#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR МІ OFFICE USE ONLY OFFICEHOLDER ESMERALDA NAME Date Received SUFFIX 4 CANDIDATE / 00152044:19 **OFFICEHOLDER** 2603 N. ARKANSAS #4 MAILING RECD CITY SEC DEF **ADDRESS** LAREPO, TY 78043 AREA CODE PHONE NUMBER Change of Address AREA CODE 5 CANDIDATE/ MS/MRS/MR HEWRY B. NICKNAME HEREFORD OFFICEHOLDER Date Hand-delivered or Date Postmarked PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** NAME Date Processed Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 2603 N. ARKANSAS #4 7 CAMPAIGN STATE; ZIP CODE **TREASURER ADDRESS** LAREDO, T+ 78043 (Residence or Business) PHONE NUMBER AREA CODE EXTENSION 8 CAMPAIGN **TREASURER** (956) 727-4548 PHONE 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified Reporting Limit July 15 Final Report (Attach C/OH - FR) 8th day before election 10 PERIOD COVERED 08/17/20 10/05/20 THROUGH ELECTION DATE 11 ELECTION **ELECTION TYPE** Other Description Primary Runoff Day General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) City Council District #4 **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	MERRIDA	Mellie Hereford 15 Filer	r ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR IN	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES M DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT TO WISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORM	HE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN IES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3510.00
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ 59.07
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5802.08
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$2,498.85
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$5,200.00
18 AFFIDAVIT			
		I swear, or affirm, under penalty of perjury, true and correct and includes all informatio under Title 15, Election Code.	
	LAKSHMANA VISW My Notary ID # 125 Expires April 15,	268520 CAMBOO CONTINUE OF CONT	
Sworn to and subsc	ribed before me,	by the said Esmeralda Mallie Heuf	Whierthe 5
day of Della	nall,	to certify which, witness my hand and seal of office.  L. VISWANATU  NO	PTARY
Signature of officer a	administering oath	Printed name of officer administering oath Ti	tle of officer administering oath

# SUBTOTALS - C/OH

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

			OOVERV	
19 FILER N	AMERA 16 A ME	LLIE Herpford	20 Filer ID (Ethics Co	mmission Filers)
	JLE SUBTOTALS F SCHEDULE	lie Headad	1910 phi per	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETAL	RY POLITICAL CONTRIBUTIONS		\$3,160.00
2.	SCHEDULE A2: NON-MOI	NETARY (IN-KIND) POLITICAL CONTRIBUTION:	S passes topodish.co	\$ 350.00
3.	SCHEDULE B: PLEDGED	CONTRIBUTIONS	A sould be so le	\$
4.	SCHEDULE E: LOANS	s) <u>(a Cardenal (Sealachan</u>	r Albusiant (Saut Set 1)	\$5,200.00 \$5802.08
5.	SCHEDULE F1: POLITIC	AL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$5802.08
6.	SCHEDULE F2: UNPAID I	NCURRED OBLIGATIONS	in white	\$
7.	SCHEDULE F3: PURCHA	ASE OF INVESTMENTS MADE FROM POLITIC	AL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPEND	DITURES MADE BY CREDIT CARD	ALL STREET	\$
9.	SCHEDULE G: POLITICA	AL EXPENDITURES MADE FROM PERSONAL	FUNDS	\$
10.	SCHEDULE H: PAYMENT	MADE FROM POLITICAL CONTRIBUTIONS TO	O A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLIT	ICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$
12.	SCHEDULE K: INTERES TO FILER	T, CREDITS, GAINS, REFUNDS, AND CONTRIE	BUTIONS RETURNED	\$
	State Control		and the contraction of the contr	astanio sa kapanio ( 11 S.N.V.C
(6.)			Charles a contribues	
		May of assault	16 Dec 10 10 1	1

