CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	on Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME LAST	SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS Change of Address		CITY; STATE; ZIP CODE	717 2018 OCT
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (210) 216-40	EXTENSION .	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME NICKNAME NICKNAME NICKNAME	SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU OCC PO	Laredotx	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 319-614	EXTENSION	
REPORT TYPE	January 15 30th day before elections July 15 8th day before elections		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
0 PERIOD COVERED	Month Day Year 6) / 15/2014	THROUGH OS	Day Year 30/20/00
1 ELECTION	ELECTION DATE Month Day Year Primary 11/06/2014 General	ELECTION TYPE Runoff Other Description Special	
POFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known)	1 Judg
	GO TO PA	AGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE(S) SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICE KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVED.				
	GENERAL SPECIFIC COMMITTEE NAME COMMITTEE ADDRESS			
Additional Pages	COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	200 eco		
	LOG Raynold	SST.		
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM	HAN S D U		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16, 2500		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 650,00		
	4. TOTAL POLITICAL EXPENDITURES	\$14,185.07		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ 2,564 273		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$		
PART C	true and correct and includes all in under Title 15 Election Code. VALERIA LERMA otary Public, State of Texas fromm. Expires 06-06-2020 Notary ID 130689566 Signature of Care	perjury, that the accompanying report is formation required to be reported by me		
Sworn to and subscri	bed before me, by the said Nothan H. Chu, 20, to certify which, witness my hand and seal of office	, this the		
Signature of officer ad	Louna Valeria Lerma	Notary Pubic Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

SUBTOTAL MOUNT SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE H: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE H: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	19	FILERIA	20 F	Filer ID (Ethics Comn	nission Filers)	
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	. 1					
SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS			SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS		F = 1,	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	. 3		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 5. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 5. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 6. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 5. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 6. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 5. SCHEDULE F4: EXPENDITURES MADE FROM PERSONAL FUNDS 6. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 5. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM PERSONAL FUNDS 5. SCHEDULE F4: EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 5. SCHEDULE F4: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 5. SCHEDULE F5: UNPAID INCURRED OBLIGATIONS 5. SCHEDULE F5: UNPAID INCURRED O	4.		SCHEDULE E: LOANS		\$	
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	SNOITL	\$	
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	<i>7</i> .		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	RIBUTIONS	\$	
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	81.	Ĺ <u></u>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	,	\$	
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	4		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 13,750	
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	ESS OF C/OH	\$	
	- 1		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	UTIONS	\$	
			SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

7	The Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 TILER NAM	МЕ		3 Filer ID (Ethics Commission Filers)
FOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Oate	6 Full name of contributor)	8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State; Zip Coc	de	
0 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	Check if travel outside of Texas. Complete Schedule 1 er (FOR NON-JUDICIAL)(See Instructions)
		11 Employ	(FOR NON-DODICIAL) (See Instructions)
2 Contributor	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
4 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
6 If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State; Zip Coc	<i>.</i>	
Ріви саболо	Supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL) (See Instructions)
Contributee's	s principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	-	

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#:__ 8 Amount 9 In-kind contribution of Pledge \$ 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 In-kind contribution of Pledge \$ 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 In-kind contribution Pledge \$ 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 In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code __ Check if travel outside of Texas. Complete Schedule T. Principal ecoupation / 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
Th	e Instruction Guide explains	s how to complete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 FOTAL OF L	INITEMIZED LOANS		\$
5 Date of Ioan	7 Name of lender	Out-of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City; State; Zip Code	10 Interest rate
ΥΝ			11 Maturity date
12 Principal occupa	tion / Job title (See Instructions	s) 13 Employer (See Instruction	ns)
14 Description of Co	ollateral	15 Check if personal funds w account (See Instructions	vere deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Cuprata add	City: State: 7ia Cada	
pot applicable 20 Principal Occupa	18 Guarantor address;	City; State; Zip Code 21 Employer (See Instructions	s)
	9		
20 Principal Occupi Date of loan Is lender a financial	ation (See Instructions)	21 Employer (See Instructions	
20 Principal Occupi Date of loan .	ation (See Instructions) Name of lender	21 Employer (See Instructions) Loan Amount (\$)
Date of loan Is lender a financial Institution?	ation (See Instructions) Name of lender	21 Employer (See Instructions ☐ out-of-state PAC (ID#: City; State; Zip Code) Loan Amount (\$) Interest rate Maturity date
Date of loan Is lender a financial Institution?	Name of lender Lender address; ion / Job title (See Instructions)	21 Employer (See Instructions Out-of-state PAC (ID#:	Loan Amount (\$) Interest rate Maturity date Discourse deposited into political
Date of loan Is lender a financial Institution? Y N Principal occupat Description of Col	Name of lender Lender address; ion / Job title (See Instructions)	21 Employer (See Instructions ☐ out-of-state PAC (ID#: City; State; Zip Code Employer (See Instructions) Check if personal funds we) Loan Amount (\$) Interest rate Maturity date rere deposited into political)
Date of loan Is lender a financial Institution? Y N Principal occupat	Name of lender Lender address; ion / Job title (See Instructions) Rame of guarantor	21 Employer (See Instructions out-of-state PAC (ID#:	Loan Amount (\$) Interest rate Maturity date Mere deposited into political
20 Principal Occupion Date of loan Is lender a financial Institution? Y N Principal occupat Description of Colors none GUARANTOR	Name of lender Lender address; ion / Job title (See Instructions) Rame of guarantor Guarantor address;	21 Employer (See Instructions out-of-state PAC (ID#:	Loan Amount (\$) Interest rate Maturity date rere deposited into political)
Date of loan Is lender a financial Institution? Y N Principal occupat Description of Col Inone GUARANTOR INFORMATION	Name of lender Lender address; ion / Job title (See Instructions) Rame of guarantor Guarantor address;	21 Employer (See Instructions out-of-state PAC (ID#:	Loan Amount (\$) Interest rate Maturity date Mere deposited into political Amount Guaranteed (\$)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

TI	he Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAM	ethan Chy		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA Christia Meija 6 Contributor address; City; Stat 5369 Fendricks San Durg Apt & Anton	e; Zip Code	7 Amount of contribution (\$)
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PA Patricia montenuyo v Contributor address; City; State 3836 Win Rock Rd Lavalo		Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAGE Lather We Le Contributor address; Glessor Digerence Bar		Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor Michael Settiff Contributor address; LD City; State 1319 Carry LD Ceredo	2 (ID#:) 2; Zip Code 1 x 78045	Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	ions)

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 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) 1000 6 Contributor address; (806 Amisted 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor, m, chael Sett, Ff Date Amount of contribution (\$) Contributor address: Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$) 1,000 State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 HILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#: 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_ Amount of contribution (\$) 1,000 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_ Amount of contribution (\$) 1,500 Lurdo, Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_ Amount of contribution (\$) 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.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME		3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date (8	Contributor address; City; State; Zip Code 1010 Tucil et Cavedo TK	Amount of contribution (\$)
-micipal occup	eation / Job title (See Instructions) Employer (See Instru	uctions)
Date 60612	Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code	Amount of contribution (\$)
rincipal occupa	ation / Job title (See Instructions) Employer (See Instru	ctions)

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 7 Amount of contribution (\$) 100,0 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) ut-of-state PAC (ID#: Amount of contribution_(\$) City; State; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Sergio Lonaro Contributor address; City; State; Zip Code 100. (Lured o Tx 19040 Principal eccupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 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 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 HILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 100,0 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 100.0 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_ Amount of contribution (\$) 300,0 Principal occupation / Job title (See Instructions) Employer (See Instructions) ut-of-state PAC (ID#:_ Amount of contribution (\$) Principal eccupation / 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 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 HILLB NAME 3 Filer ID (Ethics Commission Filers) out-of-state PAC (ID#: 7 Amount of contribution (\$) 500.00 CelOdo Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_ Amount of contribution (\$) entributor address; uncolo Drincipal occupation / Job title (See Instructions) Employer (See Instructions) ut-of-state PAC (ID#: Amount of contribution (\$) 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 LILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date out-of-state PAC (ID#:_ 7 Amount of contribution (\$) City; State; Wodo. Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) City; State; Zip Code Luredo, Principal incoupation / 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.

SCHEDULE F1

				·		
		EXPENDITURE CA	ATEGORIES F	OR BOX 8(a)		
Activertising Expense A counting Basking Empaulting Expense Employer in September Made Employer Office Politic Employer in Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expensi Legal Services	Office Overh Polling Expe e Printing Exp Salaries/Wa	ense ges/Contract Labor	Solicitation/Fundraising Expen Transportation Equipment & Re Travel In District Travel Out Of District Other (enter a category not liste	elated Expense
	10	The Instruction Guide ex	plains how to co	mplete this form.	r	
Lin tallinger Schedule F1	: 2 FILER NA	ME			3 Filer ID (Ethics Commis	ssion Filers)
[4]21/12	5 Payee nar	Hy Sisr	15			
324.75	7 Payee add	lress; City; State	; Zip Code			
8 PURPOSE OF EXPENDITURE	1 _	See Categories listed at the top of	i		utside of Texas. Complete Schedule T.	
9 Complete ONLY if direct		e / Officeholder name		Office sought	Office h	eld
Date	Payee nam	e				
06/11/18 Amount (\$)	Payee add	ress; City; State:	huto Zip Code	sraph	14	
162.38						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule)		side of Texas. Complete Schedule T. TX. officeholder living expense	
a tpline Office'n derect condition to benefit C/OH		e / Officeholder name	<u> </u>	Office sought	Office he	∍ld
The I	Payee nam	e				
06/14/18	Cric					
Amount (\$	Payee addr	Welado,		04 (
PURPOSE OF EXPENDITURE	Category (S	ee Categories listed at the top of t	his schedule)		ide of Texas. Complete Schedule T. TX, officeholder living expense	
- mplete GNLY if airect penditure to benefit C/OH	Candidate	/ Officeholder name		Office sought	Office he	əld

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDIT	URE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting Banking Consulting Expense Contributions Donations Made I Candidate Officeholder/Politic Least Card Payment	cal Committee Legal Services	Office Ove ense Polling Ex als Expense Printing Ex	xpense Vages/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 F1				3 Filer ID (Ethics Commission Filers)
Coldt (100	5 Payer name	g Sisn	5	
6 Amount (\$) 124.49	7 Payee address; City 1615 TOCCUM ON R	y; State; Zip Code	10041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed a			utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n H	name	Office sought	Office held
09-18-19	Payee name HEB			
Amount (\$) U3,77	1911 BOB Ca BullOC C.		2014 (.	
PURPOSE OF EXPENDITURE	Category (See Categories listed a Food and Expense	Beveray		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder na	ame	Office sought	Office held
Date	Payee name			
07/12/18	Adrians	Promi	chopte	
Amount (\$)	Galvestin	; State; Zip Code	7904	٥.
PURPOSE OF EXPENDITURE	Category (See Categories listed at Printing Expense	۴.		ide of Texas. Complete Schedule T. TX. officeholder living expense
Complete ONLY if direct expend ture to benefit C/OH	Candidate / Officeholder na	ame	Office sought	Office held
	ATTACH ADDITIONAL	L COPIES OF THIS S	CHEDULE AS NEEL	DED

	EXPEND	ITURE CATEGORIE	S FOR BOX 8(a)	
Advictising Lispanse Accounting Banking Consulting Expanse Consultins Docations Made E Consultins Officeholder Politic Consultins Carrier		Office C expense Polling porials Expense Printing	epayment/Reimbursement bverhead/Rental Expense Expense Expense v/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 Instructi	on Guide explains how to	complete this form.	
f lotal pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
1 1 1 1 1 2 1 2 U	5 Payee name	, Drom	2 rosto	
5 Amount (S)		City; State; Zip Code	78040	
(30.07.	Galvestur			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	ted at the top of this schedule)		side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholde	er name	Office sought	Office held
Date	Payee name			
7/16/12	Office			
Amount (\$)	STIGSAN (Bernard U	City; State; Zip Code	c 780-11	
PURPOSE OF EXPENDITURE	Category (See Categories list CXPEN	ed at the top of this schedule)		ide of Texas. Complete Schedule T. TX, officeholder living expense
impliere ONLY in direct ponditure re-benefit CrOH	Candidate / Officeholde	r name	Office sought	Office held
07 135/18	rayee name CC	ytruc	Flection	ns Adm.
35.00		City; State; Zip Code COOO, TX	76040	
PURPOSE OF EXPENDITURE	Category (See Categories liste	ad at the top of this schedule)		de of Texas. Complete Schedule T. TX, officeholder living expense
Complete QNLY if direct expand ture to benefit C/OH	Candidate / Officeholde	r name	Office sought	Office held
	 	NAL COPIES OF THIS	SCHEDULE AS NEED	PED
ways are sided by Tayan Ethi.	on Comminator	are and a state of the state of		*******

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
11t Gill (pense outling Binning) Circ althing Expense outline in sections Made E ordine Official office outline Childre Control des Politics outline Childre Children	By Gift/Award	erage Expense Is/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)		
an rain ray no	The Ins	truction Guide explair	ns how to complete this form.			
1 theally ages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 Date 18 6 Amount (\$)	5 Payee name 7 Payee address;	4 n's p	romotion	نا		
18481	1020 Galws	City; State; Z	0,7×78040			
8 PURPOSE OF EXPENDITURE	(a) Category (See Category)	ories listed at the top of this s	Check if travel o	outside of Texas. Complete Schedule T. n, TX, officeholder living expense		
3 amply to ONLY if direct expend ture to benefit C/OH	Candidate / Office	eholder name	Office sought	Office held		
Oyle	Payee name					
8/1/18	Adria	5 Ru	ICIG			
39200	Payee address;	Aue	10, TX.784	5		
PURPOSE OF EXPENDITURE	Con trai	ories listed at the top of this s C O O O O O O O O O O O O	Check if travel ou	ortside of Texas. Complete Schedule T.		
Complete ONLY if direct in penditure to benefit CrOH	Candidate / Office	holder name	Office sought	Office held		
Date	Payee name					
Slules Amount (\$)	Payee address;	City; State; Zi	√ 2 p Code			
500,00						
PURPOSE OF EXPENDITURE		ries listed at the top of this so	Check if travel ou	itside of Texas. Complete Schedule T. , TX. officeholder living expense		
complicite CN/Y if direct in wend ture to benefit C/OH	Candidate / Office	eholder name	Office sought	Office held		
	ATTACH ADI	DITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED		

SCHEDULE F1

	EXP	ENDITURE CATEG	ORIES FO	R BOX 8(a)		
od vitti ong in opense Solentrig Banking solentriggerse solentriggerse Made B solentriggerse Made Cotton Folitica solentriggerse Made Cotton Folitica	y Gift/Awards	rage Expense s/Memorials Expense	Office Overhea Polling Expensions Printing Exper		Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel In District Travel Out Of District Other (enter a category not listed above)	-
e same acabacca	The Inst	truction Guide explains	s how to com	plete this form.		
I in tall rapes (withedule F1:	2 FILER NAME				3 Filer ID (Ethics Commission File	ers)
1 Cre	5 Payee name	media	3 61	Dup.		
S Amortin 1\$	7 Payee address;	City; State; Zip	o Code	100		
317.00	3319 Santama	City; State; Zip (GVOCLO), [X	79070		
8	(a) Category (See Catego		hedule) (I	b) Description		
PURPOSE OF EXPENDITURE	Advor	Znizit			Iside of Texas. Complete Schedule T. , TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	holder name		Office sought	Office held	
Date	Payee name					
8/14/18	Bent	to Mu	00	_		
Amount (\$)	Payee address;	City; State; Zip	Code			
1,700						
PURPOSE OF EXPENDITURE		ries listed at the top of this sch		Description Check if travel outs Check if Austin,	side of Texas. Complete Schedule T. TX. officeholder living expense	
complete CHLY'd direct	Candidate / Officel	nolder name		Office sought	Office held	
Date	Payee name	\				
811110	Prin	tsn	no/	9		
S0000	Payee address; 39117.	City; State; Zip LUICOC WY		75016		
	Category (See Categori	ies listed at the top of this sch	redule)	Description		
PURPOSE OF EXPENDITURE	DVINTI	as expe	ons		side of Texas. Complete Schedule T. TX. officeholder living expense	

Complete ONLY Fairect

expend ture to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Althoritis na Expense Leating Balkea Leating Exemse Leating Exemple Another Dentitions Made B Condidate Offichelder Politica Leat Carl Paymen	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)		
er ekst Dang Kayan i	The Instruction Guide explains	how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
8/21/20	5 Payer name 7 Payee address; City: State: Zip	entisins.			
800.00	7 Payee address; City; State; Zip	Code			
8	(a) Category (See Categories listed at the top of this sche	' ' '			
PURPOSE OF EXPENDITURE	Aclus tisins	[ulside of Texas. Complete Schedule T. n, TX, officeholder living expense		
 	Chense				
 mplete ONLY if direct penditure to benefit C/OF 	Candidate / Officeholder name	Office sought	Office held		
Onte	Pavee name				
8/16/18	(1) rin Co				
Amount (\$)	Payee address; City; State; Zip (Code 1x 7804	(5		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	Chack if traval out	tside of Texas. Complete Schedule T. . TX, officeholder living expense		
Complete ONLY is direct expand ture to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
8/25/18	Southern G	ulf.			
114.45	Payee address; City; State; Zip C 3900 Laved CasablacaRd	0, 1× 74011.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Check if travel outs	side of Texas. Complete Schedule T. TX. officeholder living expense		
Sample to QNLY if direct expend ture to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
est instead Expense andig Barking to sulting Expense or busins Foretions Made B andidate Othernicides Politica to Can Paymen	Event Exp Fees Food/Bev Gift/Award al Committee Legal Ser	pense verage Expense rds/Memorials Expense rvices	Loan Repayme Office Overhea Polling Expens Printing Expen Salaries/Wage	ent/Reimbursement ad/Rental Expense se sse es/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
Z2 - 14 - 1	The Inc	struction Guide explain	is how to com	plete this form.		
i – falgumes Kohedule F1:	2 FILER NAME				3 Filer ID (Ethio	cs Commission Filers)
1 2 (20) 148 6 Amount (\$)	5 Payee name 7 Payee address;	City; State; Zi	C in Code			
(188,00		er Lwodi	(X/(c	8015		
8 PURPOSE OF EXPENDITURE	(a) Category (See Category)	gories listed at the top of this so	. .		utside of Texas. Complete	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Offic	eholder name		Office sought		Office held
Date	Payee name					
8/26/12	PaHi	1'S Sig	n 5			
Amount (\$)	Payee address;	City; State; Zip	p Code			
113.66						
	Category (See Category	ories listed at the top of this sc	chedule)	Description		
PURPOSE OF EXPENDITURE	print	insOxpe	on Se		side of Texas. Complete S TX, officeholder living	
Complete ONLY indirect is pand to reincolong.	Candidate / Office	∍holder name		Office sought		Office held
Date	Payee name					
8/28/19	Rex	Fuent	F 5.			
2mount (\$)	Payee address;	City; State; Zip) Code			
	Category (See Category	-d Katad -a the tan of this				
PURPOSE OF EXPENDITURE	Advert	ories listed at the top of this sch SAUQ (QX/101	tising		side of Texas. Complete Si	
emplite QNIY direct mipenditure to benefit C/OH	Candidate / Office	∍holder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) a contrologi Expense Villanding Balikog Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense osubiou Taglerae Propins Franctions Made By Food/Beverage Expense Polling Expense Printing Expense Travel In District Gift/Awards/Memorials Expense Travel Out Of District ndidate Offici heldedPolitical Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. Stallplager Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name City; State; Zin Code XX780-(/ 7 Payee address; (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held Appenditure to benefit C/OH Payee name hannel LLC Payee address; City; State; Zip Code h000 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete QNLY if direct Office sought Office held expanditure to benefit C/OH Payee name Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** __ Check if travel outside of Texas. Complete Schedule T. **OF** Check if Austin, TX, officeholder living expense EXPENDITURE ample z. Ç<u>N</u> ⊻ Edirect Candidate / Officeholder name Office sought Office held er pend ture to benefit C/OH.

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting Banking Chrisulting Expense cheributions Donations Made By Childrate Otherholder Politica cherit Gare Rayment		Office Overl se Polling Exp Expense Printing Exp		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
· · · · · · · · · · · · · · · · · · ·		uide explains how to co	omplete this form.			
1 letal pages Schedule F1;	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
G-10-18	5 Pavee name					
6 Amount (\$)	7 Payee address; City;	State; Zip Code	x 7804	(,		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Category Categ			utside of Texas. Complete Schedule T. , TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nar	me	Office sought	Office held		
Date 01-12-18	Payee name OFFICE	MAX				
Amount (\$)						
PURPOSE OF EXPENDITURE	events listed at the events of	he top of this screaule;		side of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY disect manditure to penefit C/OH	Candidate / Officeholder nan	ne	Office sought	Office held		
9-12-12	Payee name.	MAX				
198.6(,	Q VONT	State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the	ne top of this schedule)		side of Texas. Complete Schedule T. TX. officeholder living expense		
emplote QNiX' if direct expanditure to benefit C'OH	Candidate / Officeholder nar	me	Office sought	Office held		
	ATTACH ADDITIONAL	. COPIES OF THIS S	CHEDULE AS NEE!	DED		

	EXPENDITURE CAT	EGORIES FOR BOX 8(a)			
Advertising Expense Accounting Banking Consulting Expense Contributions Donations Made E Candidate Officeholder/Politica Gredit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains 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 () - (8)	5 Payee name				
6 Amount (\$)	7 Payee address; City; State;	Zip Code	F (,		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi	Check if travel of	utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
9-12-18	Levedo Spr	D-15 wear			
Amount (\$) Amount (\$)	Payee address; City; State;	edoitx 780	049		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check if travel ou	atside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
9-14-18	Niues Es	spinots			
Amount (\$)	Payee address; City; State; Zip Code U, TX 38045 H306				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check if travel out	tside of Texas. Complete Schedule T. . TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advictioning Expense Accounting Banking Consulting Expense Consider on Donations Made F Condidate Officialistics Politic condidate Agricum		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			
	The Instruction Guide explai	ns how to complete this form.			
1 Istal pages Schedule F1			3 Filer ID (Ethics Commission Filers)		
49-14-14 6 Amount (\$1		enoz V; 11	allea!		
190,00	7 Payee address; City; State; 2	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this + rule / - EXAPPS C	Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held		
9-20-12	Payee name Benth Mu	noz Villa	110g (
Amount (\$)	Payee address; City; State; Z Category (See Categories listed at the top of this s				
PURPOSE OF EXPENDITURE	Printing Expease		side of Texas. Complete Schedule T. TX. officeholder living expense		
Complete ONLY in direct in panditure to be benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
10.00 Pate Amount (\$).	Payee name ACUO Payee address; City; State; Z CLO Shilloh #30)45 ⁻		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	Check if travel outs	ide of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)					
officertisking in upcasse orunting Backing orussituru Typease announce Docations Made E andidate Officitorider Politic and 24 Pagarini		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)		
Thirty-Brindy S	The Instruction Guide expla	ains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Dato C1/25/19 6 Amount (\$)	7 Payee address; City; State;	T)anny Zip Code	Lopet		
1,000					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this EUQ 1 OXOEN	Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense		
9 Complete ONLY if direct expend ture to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held		
Amount (\$)	Payee name Covardo Payee address; City; State;	ermale Zip Code	ي ک- ا		
200.00					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this ACLUVE 157	Check if travel outs	side of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY if direct expanditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held		
Date	Payee name (
9-26-18	Payee address; City; State; 2	MU/ Q,			
DO.00	3411 Jaine Carac		C .		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Ofin Hins Oxnen Se	Check if travel outs	ide of Texas. Complete Schedule T. TX, officeholder living expense		
Through the QNLY of direct expand fore to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
eels ontroling Expense contining Balliseng is saffar a Papense Fontributions Donations Made B Condition Officharder Politic	Fees Food By Gift/A	Expense Beverage Expense wards/Memorials Expense Services	Office Overl Polling Exp Printing Exp		Transportation E Travel In District Travel Out Of Di	
inger Oag (Bayen, et	The	Instruction Guide expla	ins how to co	mplete this form.		
Lifetal pages Schedule F1:	2 FILER NAME				3 Filer ID (E	thics Commission Filers)
9/28/14 5 Amolt 18	5 Payer name 7 Payee address	City; State;	Zip Code			
19000	(a) Catagony (See C			(h) D		
PURPOSE OF EXPENDITURE	CIW (eategories listed at the top of this	s schedule)	<u></u>	utside of Texas. Comple n, TX, officeholder liv	
9 Complete ONLY if direct expenditure to benefit C/OF		Officeholder name		Office sought		Office held
0 (28)13	Payee name	17				
400, D	Payee address HBE	City; State;	Zip Code	lo. Yx	782	-(3.
PURPOSE OF EXPENDITURE	Category (See C	ategories listed at the top of this	schedule)		tside of Texas. Complet	
Complete ONLY indirect expanditure to benefit C/OF		fficeholder name		Office sought		Office held
Date	Payee name					
Amount (\$)	Payee address;	City; State; Z	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Ca	ategories listed at the top of this	schedule)		side of Texas. Complet	
Complete ONLY if direct coppend ture to benefit C/OH		fficeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						