CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **29**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr.
FIRST: Roque
MI:
NICKNAME:
LAST: Vela
SUFFIX: Jr.

OFFICE USE ONLY

Date Received

RECEIVED

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2906 Victor Hugo Ct.
Laredo TX 78041

Date Hand-delivered or Date Postmarked

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 740-1317

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs
FIRST: Janie
MI:
NICKNAME:
LAST: Martinez
SUFFIX:

Receipt #	Amount $

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3016 Sundance Lp
Laredo TX 78045

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 220-7726

9 REPORT TYPE

☐ January 15
☑ 30th day before election
☐ Runoff
☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15
☐ 8th day before election
☐ Exceeded $500 limit
☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month: 07 Day: 20 Year: 18
THROUGH
Month: 10 Day: 05 Year: 2018

11 ELECTION

ELECTION DATE
Month: 11 Day: 06 Year: 18

ELECTION TYPE
☐ Primary ☐ Runoff ☐ Other Description
☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
Mayor

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
Roque Vela Jr.	

| 16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
☐ Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 21,000.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 30,965.18
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 990.85
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 30,779.96
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 185.22
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 AFFIDAVIT

TIFFANY L. FRANKLIN
Notary Public, State of Texas
Comm. Expires 11-13-2019
Notary ID 130439701

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.
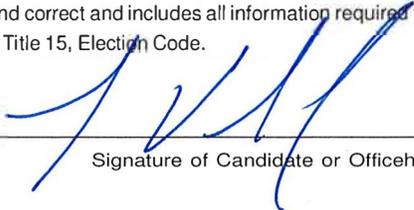
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roque Vela, Jr. , this the 9 day of October , 20 18 , to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	Tiffany L. Franklin	Deputy City Secretary IV

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Roque Vela Jr.	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ Ø
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 3,915.18
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ Ø
4.	SCHEDULE E: LOANS	$ Ø
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 30,779.96
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ Ø
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 6,577.50
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ Ø
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ Ø
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ Ø

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:	

2 FILER NAME Roque Vela Jr.	**3** Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
8/3/18	Blanca M. Martinez	$1,000.—
	6 Contributor address; City; State; Zip Code	
	303 W. Peach Lane Laredo, Tx 78041	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Business Owner	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/21/18	Dolores Quesada	$2,000.—
	Contributor address; City; State; Zip Code	
	1503 Palmer Dr. Laredo, Tx 78045	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Self employed	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/21/18	Miguel (mike) Villarreal	$150.00
	Contributor address; City; State; Zip Code	
	1406 Hazelnut Dr. Laredo, Tx 78045	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Constable	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/21/18	Laredo FOP	$150.00
	Contributor address; City; State; Zip Code	
	P.O. Box 451094 Laredo, Tx 78045	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
FAC.	

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

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1:

2 FILER NAME: Roque Vela Jr

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
8/21/18	Julio Barragan	$500.00
	6 Contributor address; City; State; Zip Code	
	709 Timber Ln Laredo, Tx 78045	

8 Principal occupation / Job title (See Instructions): Self employed

9 Employer (See Instructions): Pool Busters

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/21/18	Martha Narvaez	$150.00
	Contributor address; City; State; Zip Code	
	1620 San Bernardo Ave Laredo, Tx 78040	

Principal occupation / Job title (See Instructions): Self employed

Employer (See Instructions): Narvaez Flower Shop

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/21/18	Laura Llanes	$150.00
	Contributor address; City; State; Zip Code	
	3203 Windfall Laredo, Tx 78045	

Principal occupation / Job title (See Instructions): Registered Nurse

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/21/18	Diana Palacios	$150.00
	Contributor address; City; State; Zip Code	
	1420 Galveston St Laredo, Tx 78040	

Principal occupation / Job title (See Instructions): Realtor

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

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1:

2 FILER NAME	Roque Vela Jr	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
8/20/18	Eduardo X Quiroga	$150.00
	6 Contributor address; City; State; Zip Code	
	2400 Buros Ct. Laredo, Tx 78045	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Self Employed	Architect