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	neralda Mellie Hereford	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
8-21-20	5 Full name of contributor out-of-state PAC (ID#:)  RICARD QUIJANO  6 Contributor address; City; State; Zip Code  321 Nobraska LAREPO, Ty 78041  ation / Job title (See Instructions)  9 Employer (See Instructions)	60.00
	321 Nebraska LAREPO, TY 78041	
^	r For Vets  g Employer (See Instructions)	tions)
Date	Full name of contributor   out-of-state PAC (ID#:)	Amount of contribution (\$)
8-22-20	Victor Gomcz Contributor address; City; State; Zip Code	500,00
	1502 Clask Blud LAREDO, 1478043	· .
	mall Bubiness Owner Self-EMP	
Date	Full name of contributor	Amount of contribution (\$)
8-22-20	MARY Helen CANTU Contributor address; City; State; Zip Code	100.00
	329 Regal Dr. LAREDO TX 78041	
.0	ation / Job title (See Instructions)  All Business Dwner Self E	
Date	Full name of contributor	Amount of contribution (\$)
8-28-20	DAVID CARDWELL Contributor address; City; State; Zip Code	100.00
	115 DelWARE LAREDO, TY 78041	
Principal occupa	ation / Job title (See Instructions)  Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	
	If contributor is out-of-state PAC, please see Instruction guide for additional r	eporting requirements.

### 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) Esmeralda Mellie Hereford 7 Amount of contribution (\$) RAYMOND V. Rudiguez 6 Contributor address; City; State; Zip Code 508 RED FORD Dr. LAREDU TX 78245 100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) KETILED out-of-state PAC (ID#:\_ Amount of contribution (\$) Annabel Menchaca Contributor address; City; 200,00 State; Zip Code 1912 Dyrango Ave LARERO, TY 78046 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retred Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) MANUEL A. & MARCIA O JOVE! Contributor address; City; State; Zip Code 502 MANOR LAREDU TX 78041 Principal occupation / Job title (See Instructions) Employer (See Instructions) SELF Employed Doctor & housewife Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) MARISELA MATA Contributor address; 300.00 State; Zip Code 2608 Barrias LAREDO TX 78043 Employer (See Instructions) of partial cost, a mortissus assumed as the pital Principal occupation / Job title (See Instructions) Respiratory Thorapist

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME Esmeralda Mellie Hereford 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_ 7 Amount of contribution (\$) MARIA Cristina MATA 9-18-20 6 Contributor address; City; State; Zip Code 2608 Barrios 5t LAREPO, Ty 78043 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Clerk L150 Date Amount of contribution (\$) 9-29-20 ELVA LEYEWDECKER Contributor address; City; State; Zip Code 815 ZARAGOZA LAREDO TY 78040 200,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) City; Zip Code Contributor address: State: 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.

# 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) Esneralda Mellie HeroSord 5 Full name of contributor \_\_\_ out-of-state PAC (ID#: 7 Amount of contribution (\$) 8-29-20 Polones MedRANO 6 Contributor address; City; State; Zip Code 500.00 10124 CABAllo Dr. LAREPOTY 78045 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Self Employed Educator out-of-state PAC (ID#: Amount of contribution (\$) 8-29-20 Torge D. Cedillo Contributor address; City; State; Zip Code 300.00 9823 Sweetwind Dr. LAREDU TY 7804\$ Principal occupation / Job title (See Instructions) Employer (See Instructions) SMALL BUSINESS OWAER out-of-state PAC (ID#:\_ Amount of contribution (\$) MINERVA SAENZ Contributor address; 300.00 2619 MonterreySt. LAREDO, TY. 78046 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED TEACHER out-of-state PAC (ID#: Amount of contribution (\$) Imelia T. Rodiguez Contributor address; City; State; Zip Code 211 Belair Dr. LAREDU. TX 78041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Ketred Teacher

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

# MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see Instru		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE A2

The Instruction Guide explains how to complete this form	1 Total	pages Schedule A2:
Esmeralda "Meille" Hereford	3 Filer	ID (Ethics Commission Filers)
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	UTIONS \$	otal of unitemedabliques
Page 6 Full name of contributor out-of-state PAC (ID#:		ount of 9 In-kind contribution description  Print in 4  7,00 T-5 hir T  ck if travel outside of Texas. Complete Schedule
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		NON-JUDICIAL)(See Instructions)
2 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job	mployE0 title (FOR JUDICIAL) (See Instructions)
Lander Str. Sanda September 1990	) Sel alament lan	manage in the management of
4 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contr	ributor's spouse (if any) (FOR JUDICIAL)
6 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date  Full name of contributor out-of-state PAC (ID#:	Zip Code 200 Zip Code Che Employer (FOR	nount of In-kind contribution description  O.OO T-S NICTS  ack if travel outside of Texas. Complete Schedule  NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job	o title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of cont	ributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	STOKS SARESON EN	Region andress
indicated alsogons) rever to elected sevent in eq. (		

#### PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor ☐ out-of-state PAC (ID#:\_ Amount 9 In-kind contribution of Pledge \$ description ity; State; Zip Code 7 Pledgor address; City; Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Amount In-kind contribution Full name of pledgor ut-of-state PAC (ID#:\_ of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor uut-of-state PAC (ID#:\_ Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Date Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (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.

# LOANS

### SCHEDULE E

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
Esmeralda Mellie Hereford			3 Filer ID (Ethics Commission Filers
23.110	4/04/10/10/10	- Grandmath with	Mr - In Languere 2
TOTAL OF UN	NITEMIZED LOANS		\$ LESSIMETRINU GO LATOT
Date of loan	7 Name of lender  ut-of-state	PAC (ID#:)	9 Loan Amount (\$)
8-20-20	Esmeralda R. Her	oford	1,000.00
ls lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate
Institution?	P.O.Box 2012 LARE	00 Tx 78044	11 Maturity date
2 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	Pri chial decreption I dan Pro (8%)
4 Description of Col	lateral	Check if personal fur account (See Instruc	nds were deposited into political
6 GUARANTOR INFORMATION	17 Name of guarantor	notre	19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	e rotomiduD - Br
not applicable	18 Guarantor address; City;	State; Zip Code  21 Employer (See Instructions)	eld political tion []
not applicable	tion (See Instructions)		eld political tion []
not applicable  Principal Occupa  Date of loan	tion (See Instructions)  Name of lender	21 Employer (See Instructions)	rollogier Code Wook (See Telfacilie)
not applicable  Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	Loan Amount (\$)
not applicable Principal Occupa  Date of loan  -25-20  Is lender	Name of lender out-of-state	21 Employer (See Instructions)  PAC (ID#:	Loan Amount (\$) 2,000,00
not applicable Principal Occupa  Date of loan  -25-20 Is lender a financial Institution?  Y	Name of lender out-of-state  Esmeralda L. Hor Lender address; City;	21 Employer (See Instructions)  PAC (ID#:	Loan Amount (\$) 2,000,00 Interest rate
not applicable  Principal Occupation  Date of loan  -25-20  Is lender a financial Institution?  Y N  Principal occupation	Name of lender out-of-state  Esmeralda A. Hor Lender address; City;  P.O. Box 2012—LAREA  on / Job title (See Instructions)	21 Employer (See Instructions)  PAC (ID#:	Loan Amount (\$) 2,000,00 Interest rate  Maturity date
not applicable Principal Occupa  Date of loan  -25-20 Is lender a financial Institution?  Y Principal occupat	Name of lender out-of-state  Esmeralda A. Hor Lender address; City;  P.O. Box 2012—LAREA  on / Job title (See Instructions)	21 Employer (See Instructions)  PAC (ID#:	Loan Amount (\$) 2,000,00 Interest rate  Maturity date
□ not applicable  O Principal Occupation  B -25 - 2  Is lender a financial Institution?  Y N  Principal occupation  Description of Colonome  GUARANTOR	Name of lender out-of-state  ESMERALDA L. Hor  Lender address; City;  P.O. Box 2012—LAREA  on / Job title (See Instructions)	21 Employer (See Instructions)  PAC (ID#:	Loan Amount (\$) 2,000,00 Interest rate  Maturity date  Inds were deposited into political ctions)
not applicable  Principal Occupation  Date of loan  -25-20  Is lender a financial Institution?  Y N  Principal occupation  Description of Columnone  GUARANTOR	Name of lender out-of-state  Esmeralda A. Hor Lender address; City;  P.O. Box 2012—LARCO on / Job title (See Instructions)  lateral  Name of guarantor  Guarantor address; City;	21 Employer (See Instructions)  PAC (ID#:	Loan Amount (\$) 2,000,00 Interest rate  Maturity date  Inds were deposited into political ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

	LOANS			SCHEDULE E
	The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2	FILER NAME	alda Mellie Hereso	nd	3 Filer ID (Ethics Commission Filers)
4		IITEMIZED LOANS		\$
6	Date of loan -29 - 20	7 Name of lender   out-of-state F	PAC (ID#:)	9 Loan Amount (\$) 2,200,00
	ls lender a financial Institution?	8 Lender address; City; 0.0 Box 2012 LARED6	State; Zip Code	10 Interest rate
	Y N	1.000x 2012 -11 KEDO	14 18044	11 Maturity date
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	3 C 3. U
14	Description of Coll	ateral	Check if personal fundaccount (See Instruction	ds were deposited into political ions)
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City;	State; Zip Code	
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
	Institution? Y N			Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral		ateral	Check if personal funds were deposited into political account (See Instructions)	
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City;	State; Zip Code	
	not applicable Principal Occupati	on (See Instructions)	Employer (See Instructions)	
			,	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Giff/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 (or the programment listed shows)

		2 File ID (F	thing Commission Filese)
Total pages Schedule F1:	Esmeralda Mellie Here So.	3 Filer ID (E	thics Commission Filers)
Date 8-20-20	5 Payee name Mario's Portrait Studio	18 Payorosans	es 27 27 2 2
Amount (\$)	7 Payee address;	City; State;	Zip Code
135.31	2219 Clark 1	AREPO. TX 7800	13 -10.511
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertisina	Portrait for S	iĝws
	(c) Check if travel outside of Texas. Complete Schedule T.	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	тара есусЭ.	
8-24-20	Quarter Mile Ink	ALC CO POLICE	Q5-7;-
Amount (\$)	Payee address;	City; State	; Zip Code
1,000.00	6420 Polaris Ste4	LAREDO TX	78041
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	SISNS	PARPOSE OF SUCHERS
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	nation anyles	(1)
8-27-20	ProValue Media		
Amount (\$)	Payee address;	City; State	; Zip Code
15000	1202 E. Del MAR Sto	LAREDO TY	78041
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Brochure	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	living expense

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### 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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (officer a oute	gory normated above,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethi	cs Commission Filers)
4 Date 8-27-20	5 Payee name QUARTER MILE INK			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1110.01	6420 Polaris Sto 4	LAREDO	TH	78041
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		7	
8-28-20	Fit to Print			
Amount (\$)	Payee address;	City;	State;	Zip Code
25000	1812 Houston	LARERD	TX	78040
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Ad - LA	REDOS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	and the same of th		
9-24-20	Webb Co. Elections admi	nisto2		
Amount (\$)	Payee address;	City;	State;	Zip Code
90.00	1110 WASHmaton L	AREDO, TX	78040	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description VotCrs k	The vote	ecarly
OF EXPENDITURE	Polling Expense	List		J
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEI	EDED	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ow Food/Beverage Expense Polling Ex y Gift/Awards/Memorials Expense Printing E	prhead/Rental Expense Transports Travel I Travel I Travel I Travel Contract Labor Other (e	ion/Fundraising Expense vitation Equipment & Related Expense n District Dut Of District enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME FSMERALDA MEL	LIEHOSON 3 Filer	ID (Ethics Commission Filers)
8-31-20	5 Payee name Provelue MediA	THE OUT	
3 Amount (\$) 266,76	7 Payee address; 1202 E DELMAR Ste 104	city; AREDO, Tx 786	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising	(b) Description  Brochuge	AUTOMOLE DESPENDATORE
583.550	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	ceholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
9-17-20	Pablo Coronado	and the same	2 (A) masons
Amount (\$)	Payee address;	City;	State; Zip Code
8000	2948 Fishers Hill Loop	LAREDO, TX 7	8046
	Category (See Categories listed at the top of this schedule)	Description	The state of the s
PURPOSE OF EXPENDITURE	Advertisina	Videos	370mekeski
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	ceholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date 9-28-20	Provalue Modia	y so a demonst	ed (S) noomb
Amount (\$) 21000,00	Payee address; 1202E.Bel MAR STE 104	City; LARED ,TX	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  AUVENTISING	Description MAILOUT L	ETTERS
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	ceholder living expense
	Candidate / Officeholder name	Office sought	

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### M 3 SCHEDULE F10

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

1 Total pages Schedule Ft.: 2 FILER NAME 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code  8 PURPOSE OF EXPENDITURE Condidate Inviting expense  9 Complete ONLY if direct expenditure to benefit CiOH  Amount (\$) Payee address; City: State; Zip Code  Candidate / Office holder name Office sought Office holder living expense  Category (See Categories listed at the top of this schedule)  Date  Purpose OF EXPENDITURE  Candidate / Office holder name Office sought Office holder living expense  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Description  Candidate / Office holder name Office sought Office holder living expense  Category (See Categories listed at the top of this schedule)  Date  Payee name  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)	Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awards/Memorials Expense Prin	ling Expense nting Expense aries/Wages/Contract Labor w to complete this form.	Travel In District Travel Out Of District Other (enter a category not listed above)
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