CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction 0	Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI Christina Ann Mendida NICKNAME LAST SUFFIX WCRISSY " Perez	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2401 Garfuld Laredo, Tx 78043 AREA CODE PHONE NUMBER EXTENSION (956) 236-1277	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI AMANDA E. NICKNAME LAST SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 2712 Lane Laredo, TY 78	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 722 0309	
9 REPORT TYPE .	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month 7 / 16 / 18 THROUGH	Day Year
11 ELECTION	Month Day Year Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Cuty of La	aredo ember District 3
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	istra"	Crussy Perez	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANI	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITUI DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS II URES.	OUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
	2	COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	12
	-		
17 CONTRIBUTION TOTALS	* Access recognisation of	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,85D.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ - 0 -
	4, TOTAL	POLITICAL EXPENDITURES	\$ 4,194.28
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 4,194.28 \$ 2,055.72
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	
18 AFFIDAVIT			
	LUZ MARIA LO Notary Public, State Comm. Expires 09-0 Notary ID 124196	of Texas.	nation required to be reported by me
AFFIX NOTARY STAME	P/SEALABOVE		
		O'L 1 Mr. Par	\Rightarrow
Sworn to and subscri	ibed before me, b	y the said Wistran	, this the
day of Ctop	€, 20 <u>/8</u> , t	o certify which, witness my hand and seal of office.	rangan saga ta ta ana pangan an ang ang at an ang ang at an ang ang at an an ang at an an an an ang at an an a
LY MUR		LUZIII COROL NE	o Jaxa
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 Co		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 17,600.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 430.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

		· · · · · · · · · · · · · · · · · · ·	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	"Anstria" Crussy Pere	Z	3 Filer ID (Ethics Commission Filers)
8/3//8	5 Full name of contributor □ out-of-state PAC FREIGHT DISPARCH Service 6 Contributor address; City; State 1/302 C EastBurt Larea	ce Agency LTD; zip Code	7 Amount of contribution (\$)
	upation / Job title (See Instructions)	9 Employer (See Instruction Self Alex	·
Date 8 Js Js 8	Full name of contributor out-of-state PAC Hickey Pena Lic Contributor address; City; State (109) Sun Bernardo Lare	; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instructi	
Date \$\sqrt{3}\right\\\ 3\right\right\\\ 3\right\\\ 8\right\\\ 3\right\\\ 8\right\\\ 8\right\\ 8\right\\\ 8\right\\ 8\right\ 8\right\\ 8\right\\ 8\right\ 8	Full name of contributor out-of-state PAC TRUSH Leyende cher Contributor address; City; State;	zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date		(ID#:) Zip Code Lo, T\$\times 1\$\tau43	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Attorney	Employer (See Instruction Self	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor | out-of-state PAC (ID#:_____ 5 Full name of contributor | out-of-state PAC (ID#: Doanh Elmar Ng Uyen 6 Contributor address; City; State; Zip Code Levedo Tx 78045 Date 7 Amount of contribution (\$) 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 5320 LestHills Laredo, TV 78041 on / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) owner out-of-state PAC (ID#:_____) Date Amount of contribution (\$) Elite Employment Serv. LC Contributor address; City; State; Zip Code 6550 Grangfield Laredo, Tx 78041 250.00 Principal occupation / Job title (See Instructions) self - Laho Valdes owner Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Eva Montoya Contributor address; City; State; Zip Code 8907 Coral Hills Laredy T4 78045 100.00 Principal occupation / Job title (See Instructions) Levant Free

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

	SCHEDULE AT
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Christma "PRISSY" Plenez	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor	7 Amount of contribution (\$)
Gloria Hores Dichipson Gloria Hores Dichipson Gloria Hores Dichipson Grantibutor address; City; State; Zip Code 104 Horborn Lando, Tx 78041 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	100,00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ons)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code 219 Delmar Blud Sit Z	50.00
Certed o, (4 1804)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Self	ons)
Date Full name of contributor out-of-state PAC (ID#:) Guillono G. Del Barrio Tr	Amount of contribution (\$)
Contributor address; City; State; Zip Code 6010 Mc Pheron Laredy 7 18041	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
attorney self-1	
Date Full name of contributor Out-of-state PAC (ID#:) Donate	Amount of contribution (\$)
Contributor address; City; State; Zip Code	1000.00
McPheson St. 350 Larcae Tr 78041	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
attorney self	
· · · · · · · · · · · · · · · · · · ·	

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	s form.	1 Total pages Schedule A1:
2	FILER NAME	hne "OMSIY" Perez		3 Filer ID (Ethics Commission Filers)
4	4 Date 5 Full name of contributor out-of-state PAC (ID#:		endula e; Zip Code	7 Amount of contribution (\$)
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	Date \$ 23 18	Full name of contributor out-of-state PAC FINE-PAC Contributor address; City; State 5219 Tesoroplan Care		Amount of contribution (\$)
	Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)
	Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
	Date	Full name of contributor out-of-state PAC Contributor address; City; State	(ID#:)	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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

