CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST MY . Abjahan NICKNAME LAST	OFFICE USE ONLY Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		CITY; STATE; ZIP CODE	THE OCT -8 PM		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (951 - 132				
6 CAMPAIGN TREASURER NAME	MS/MRS/MR PUSCILL NICKNAME ROLOS	MI LCLsuffix	Receipt # Amount \$ Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 4501 SEPULVEDO	uite#; city; state; Ln Laredo	TX 78016		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (830) 774 - 814	EXTENSION			
9 REPORT TYPE	January 15 30th day before electrical July 15 8th day before electrical Strain		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH (\ C)	Day Year (08 / 2018		
11 ELECTION	ELECTION DATE Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
	GO ТО Р	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Abrahar	n Lugo	15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE GENERAL SPECIFIC	ENERAL ADVANON LUGO COMMITTEE ADDRESS			
Additional Pages	1520 Lone St. Lavedo TX 78041 COMMITTEE CAMPAIGN TREASURER NAME Drisailla Rojas				
		COMMITTEE CAMPAIGN TREASURER ADDRESS USOI SEPUVEDO IN L	oredo TX 7804Le		
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$				
	\$5,949.21				
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 🔿		
	4. TOTAL POLITICAL EXPENDITURES \$ 6,718				
CONTRIBUTION BALANCE	5. TOTAL F OF REP	DAY \$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
18 AFFIDAVIT		l swear, or affirm, under penalty of p	perjury, that the accompanying report is		
	ROSA AMELIA LUC My Notary ID # 6782 Expires November 30,	true and correct and includes all info under Title 15; Election Code.	ormation required to be reported by me		
AFFIX NOTARY STAME	P/SEALABOVE	prograture of Can	uidate di Officerioloef		
Sworn to and subscr	10	7 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	, this the SH		
day 61 57 000	, 20 , t	o certify which, witness my hand and seal of office.	Noton Police		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID	(Ethics Commission Filers)			
	Atraham Lugo				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	us \$5,949.21			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT	TIONS \$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 769.24			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	NS \$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) 5,949.21 State; Zip Code Santa Mana 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date 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 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ City; State; Zip Code Contributor address; 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)		
The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Harabar	n lugo			
4 Date 8/26/18	Pattys Signs				
6 Amount (\$)	7 Payee address; City, State;	Zip Code			
\$1,826.88	3008 Trinity Plaza	laredo. T	x 78046		
8	(a) Category (See Categories listed at the top of the	nis schedule) (b) Description			
PURPOSE OF			outside of Texas. Complete Schedule T.		
EXPENDITURE	Dovertising Exp	Check if Aust	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
8/31/18	Quarter Mile	Ind.			
Amount (\$)	,				
#706.33	3 Le420 Polaris Dr. #4 Laredo TX 78041				
	Category (See Categories listed at the top of the	is schedule) Description			
PURPOSE OF			utside of Texas. Complete Schedule T.		
EXPENDITURE	Howeversing Ex	PERSE Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
004.4,2018	La Raza R	ladio			
Amount (\$)	Payee address; City; State;				
2.700	7511 Mc phers	on suite B L	aredo TX 78041		
	Category (See Categories listed at the top of th	is schedule) Description			
PURPOSE OF	0 1		utside of Texas. Complete Schedule T.		
EXPENDITURE	Advertising Expe	Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Pg 2

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 Abraham Luac		3 Filer ID (Ethics Commission Filers)			
4 Date CC+.4, 2018	5 Payee name AWOUYO Rubio	\ v .				
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$300.00	600 Garfield St.	Lavedo	TX 78041			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertising Expense	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/OI	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
004.6.18	HEB					
Amount (\$)	Payee address; City; State; Zip Code					
# 416.00						
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	- 10	Check if travel out	tside of Texas. Complete Schedule T.			
EXPENDITURE OF EXPENDITURE Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF			tside of Texas. Complete Schedule T.			
EXPENDITURE		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 NEE	DED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expénse 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 (order a extension part listed above)

Candidate/Officeholder/Political Committee Legal Services		Salarie	es/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 G:	57	7pam IME	Lugo			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee nar	me	Lugo			
6 Amount (\$) 7 36 Reimbursement from political contributions intended	7 Payee add	dress;	City; State;		edo ,TX.	78041
8 PURPOSE OF EXPENDITURE	_		listed at the top of the			e of Texas. Complete Schedule T. X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/		ate / Officel	nolder name		Office sought	Office held
Date 8/22/18 Amount (\$)	Payee nar Payee add	cham	City; State;) Zip Code		
Reimbursement from political contributions intended	1520	lai	ne 8t.	La	redo, TX	78041
PURPOSE OF EXPENDITURE			listed at the top of the			e of Texas. Complete Schedule T. K, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee nan	ne				
Amount (\$) Reimbursement from political contributions intended	Payee add	iress;	City; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories	listed at the top of thi	s schedule)		e of Texas. Complete Schedule T. K, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED