	; Zip Code				
260.13	5404		San P	ernardo	Ave. Lave	doity	78040
PURPOSE OF EXPENDITURE	Category (See cat	egories listed at the top of EVENTE MASTO Giveaway	Xpens N Drive	Description Check if travel	outside of Texas, comple , TX, officeholder living o	ete Schedule T	
Complete ONLY if direct expenditure to benefit C/OH		iceholder name		Office sought		Office held	
Date	Payee name						
11/24/17	Juan	Melen	Oez				
Amount (\$)	Payee address;	City; State	; Zip Code				
100.00	29017	ocatec	<u>as</u>	St. Car	redo, TX.	78040	ρ
	Category (See cate	egories listed at the top of	this schedule)	Description	, ,		
PURPOSE OF EXPENDITURE	Dar	ation		[]	outside of Texas, comple , TX, officeholder living e		,
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ficeholder name		Office sought		Office held	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Indal Rodriqua 4 Date City; State; Zip Code (a) Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense Food Beverage EXPENDITURE 9 Complete QNLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/27/17 City; State; Zip Code 710 US-83 Laredo, Tx. 78044 Category (See categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas, complete Schedule T OF Check if Austin, TX, officeholder living expense Transportation EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name City; State; Zip Code **PURPOSE** Check if travel outside of Texas, complete Schedule T Food Beverago OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politic	-	Salaries/Wages/Contract L		ot listed above)
		de explains how to complete this	form,	
1 Total pages Schedule F1:	2 FILER NAME RODRIGUE	uer	3 Filer ID (Ethics Co.	mmission Filers)
4 Date	5 Payee name DUVORY Kind			
6 Amount (\$)	577 673	State; Zip Code		
10.15	4407 US-83	3 Laredo, Ti	.78046	,
8	(a) Category (See categories listed at the	top of this schedule) (b) Descrip	otion	
PURPOSE OF			ck if travel outside of Texas, complete S	schedule T
EXPENDITURE	Food/Bever	age Liche	ck if Austin, TX, officeholder living expe	nse
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nam I	ne Office so	ought Offi	ce held
Date	Payee name			
11/27/17	Boul BRO)		
Amount (\$)	Payee address; City;	State; Zip Code	***************************************	
51.78	1820	S. Zapata	Hwy (an	du, TX Z
	Category (See categories listed at the	top of this schedule) Descrip		V
PURPOSE OF		Chec	k if travel outside of Texas, complete So	chedule T
EXPENDITURE	Fran I2n	Chec	ck if Austin, TX, officeholder living expen	nse
	10001106	Verage . Chec		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder nam	e Office so	ought Office	ce held
Date .	Payee name			
[]/28]17	YZDQUINYE +	Sans		
Amount (\$)		State; Zip Code		
9.89.	2901 S.	Chacotast. (anduitx.7x	J4 4
DUDDOSE	Category (See categories listed at the			
PURPOSE OF	110		k if travel outside of Texas, complete So	f
EXPENDITURE	1000/Beva	ON Green	k if Austin, TX, officeholder living expen	se .
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nam	ne Office so	ought Offi	ice held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Rodriguez 4 Date alen que Payee address: City; State; Zip Code Capata Huy Caredo, Tx. (a) Category (See categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name City; State; Zip Code emardo Av. Lavedo, Tx 78040 Category (See categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas, complete Schedule T OF ood Beverage Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name **PURPOSE** Check if travel outside of Texas, complete Schedule T OF FOOD/Beverage **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Vidal Rodriguer 4 Date 12/04/17 6 Amount (\$) Pavee address: City; State; Zip Code 3 Laredo, TX 78046 8 (a) Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Light Check if Austin, TX, officeholder living expense **EXPENDITURE** Food/Beverage 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date 20.52 LandoiTX 78046 Category (See categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **EXPENDITURE** Food/Beverage Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name **PURPOSE** Check if travel outside of Texas, complete Schedule T Food/Beverage OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Compiles

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made E Candidate/Officeholder/Politic	By Gift/Awards/Memorials Exal Committee Legal Services			Travel In District Travel Out Of District Other (enter a category not listed	above)
	The Instruction Gui	de explains how to com		e in en vertice a outleger) flot notes	450407
1 Total pages Schedule F1:	Vidal Rodrigu	167		3 Filer ID (Ethics Commiss	ion Filers)
12/04/17 6 Amount (\$)	LOS Jacales	Rest.			
· Amount (φ)	7 Payee address; City;	State; Zip Code			
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8	(a) Category (See categories listed at the	top of this schedule)	b) Description		
PURPOSE OF			[]	outside of Texas, complete Schedule	9 T
EXPENDITURE	Food/Beven	oge	Check if Austin,	TX, officeholder living expense	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder nam	e	Office sought	Office he	id
Date	Payee name				
12/05/17 Amount (\$)	Payee address; City;	Ramir(22		
	Tayoo daareesi, City,	State; Zip Code			
125.00	Z503	Boyl	anger L	aredo, Tx 78	1046
PLIPPOSE	Category (See categories listed at the	top of this schedule)	Description	•	
PURPOSE OF	1			utside of Texas, complete Schedule TX, officeholder living expense	Т
EXPENDITURE	1000		onesk ii ridskiii,	TX, officerolds living expense	
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".Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	е	Office sought	Office hel	d
Date .	Payee name				
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Amount (\$)	Payee address; City;	State; Zip Code			······································
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	Category (See categories listed at the	top of this schedule)	Description		
PURPOSE OF	Ta 0110:	_		utside of Texas, complete Schedule	Т
EXPENDITURE	1000/Bever	age	L Check if Austin,	TX, officeholder living expense	•
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nam	ne	Office sought	Office he	ld
	ATTACH ADDITIONAL (COPIES OF THIS SC	HEDUI E AS NEET)FD	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Consulting Expense
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politic	- Sing Was as Mortion as Experies Prin	iting Expense Travel Out Of District aries/Wages/Contract Labor Other (enter a category n	ot listed above)
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1 Total pages Schedule F1:	: 2 FILER NAME VIDAI ROdriguer	3 Filer ID (Ethics Co	ommission Filers)
4 Date 12/07/17	5 Payee name STRIPES		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
. 39.00	3710 US-83 Lave	edo, TX. 78044	•
8	(a) Category (See categories listed at the top of this schedule		
PURPOSE		Check if travel outside of Texas, complete s	Schedule T
OF EXPENDITURE	Transportation	Check if Austin, TX, officeholder living expe	ense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Off	ice held
Date	Payee name		
12/11/17	TOYS "R" US		
Amount (\$)	Payee address; City; State; Zip Co	de	
36.92	5404 San Ber	rardo pue. Lavedo, Tx.	78040
	Category (See categories listed at the top of this schedule	Description	
PURPOSE OF	, EVent Expense	Check if travel outside of Texas, complete S	Schedule T
EXPENDITURE	Christma To 4 Drive	Check if Austin, TX, officeholder living expe	nse
(4.	Criveaway		-
"_Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Offi	ice held
Date .	Payee name		
12/11/17	Long John Silver	/	
Amount (\$)	Payee address; City; State; Zip Co.	de	
17.73	3300 San	David A. Lando, TX.	18041
	Category (See categories listed at the top of this schedule	Description	
PURPOSE OF	- 110	Check if travel outside of Texas, complete S	chedule T
EXPENDITURE	Food/Beverage	Check if Austin, TX, officeholder living expen	nse .
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought Off	fice held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jidal Rodriauc 4 Date 2/11/1 city; State; 440 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas, complete Schedule T OF Check if Austin, TX, officeholder living expense FOUOL/Beverage **EXPENDITURE** 9 Complete QNLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) State; Zip Code 3 Lavedo, TX. Category (See categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas, complete Schedule T OF Check if Austin, TX, officeholder living expense EXPENDITURE Foud/Beverage .Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date POLG Lavedo, TX. 78046 **PURPOSE** Check if travel outside of Texas, complete Schedule T OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Wistmas TOV Drive Giveaway Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Glit/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Wages/Contract Labor

Candidate/Officeholder/Politica		Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
and the state of t	The Instruction Guide explain	is how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME UI aal Rodvigua		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
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6 Amount (\$)	7 Payee address; City; State; Z	ip Code		
. 42.04	4415 US-83	s Laredo, Tx.	7x44	
8	(a) Category (See categories listed at the top of this so			
PURPOSE		' ' ' ' ' ' ' ' ' '	outside of Texas, complete Schedule T	
OF EXPENDITURE	Food Beverase	1 1 1	TX, officeholder living expense	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held	
Date	Payee name			
12/18/17	STRIPES			
Amount (\$)	Payee address; City; State; Zi	p Code		
55.00		redu, Tx. 7804	G	
	Category (See categories listed at the top of this sc	hedule) Description		
PURPOSE		Check if travel or	utside of Texas, complete Schedule T	
EXPENDITURE	Transportation	L 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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Date .	Payee name			
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Amount (\$)	Payee address; City; State; Zip	***************************************		
8.82	1600 Water St	Lavedo, Tx.	78040	
	Category (See categories listed at the top of this sch			
PURPOSE	•	[utside of Texas, complete Schedule T	
OF EXPENDITURE	Food/Beverage	(TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Wages/Contract Labor

Oandidate/Officenoider/Politic	3 11000	Salaries/Wages/Contract Labor	Pravel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	ns how to complete this form.	
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4 Date	5 Payee name		
12/22/17	ELTACO TOTE		
6 Amount (\$)	7 Payee address; City; State; Z	. O. I	
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	1101 Norton St	Laredo, Tx. 780	16
8	(a) Category (See categories listed at the top of this so	chedule) (b) Description	
PURPOSE		l	outside of Texas, complete Schedule T
OF EXPENDITURE	FOOD BELLICON	1 1 1	, TX, officeholder living expense
	FOOD Beverage		A CAN CHICANOLOGICAL HAINS ON POLICE
9 Complete ONLY if direct	Candidate / Officeholder name	Office	
expenditure to benefit C/OH	1	Office sought	Office held
Date			
,	Payee name		
12/22/17	Thu 11011111		
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Amount (\$)	Payee address; City; State; Zi	p Code	
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	Category (See categories listed at the top of this sol	TI CITO (CANCE)	13. 10040
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EXPENDITURE	A	Check if Austin.	TX, officeholder living expense
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Complete ONLY if direct	CIPICTIMOS IN GIVEOUX	4	
expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
13			
Date	Payee name		
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Amount (\$)	POPEICS		
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EXPENDITURE	1700 N 10 0000	Check if Austin,	TX, officeholder living expense
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expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Vidal Rodriques 39 4 Date 6 Amount (\$) 7 Payee address; City; State; Zip Code PURPOSE Check if travel outside of Texas, complete Schedule T Gift | Award | Memorial OF Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/21/11 Amount (\$) 40.99 PURPOSE Check if travel outside of Texas, complete Schedule T OF Food/Beverage Check if Austin, TX, officeholder living expense EXPENDITURE .Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name adalupe St. Lardo, Tx. 78046 **PURPOSE** Check if travel outside of Texas, complete Schedule T OF FOOd/Reverge Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Complete ONLY if direct

expenditure to benefit C/OH

Candidate / Officeholder name

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Office sought

Office held

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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: 3 Filer ID (Ethics Commission Filers) 1 Idal Rodriguez 4 Date 12/27/17 7 Payee address; 4415 US-83 PURPOSE Check if travel outside of Texas, complete Schedule T OF Food/Beverage Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete QNLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Stisket + Bely Restaurant
Pavee address: City: State: Zip Code 12/27/17 2007 Chinyahua st. Laredo, Tx. 78043 **PURPOSE** Check if travel outside of Texas, complete Schedule T OF Check if Austin, TX, officeholder living expense EXPENDITURE FOO d/Beverage "...Complete QNLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date S. Zapata Huy Larcab, Tx. 78046 **PURPOSE** __ Check if travel outside of Texas, complete Schedule T OF FOOD/Beverage EXPENDITURE Check if Austin, TX, officeholder living expense

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (each a category not listed above)

Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 39 4 Date 12/27/17 4401 (a) Category (See categories listed at the top of this schedule) (b) Description PURPOSE OF Check if Austin, TX, officeholder living expense Food/Beverage EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) City; State; Zip Code 25.76 -83 Lavedo, 7 PURPOSE Check if travel outside of Texas, complete Schedule T OF Check if Austin, TX, officeholder living expense EXPENDITURE Transportation ...Complete QNLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Laredo, TX. 78046 PURPOSE Check if travel outside of Texas, complete Schedule T OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY If direct Office sought Office held expenditure to benefit C/OH