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/31/18	Roberto P. Martinez Jr.	$250.00
	Contributor address; City; State; Zip Code	
	P.O.Box 450583 Laredo, Tx 78045	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Self employed	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/9/18	Jose Manuel Torres	$500.00
	Contributor address; City; State; Zip Code	
	303 E. San Carlos Laredo, Tx 78045	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Self employed	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/9/18	Janet Torres	$250.00
	Contributor address; City; State; Zip Code	
	303 Camelia Laredo, Tx 78041	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Self employed	

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

The Instruction Guide explains how to complete this form.		**1** Total pages Schedule A1:
2 FILER NAME Roque Vela Jr		**3** Filer ID (Ethics Commission Filers)

4 Date 8/21/18	**5** Full name of contributor □ out-of-state PAC (ID#:_____) David Martinez	**7** Amount of contribution ($) $150.00
	6 Contributor address; City; State; Zip Code 3016 Sundance Lp Laredo, Tx 78045	
8 Principal occupation / Job title (See Instructions) Teacher	**9** Employer (See Instructions) UCSD	

Date 8/30/18	Full name of contributor □ out-of-state PAC (ID#:_____) John R. Keiser	Amount of contribution ($) $500.00
	Contributor address; City; State; Zip Code 2411 Sutton Ct. Laredo, Tx 78045	
Principal occupation / Job title (See Instructions) Director of Regional Planning	Employer (See Instructions) STDC	

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A2:

2 FILER NAME

Roque Vela Jr.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

$

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**8** Amount of Contribution $	**9** In-kind contribution description
9/20/18	Roque Vela Sr.	$3,190.18	Printing Expense/ Political Signs
	7 Contributor address; City; State; Zip Code		
	104 Hawaii Cir. Laredo TX 78041 ☐ Check if travel outside of Texas. Complete Schedule T.		

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

President

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Jeff Bowling Lanes Inc.

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
9/24/18	Gene Belmares	$725	Printing Expense/ Door Hangers
	Contributor address; City; State; Zip Code		
	512 St. James Laredo TX 78041 ☐ Check if travel outside of Texas. Complete Schedule T.		

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Self-employeed

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

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#:_____)	**8** Amount of Pledge $	**9** In-kind contribution description
	7 Pledgor address; City; State; Zip Code		

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)	**11** Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____)	Amount of Pledge $	In-kind contribution description
	Pledgor address; City; State; Zip Code		

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____)	Amount of Pledge $	In-kind contribution description
	Pledgor address; City; State; Zip Code		

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____)	Amount of Pledge $	In-kind contribution description
	Pledgor address; City; State; Zip Code		

☐ Check if travel outside of Texas. Complete Schedule T.

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

2 FILER NAME	**3** Filer ID (Ethics Commission Filers)

1 Total pages Schedule E:

4 TOTAL OF UNITEMIZED LOANS $

5 Date of loan	**7** Name of lender ☐ out-of-state PAC (ID#:_____)	**9** Loan Amount ($)
6 Is lender a financial Institution? Y N	**8** Lender address; City; State; Zip Code	**10** Interest rate
		11 Maturity date

12 Principal occupation / Job title (See Instructions)	**13** Employer (See Instructions)

14 Description of Collateral ☐ none	**15** Check if personal funds were deposited into political account (See Instructions) ☐

16 GUARANTOR INFORMATION ☐ not applicable	**17** Name of guarantor **18** Guarantor address; City; State; Zip Code	**19** Amount Guaranteed ($)

20 Principal Occupation (See Instructions)	**21** Employer (See Instructions)

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Description of Collateral ☐ none	Check if personal funds were deposited into political account (See Instructions) ☐

GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed ($)

Principal Occupation (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

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

4 Date	5 Payee name
8-6-18	Janie Martinez

6 Amount ($)	7 Payee address; City; State; Zip Code
1,000.00	3016 Sundance Lp Laredo TX 78045

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Salaries/Wages/Contract Labor

(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	Payee name
8-22-18	Jett Bowl

Amount ($)	Payee address; City; State; Zip Code
1,948.50	5823 McPherson Rd Laredo TX 78041

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Event 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

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Date	Payee name
8-24-18	Emmanuel Print & Copy

Amount ($)	Payee address; City; State; Zip Code
909.30	6108 McPherson Ste. 7 Laredo TX 78041

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Printing 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

---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Roque Vela Jr.	3 Filer ID (Ethics Commission Filers)

4 Date 9-19-18	5 Payee name Rio Sports Live

6 Amount ($) 400.00	7 Payee address; City; State; Zip Code 2149 Del Rio Blvd Ste 106 Eagle Pass TX 78852

8 **PURPOSE OF EXPENDITURE**	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 9-19-18	Payee name J&S Printing

Amount ($) 432.00	Payee address; City; State; Zip Code 112 W Bustamante Laredo TX 78041

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing 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 9-20-18	Payee name Laredo Rapid Signs

Amount ($) 2,000.00	Payee address; City; State; Zip Code 3202 Green St. Laredo, TX 78043

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Roque Vela Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 8-28-18	**5 Payee name** J&S Printing	
6 Amount ($) 500.00	**7 Payee address; City; State; Zip Code** 112 W Bustamante Laredo TX 78041	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(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 9-7-18	Payee name Nixon Tailgate	
Amount ($) 300.00	Payee address; City; State; Zip Code	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising 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 9-7-18	Payee name Variety Meats	
Amount ($) 3,600.00	Payee address; City; State; Zip Code 801 Clark Blvd Laredo TX 78040	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Credit Card Payment

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 Roque Vela Jr	3 Filer ID (Ethics Commission Filers)

4 Date 9-9-18	5 Payee name Logans

6 Amount ($) 600.00	7 Payee address; City; State; Zip Code 5300 San Dario Laredo TX 78041

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverage Expense	(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 8-30-18	Payee name Lowe's Home Center

Amount ($) 312.60	Payee address; City; State; Zip Code 6623 San Dario Ave Laredo TX 78041

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other- Materials for Installation of Political Signs: nails, wooden stakes, + posts, etc.	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 9-7-18	Payee name H.E.B.

Amount ($) 135.24	Payee address; City; State; Zip Code 4801 San Dario Laredo TX 78041

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:

2 FILER NAME   Roque Vela Jr.

3 Filer ID (Ethics Commission Filers)

4 Date   9-6-18

5 Payee name   Janie Martinez

6 Amount ($)   1,500.00

7 Payee address;   City;   State;   Zip Code
3016 Sundance Lp Laredo TX 78045

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Salaries /Wages/ Contract Labor

(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   9-11-18

Payee name   J&S Printing

Amount ($)   500.00

Payee address;   City;   State;   Zip Code
112 W. Bustamante Laredo TX 78041

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Printing 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   9-14-18

Payee name   Martin High School Volleyball

Amount ($)   125.00

Payee address;   City;   State;   Zip Code
2002 San Bernardo Ave Laredo TX 78040

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Contribution/ Donation Made by Candidate

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 SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
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)

4 Date 9-10-18	**5** Payee name ATM Pro. Inc.
6 Amount ($) 150.00	**7** Payee address; City; State; Zip Code 1702 Lane St. Laredo TX 78043

8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) Advertising Expense	**(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 9-10-18	Payee name Liquid Studio
Amount ($) 173.20	Payee address; City; State; Zip Code 1407 Calle Del Norte, Ste 101 Laredo TX 78041

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing 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 9-10-18	Payee name Liquid Studio
Amount ($) 2,153.09	Payee address; City; State; Zip Code 1407 Calle del Norte, Ste 101 Laredo, TX 78041

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Credit Card Payment

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 Roque Vela Jr.	3 Filer ID (Ethics Commission Filers)

4 Date 9-18-18	5 Payee name Saenz Advertising

6 Amount ($) 150.00	7 Payee address; City; State; Zip Code 1104 S. Meadow Laredo, TX 78046

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(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 9-19-18	Payee name Sports Max

Amount ($) 200.00	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertising 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 9-19-18	Payee name A.R. Graphics

Amount ($) 300.00	Payee address; City; State; Zip Code 1012 Hidalgo St. Laredo TX 78046

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Printing 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Credit Card Payment

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 Roque Vela Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 9-21-18	5 Payee name Dann Rivera	
6 Amount ($) 2,750.00	7 Payee address; City; State; Zip Code 5196 Sugar Mill Rd Brownsville, TX 78526	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(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 9-21-18	Payee name Taco Palenque	
Amount ($) 193.72	Payee address; City; State; Zip Code 3512 S. Zapata Hwy Laredo TX 78046	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage 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 9-23-18	Payee name Royal Receptions	
Amount ($) 235.00	Payee address; City; State; Zip Code 2101 Lomas Del Sur Laredo 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 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 SCHEDULE AS NEEDED

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
Credit Card Payment

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 Roque Vela Jr	3 Filer ID (Ethics Commission Filers)
4 Date 9-8-18	5 Payee name Walmart	
6 Amount ($) 111.37	7 Payee address; City; State; Zip Code 2615 NE Bob Bullock Laredo TX 78045	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(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 9-16-18	Payee name El Riconcito Restaurant	
Amount ($) 210.00	Payee address; City; State; Zip Code 3716 Lexington Ave. Laredo TX 78040	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event 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 9-22-18	Payee name H.E.B	
Amount ($) 207.85	Payee address; City; State; Zip Code 210 W. Del Mar Blvd Laredo TX 78041	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Roque Vela Jr.	3 Filer ID (Ethics Commission Filers)

4 Date 9-22-18	5 Payee name Wizard Wicks Pizza

6 Amount ($) 500.00	7 Payee address; City; State; Zip Code 2701 N. meadow Laredo TX 78040

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Event Expense

(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 9-23-18	Payee name H-E-B

Amount ($) 132.49	Payee address; City; State; Zip Code 2314 South Zapata Hwy Laredo TX 78043

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Event 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 8-23-18	Payee name Janie Martinez

Amount ($) 1,500.00	Payee address; City; State; Zip Code 3016 Sundance Lp Laredo TX 78045

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Salaries/Wages/ Contract Labor

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 SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS $

5 Date	**6** Payee name

7 Amount ($)	**8** Payee address; City; State; Zip Code

9 TYPE OF EXPENDITURE   ☐ Political   ☑ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

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

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code

TYPE OF EXPENDITURE   ☑ Political   ☐ Non-Political

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/OH   Candidate / Officeholder name   Office sought   Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule F3:
2 FILER NAME	**3** Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased;   City;   State;   Zip Code

7 Description of investment

8 Amount of investment ($)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased;   City;   State;   Zip Code

Description of investment

Amount of investment ($)
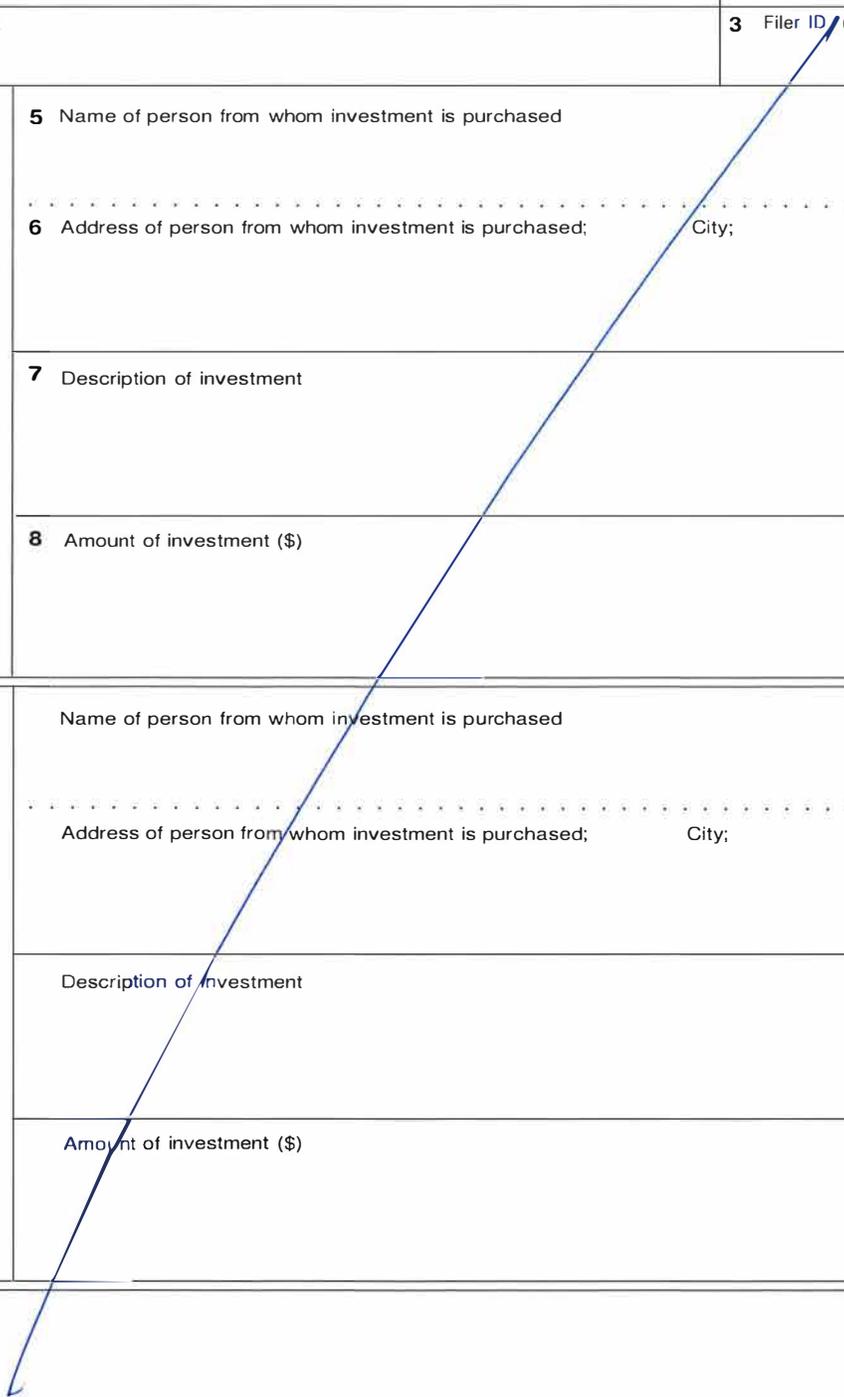
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(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 F4:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD $

5 Date	**6** Payee name

7 Amount ($)	**8** Payee address; City; State; Zip Code

9 TYPE OF EXPENDITURE   ☐ Political   ☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

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

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code

TYPE OF EXPENDITURE   ☐ Political   ☐ Non-Political

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/OH   Candidate / Officeholder name   Office sought   Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 G:	2 FILER NAME Roque Vela Jr.	3 Filer ID (Ethics Commission Filers)

4 Date 8-3-18	5 Payee name Laredo Rapid Signs

6 Amount ($) 3,626.38 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3202 Green St Laredo TX 78043

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(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 8-20-18	Payee name Laredo Rapid Signs

Amount ($) 1,139.25 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3202 Green St. Laredo TX 78043

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	(b) 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 10-5-18	Payee name Emmanuel Print & Copy

Amount ($) 811.87 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6108 McPherson Rd Laredo, TX 78041

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	(b) 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 SCHEDULE AS NEEDED

POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

SCHEDULE G

1 Total pages Schedule G:	2 FILER NAME Roque Vela Jr.	3 Filer ID (Ethics Commission Filers)

4 Date 10-5-18	5 Payee name JES Printing

6 Amount ($) 1,000.00 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 112 W Bustamante Laredo TX 78040

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Printing Expense

(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	Payee name

Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

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

---

Date	Payee name

Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

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

---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL
CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)

4 Date	5 Business name

6 Amount ($)	7 Business address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date	Business name

Amount ($)	Business address; City; State; Zip Code

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/OH	Candidate / Officeholder name	Office sought	Office held

Date	Business name

Amount ($)	Business address; City; State; Zip Code

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/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Payee name	
6 Amount ($)	**7** Payee address; City; State; Zip Code	

8 PURPOSE OF EXPENDITURE	**(a)** Category (See instructions for examples of acceptable categories.)	**(b)** Description (See instructions regarding type of information required.)

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule K:

2 FILER NAME	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Name of person from whom amount is received	**8** Amount ($)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES
FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE **T**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule T:

2 FILER NAME	**3** Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1

☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

6 Dates of travel	**7** Name of person(s) traveling
	8 Departure city or name of departure location
	9 Destination city or name of destination location

10 Means of transportation	**11** Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1

☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1

☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED