## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS (MR) FIRST	MI	OFFICE USE ONLY
	NICKNAME Fernando LAST  Alarcon	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY: STATE; ZIP CODE	DEIVED No FILTE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	C=C EXTENSION 693-1443	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS (MR) FIRST	МІ	Receipt # Amount \$  Date Processed
INAME	NICKNAME LAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL		ZIP CODE
(Residence or Business)	424 Puig Dr.	Lared T	x 78045
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (954) 740-8824	EXTENSION	
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elect	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Of 15/18	THROUGH 07/	
11 ELECTION	Month Day Year Primary  11/4/2018 General	Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	_	City Cou	insil Pet le
	GO ТО	PAGE 2	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME			45 50 10 150 1		
Fern	and "M	ando" Alarion	15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
_		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THESS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 1,250				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED				
	4. TOTAL POLITICAL EXPENDITURES \$ 11,995.74				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
18 AFFIDAVIT			·		
A STATE OF THE STA	TIFFANY L. Fi Notary Public, St Comm. Expires Notary ID 13	true and correct and includes all info under Title 15, Election Code.	perjury, that the accompanying report is ormation required to be reported by me		
De alle			_ )_		
		Signature of Can	didate or Officeholder		
AFFINANCIARY	OLOGAL ABOUT	3			
AFFIX NOTARY STAME	-/ SEALABUVE				
Sworn to and subscr	ribed before me, b	by the said Fernando Alareon, Tr.	,, this the		
day of July	10	o certify which, witness my hand and seal of office.			
Signature of officer as	Jankli dministering oath	Tiffany L. Franklin D	Eputy City Secretary II		
Sand Single All	and the second second		g. sinse garminatering data		

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	19 FILER NAME  -ernindi "Manch" Alaram  20 Filer ID (Ethics Con					
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$1,2500				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s 0				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0				
4.	SCHEDULE E: LOANS	\$ 0				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$1,250.00				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s O				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ons \$ O				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s 5 406.90				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 5,238.80				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	F C/OH \$ 0				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 0				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s ()				

### 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) 7 Amount of contribution (\$) Oh, L Vailon wort 6 Contributor address; City; State; Zip Code \$ 250.00 aredo Tx 18043 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) 6-28-18 Contributor address; City; State; Zip Code 1300 S. Bryan Mission Tx 78572 4/,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor \_\_\_\_\_out-of-state PAC (ID#:\_\_\_\_\_\_) Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica CreditCard Payment	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)		
1 Total pages Schedule Ft:	2 FILER NAMES	3 Filer ID (Ethics Commission Filers)		
4 Date 2-9-18	5 Payee name Fight Fest XV	I 7: to Martinez		
6 Amount (\$)	7 Payee address; City; State; Zip	Code		
\$ 950.00	- Lared	Tx, 78641		
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description  Check if travel outside of Texas. Complete Schedule T.		
PURPOSE OF EXPENDITURE	Sponsorship of	Check if Austin, TX, officeholder living expense		
	Fight Event	38:		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
3-19-18	Print-m- M	ore		
Amount (\$)	Payee address; City; State; Zip	Code		
\$1,786.13	3911 Zapata Memor	althy lareb Tx 78043		
	Category (See Categories listed at the top of this sch	edule) Description Check if travel outside of Texas. Complete Schedule T.		
PURPOSE OF	nduce tising	Check if Austin, TX, officeholder fiving expense		
EXPENDITURE	Advertising Expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payeename			
4-27-18	Print-n-Mor			
Amount (\$)	Payee address; City; State; Zip	Code		
#1202.04	3911 Zapata Memor	ial Huy laredo Tx 7843		
PURPOSE	Category (See Categories listed at the top of this sch	edule)  Description  Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Holvertisiza	Check if Austin, TX, officeholder living expense		
	Expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / OfficeMolder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Loan Repayment/Reimbursement

Advertising Expense Accounting/Banking Consulting Expense

Food/Beverage Expense

Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment			ense ges/Contract Labor	Travel Out Of District Other (enter a category	not listed above)
or our our aymon	The Instruction Gui	de explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics 0	Commission Filers)
4 Date 3-27-18	5 Payee name	ateur Bo	xing Bo	owling	Advert
6 Amount (\$)	7 Payee address; City;	State; Zip Code	, , , , , , , , , , , , , , , , , , , ,	,	
\$150.00	5823 McPh.	erson L	aredio 7	tx 7800	15
8	(a) Category (See Categories listed at the	e top of this schedule)	(b) Description  Checkiftravelou	utside of Texas. Complete Sche	edule T.
PURPOSE OF EXPENDITURE	Advertisin	~(	Check if Austin	n, TX, officeholder living ex	pense
	Sponsi	٠ ,			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder nam	,	Office sought	0	ffice held
Date	Payee name				
4-15-18	Bowling Be	nefit to	, Alejan	dra Pu-	ent.
Amount (\$)	Payee address; / City;	State; Zip Code	•		
\$ 150.00	5823 m.Ph	erson (	ar edo T	TX 780.	15
	Category (See Categories listed at th	e top of this schedule)	Description Check if travel out	tside of Texas. Complete Sche	dule T
PURPOSE OF EXPENDITURE	Advertisin	el .		, TX, officeholder living ex	
	Sponso	,			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nam	ne	Office sought	0	ffice held
	Payer same	11			
Date	Payee name	<i>f</i> .	- 1 1	, ,	
6-9-18 Amount (\$)	Payee address; City;	State; Zip/Code	1 50h) (	larships	<u> </u>
	r ayee address, Oity,	State, Ziprode			_
# 300.5	\$823 Weth	erson Co	weeks 7	780	145
DUDDOOF	Category (See Categories listed at th	e top of this schedule)	Description Check iftravelout	tside of Texas. Complete Sche	T eludi
PURPOSE OF EXPENDITURE	Advertising	1		, TX, officeholder living ex	
	Sponsors	hip			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nar	ne /	Office sought	C	Office held
	ATTACH ADDITIONAL	COPIES OF THIS S	CHEDULE AS NEE	EDED	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder:/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) \$ 30.33 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food Beverage OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee address: City: State: Zin Code Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising OF Check if Austin, TX, officeholder living expense EXPENDITURE Expuse Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Office sought Office held Payee name City; State; Zip Code Welherson Lanels TX,78045 Check if travet outside of Texas. Complete Schedule T. PURPOSE Food Brueraga 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED www.ethics.state.tx.us

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Dorations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor sins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 5 - 8 - 18 6 Amount (\$)	5 Payee name  7 Payee address; City; State;	Zip Code		
\$1 18.01	6623 San Dar	io larech -	TL, 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this  Adventising  Material	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name  Payee address; City; State:			
\$178.50		zip Code Lardi Lare	lo .Tx, 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi	Check if travelou	tside 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			
427-18	Office Den	<del>;                                    </del>		
Amount (\$)	Payee address; City; State;	Zip Code		
\$ 179.54		iardo taras	5 TX 18041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check if travel ou	otside of Texas. Complete Schedule T. n, 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				

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Now to complete this form.  Solicitatior/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date 5-9-18 6 Amount (\$)	5 Payee name  Whataburger  7 Payee address; City; State; Zip	) Code		
\$124.15	9102 McPherson	· Laruelo Tx, 78045		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch  FOOD / Bill vering &  EXOLUSE	(b) Description  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/OH	Candidate / Officeholder name	Office sought Office held		
Date  5-/0-18  Amount (\$)	Payee name  Print-m-mor  Payee address; City; State; Zip			
\$ 1,604.02	3911 Zapata Meme	rial Hug (gredo, Tx, 18041		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch  Advication Single Expense	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		
Date 5 = 10 - 17	Payee name  Arintman			
#300.	Payee address; City; State; Zip  3911 Zaput Mem  Category (See Categories listed at the top of this sch	orial Hwy laredo, Tx, 78041		
PURPOSE OF EXPENDITURE	Advertising  Exactive	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				

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees OfficeOverhead/RentalExpense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salanes/Wages/Contract Labor Other (enter a category not listed above) CreditCard Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 6-7-18 6 Amount (\$) 7 Payee address; \$ 23.27 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food/Beverage Check if Austin, TX, officeholder living expense EXPENDITURE SXPense Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounling/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	i iy (	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Office Overhe Polling Exper ense Printing Expe		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 con	nplete this form.	
1 Total pages Schedule F4:	2 FILER N	ame ernando "g	Nambo "Ale	arco	3 Filer ID (Ethics Commission Filers)
4 TOTALOF UNITEM	IZED EXPE	NDITURES CHAR	RGED TO A CRE	DITCARD	\$ 4/34,22
5 Date 3-19-18	6 Payee na	Print-r	1-Mor-	و	
7 Amount (\$)	8 Payee ad		State; Zip Code		
\$1,244.88	3911	Zapata m	lomorial	Hay Las	relo Tx 78041
9 TYPE OF EXPENDITURE		ditical.	Non-Polit	,	
10	(a) Category	/ (See Categories listed at the	top of this schedule)	(b) Description	on
PURPOSE OF EXPENDITURE	Adu	ertisine Exp	1 '~5°t		if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candi	date / Officeholder nar		ce sought	Office held
Date 4-27-18	Payee na	ine fice	Depot		
Amount (\$)	Payee a	ddress; City;	State; Zip Code		
\$ 179.54			Lare	6 TK,	8045
TYPE OF EXPENDITURE	Po	litical	Non-Polit	ical	
PURPOSE OF EXPENDITURE	1	(See Categories listed at the	9		On if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder nai	me Offi	ce sought	Office held
			NEO 05 THE 00		
	ATTACH	I ADDITIONAL COP	PIES OF THIS SC	HEDULE AS NE	EDED

	EXPENDITURE CATEG	GORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		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 explain	s how to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$	
5 Date 4/-27 - 18	6 Payee name	Wore		
7 Amount (\$)	8 Payee address; City; State;	Zip Code		
\$1,202.46	3911 ZapataMuno	rial Hugo lar	echo Tx, 78041	
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of thi	s schedule) (b) Descripti	on	
PURPOSE		Check	if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advartising	Check	if Austin, TX, officeholder living expense	
	Expans.	e		
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date 41-25-18	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
#25.00	7503 Sam Pario	larub -	Tx ,78045	
TYPE OF EXPENDITURE	Political	Non-Political	<del></del>	
	Category (See Categories listed at the top of thi	s schedule) Descripti	on	
PURPOSE		Check	if travel outside of Texas. Complete Schedule T.	
OF Expenditure	Food Beverag	,C Check	if Austin, TX, officeholder living expense	
	Exp.en	.50		
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES O	E THIS SCHEDUI E AS N	EEDED	
· · · · · · · · · · · · · · · · · · ·	ATTACH ADDITIONAL COPIES O	T I MIO OUNEDULE AS NI		

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Travel Out Of District 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 F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5-5-18 520 ShilaH Larech Tx, 78048 TYPE OF Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food Expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 11 Complete ONLY if direct Office held Candidate / Officeholder name Office sought expenditure to benefit C/OH Date 5-10-18 Print-n-More \$ 300.00 3911 Zapata Memorial Harp Caredo Tx 18041 Political Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Check if travel outside of Tiexas. Complete Schedule T. **PURPOSE** Advantising 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

		EXPENDITURE CATE	GORIES FOR	BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services		е	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide explai	ns how to comp	lete this form.	
1 Total pages Schedule F4:	2 FILER	NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARGED	TOACRED	ITCARD	\$
5 Date 5-10-18	6 Payee	address; City; State;			
<b>7</b> Amount (\$)	8 Payee	address; City; State;	Zip Code		
#34.34	84			Caru	6 Tx, 78045
9 TYPE OF EXPENDITURE		Political	Non-Politica	al	•
10	(a) Catego	ory (See Categories listed at the top of t	his schedule)	(b) Description	on
PURPOSE				Checkif	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	7	, el 1		Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
5-21-18	Payee	rint-n-	Mar-	e	
Amount (\$)	Payee	address; City; State;	Zip Code		
\$ 314.85	391	Zapata Men	prial	Hay La	ruh Tx, 78045
TYPE OF EXPENDITURE		Political	Non-Politica	al	·
PURPOSE OF EXPENDITURE	1	ory (See Categories listed at the top of t Over fisingle Expens	·		ON travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	ATTA	CH ADDITIONAL COPIES (	OF THIS SCH	EDULE AS NE	EDED

	EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursem Office Overhead/Rental Expe Polling Expense Printing Expense Salaries/Wages/Contract Lab	nse :	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide explai	-		
1 Total pages Schedule F4:	2 FILER	NAME		3	Filer ID (Ethics Commission Filers)
4 TOTALOFUNITEM	ZED EXP	ENDITURES CHARGED	TO A CREDIT CARD	\$	
5 Date 5-27-18	6 Payee	name ACA damid			
7 Amount (\$)	8 Payee	address; City; State;	Zip Code		
\$142.45		Marth	larelo To	× , 7	8045
9 TYPE OF EXPENDITURE	7	Political	Non-Political	,	
10	(a) Catego	Ory (See Categories listed at the top of t	his schedule) (b) Des	cription	
PURPOSE OF EXPENDITURE	Pá	Ming Equi			el outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OF	Can	didate / Officeholder name	Office sought	,	Office held
Date 5-31-18	Payee	Print-n.	mare		
Amount (\$)	Payee	address; City; State;	Zip Code		
\$146.14	3911	Zapata Mem	orial Half L	arse	6TX78045
TYPE OF EXPENDITURE	l —	Political [	Non-Political		
PURPOSE OF Expenditure		Ory (See Categories listed at the top of t V & イナi Sin 写 とより。。			el outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Car	ndidate / Officeholder name	Office sought		Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS SCHEDULE A	SNEED	ED

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense EventExpense Solicitation/Fundraising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Gill/Awards/Memorials Expense Travel In District Travel Out Of District Polling Expense Contributions/Donations Made By 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 F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 4-11-18 520 Shiloh Laredo Tx, 78045 EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food Beverages OF Check if Austin, TX, officeholder living expense EXPENDITURE ELPENSE 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Danny's Rest. address; City; State; Zip Code 4220 McPharson Larado Tx 78045 TYPE OF Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description \_\_\_ Check if travel outside of Texas. Complete Schedule T. PURPOSE Lood/Beverage OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDITURE CATEO	GORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	l Committee 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 explain	is how to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTALOF UNITEM	IZED EXPENDITURES CHARGED	TOACREDITCARD	\$	
5 Date / 3 - 5 - 18	6 Payee name  Office	) lpst		
7 Amount (\$)	8 Payee address; City; State;			
\$54.13	2	anedo Tx	,78041	
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of the	is schedule) (b) Description	on	
PURPOSE		Check if	travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expen	Check	if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held				
Date 6-15-18	Payee name	po+		
Amount (\$)	Payee address; City; State;	Zip Code		
\$296.39		ared Tx	78045	
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the top of th	is schedule) Description	on	
PURPOSE			travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advisatising Expen	Check	ii Austin, TX, olliceholder living expense	
	EXPIEN	se	_	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	•	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Soficitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
	The Instruction Guide explain	ns how to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 TOTALOF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$			
5 Date S-30-18	6 Payee name  Mariscus Co	a Laguna				
5-30-18 7 Amount (\$)	8 Payee address; City; State;					
# 48.55	# 48.55 2402 Jacaman Caredo Tx 78045					
9 TYPE OF EXPENDITURE	Political	Non-Political				
10	(a) Category (See Categories listed at the top of the	nis schedule) (b) Description	on			
PURPOSE		Checkii	travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Food/Bevera	g _l Check	if Austin, TX, officeholder living expense			
	txpe,	~5·K				
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Pate 20-18	Payeename Buy					
Amount (\$)	Payee address; City; State;	Zip Code				
51.54	7905 San Dario Lavedo TX 78045					
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF Expenditure	Category (See Categories listed at the top of the	Check i	ON f travel outside of Texas. Complete Schedule T. 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 NE	EDED			

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Office Overhead Polling Expense Printing Expense Salaries/Wages	se s/ContractLabor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F4:	2 FILERI	NAME			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$						
5 Date (0-20-18	6 Payee r	Best Bu	4			
7 Amount (\$)	8 Payee	address; City; Sta	ate; Zip Code			
811.85	7905 SAM Dario Laredo TX 78045					
9 TYPE OF EXPENDITURE		Political	Non-Politica	al		
10	(a) Catego	ry (See Categories listed at the to	p of this schedule)	(b) Descripti	on	
PURPOSE	1.0			Checki	f travel outside of Texas. Complete Schedule T.	
OF Expenditure	We	Mendice		Check	if Austin, TX, officeholder living expense	
		Exper	~ •			
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
6-29-18	Payee	name Korean	BOQ			
Amount (\$)	Payee		ate; Zip Code			
42.23	39	10 Deln	Nor La	v edo	Tx 78045	
TYPE OF EXPENDITURE		Political	Non-Politica	al		
	Catego	ry (See Categories listed at the top	p of this schedule)	Description	on	
PURPOSE		11		Check i	traveloutside of Texas. Complete Schedule T.	
OF EXPENDITURE	Food	1/Severes	-l	Check	if Austin, TX, officeholder living expense	
		1/Bevery Expe	m (-(			
Complete ONLY if direct		lidate / Officeholder name		l sought	Office held	
expenditure to benefit C/Oh	4			3		
	ATTAC	H ADDITIONAL COPIE	S OF THIS SCH	EDULE AS NE	EDED	

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services	Loan Repayment Office Overhead Polling Expense Printing Expense Salaries/Wages/	/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
		The Instruction Guide explain	ns how to compl	ete this form.		
1 Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$						
5 Date / n-30-18	6 Payee name  Eduarda 's					
7 Amount (\$)	8 Payee	address; City; State;	Zip Code			
43.33	43.32 10516 Arema Blud Lavado Tx 78045					
9 TYPE OF EXPENDITURE		Political	Non-Political			
10	(a) Catego	ory (See Categories listed at the top of the	nis schedule)	(b) Description	on	
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OF Expenditure	Lad	d/Beverage		Check i	f Austin, TX, officeholder living expense	
		d/Beverage Expense				
44.0		,				
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		didate / Officeholder name	Office	sought	Office held	
7-2-18	7-2-18 Payee name Cabana					
Amount (\$)	Payee	address; City; State;	Zip Code			
50.00	5219 Tecoro laza Carrelo TX 78045					
TYPE OF EXPENDITURE		Political	Non-Politica	l		
PURPOSE OF EXPENDITURE	Catego	ory (See Categories listed at the top of the	nis schedule)		on travel outside of Texas. Complete Schedule T. if Austin, TX, olficeholder living expense	
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Complete ONLY if direct expenditure to benefit C/OF		didate / Officeholder name	Office	sought	Office held	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURE CATEGORIES FOR BOX 10(a)					
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD &					
4 TOTAL OF UNITEM		DITURES CHARGED	TOACREDI	II CARD	\$
5 Date 7-2-1 V	6 Payee nam	Academu	1		
7 Amount (\$)	8 Payee add		Zip Code		
47.08	67.08 - International Caredo TX 78045				
9 TYPE OF EXPENDITURE	Politi	ical	Non-Political		
10	(a) Category	(See Categories listed at the top of th	nis schedule)	(b) Description	on .
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11 Complete ONLY if direct candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
experience to beliefit 6761	· 				
Date 7-2-18	Payee nam	Lataburge	1		
Amount (\$)	Payee add				
31.91	9102 MePherson Caredo TX 78045				
TYPE OF Expenditure	Polit	ical	Non-Political	I	
	Category (	(See Categories listed at the top of th	nis schedule)	Description Check in	on I travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Frad	1/Roversa	<b>(</b>		if Austin, TX, officeholder living expense
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expenditure to benefit C/OH					
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EXPENDITURE CATEGORIES FOR BOX 10(a)				
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Consulting Expense	Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel In District	
Contributions/Donations Made B Candidate/Officeholder:/Politica		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
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			(	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$	
5 Date 7-18	Payee name	More		
7 Amount (\$)	8 Payee address; City; State;	Zip Code		
216.50	3911 Jaime Zap	eta Huel lav	rdo Tx 78045	
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of thi	s schedule) (b) Description	on	
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OF Expenditure	Vitavertising	Chack	if Austin, TX, officeholder living expense	
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	capen s			
11 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		
elys desires, single state, Expression				
TYPE OF				
EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the top of this	s schedule) Descripti	on	
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PURPOSE OF			if Austin, TX, officeholder living expense	
EXPENDITURE		Check		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				