CONTRIBUTIONS			
The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:		
2 FILER NAME Christina "CRUSSY" Perer	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$		
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of Solid Contribution description 1,500 Aglor 4 Ad placement Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) When the Cler 12 Contributor's principal occupation (FOR JUDICIAL)	11 Employer (FOR NON-JUDICIAL) (See Instructions) Haclar Media 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 In-kind contribution description 8,300 Campay Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Personal Manager Contributor's principal occupation (FOR JUDICIAL)	Employer (FOR NON-JUDICIAL) (See Instructions) 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

			i i
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME Chastila Perez			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	5 Date 6 Full name of contributor out-of-state PAC (ID#:		8 Amount of Contribution \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 9/3/18	Full name of contributor out-of-state PAC (ID#:	de X18041	Amount of Contribution \$ In-kind contribution description 350.00 Food Wages Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ttor'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)		
			y
			,

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 CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	xpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above)	
	The Instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME CAUSEY Pere	3 Filer ID (Ethics Commission Filers)	
4 Date 2/24/18	5 Payee name Tabernula	1	
6 Amount (\$)	7 Payee address; City; State; Zip Code	•	
26.73	7124 Bob Bull och Long.	suite 101 laved , 14 7804	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	7 . 0 . 0 . 6 . 6 . 6	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Food Beverage Exp.	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	,	
8/27/18	Stripes Commence	æstore	
Amount (\$)	Payee address; City; State; Zip Code		
61.86	2401 Meadow Are	e Caredo Te 75043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Painting Explinite	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 30 10	Payee name		
200	Walmart Loop	20	
Amount (\$)	Payee address; City; State; Zip Code		
58.90	laredo,	Cx78043	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Oupplies	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH	Carrada / Cincendus Hame	Office sought Office neid	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M	Vages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1:	2 FILER NAME CRISTIA CRISS	Pere 2 3 Filer ID (Ethics Commission Filers)
4 Date 8 30 18	5 Payee name NWS Punt	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
77.29	4820 McRherson La	redo To Will
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Printing Experess	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 9/4/18	Payee name	
QQQQ	Lowes	
Amount (\$)	Payee address; City; State; Zip Code	
59.95	6623 San Dario 2.	a redo, 4 troug
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Printy Expense	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	
9/4/18	Dillartree	
Amount (\$)	Payee address; City; State; Zip Code	
59.54	3501 Clark laredy Tex	cas 78040
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	OCE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	(Coolie	Check if Austin, TX, officeholder living expense
	Soppies	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL CODICO OF THE	COUEDING AC MEEDED
	ATTACH ADDITIONAL COPIES OF THIS S	OUTEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	The state of the s	3 Filer ID (Ethics Commission Filers)
4 Date 4 18	5 Payee name Morenos Ico	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
91.31	2219 N. AMCansas	laredy, Tx 78043
8 BURDOCE	(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	Food	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9/4/18	Surprise Market	
Amount (\$)	Payee address; City; State; Zip Code	
129.31	1519 Market Careda	yTx 70043
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	tood	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9/4/18	warmart loop:	90
Amount (\$)	Payee address; City; State; Zip Code	
142.33	laredi	7 TX 78043
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Office Signlies	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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form. 1 Total pages Schedule Ft. 2 FILER NAME What Shows a state of the County Peel 2 4 Date 9 Payee address: City; State; Zip Code 8 PURPOSE EXPENDITURE Payee address: City; State; Zip Code 9 Complete ONLY if direct expenditure to benefit Croft Category (See Categories listed at the top of this schedule) Payee name Office sought Office sought Office held Office sought Office sought Office sought Office held Office sought Office sought Office held Date Payee name Category (See Categories listed at the top of this schedule) Purpose EXPENDITURE Category (See Categories listed at the top of this schedule) Purpose EXPENDITURE Category (See Categories listed at the top of this schedule) Office sought Office sought Office held Office sought Office held Category (See Categories listed at the top of this schedule) Date Payee name 9 14 18 Amount (§) Payee address: City: State; Zip Code Category (See Categories listed at the top of this schedule) Office sought Office sought Office held Category (See Categories listed at the top of this schedule) Office sought Office held Complete ONLY if direct control of Texas. Complete Schedule T. Office held Complete ONLY if direct control of Texas. Complete Schedule T. Office held Complete ONLY if direct categories sized at the top of this schedule) Office sought Office held Complete ONLY if direct categories schedule T. Office held Complete ONLY if direct categories schedule T. Office held Office held Office held Office held	Total pages Schedule F1: 2 FILER NAME 4 Date 4 Date 4 Date 4 Date 4 Date 5 Payee name 6 Amount (8) 7 Payee address; City: State: Zip Code 8 S/ 6 Amount (9) 7 Payee address; City: State: Zip Code 9 Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Purpose EXPENDITURE Payee address: City: State: Zip Code Office sought Category (See Categories listed at the top of this schedule) Payee name Office sought Office sought Office held Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Payee name Office sought Office held Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Payer address: Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedu	Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M	Agges/Contract Labor Other (enter a category not listed above)
4 Date 9 Complete QNLY if direct complete QNLY if direct 9 Payee name 9 4 18 Payee address: City; State; Zip Code Category (See Categories listed at the top of this schedule) Date 9 Complete QNLY if direct 2 Category (See Categories listed at the top of this schedule) Date 9 Category (See Categories listed at the top of this schedule) Date 9 Category (See Categories listed at the top of this schedule) Date 9 Category (See Categories listed at the top of this schedule) Date 9 Category (See Categories listed at the top of this schedule) Date 9 Category (See Categories listed at the top of this schedule) Date 9 Category (See Categories listed at the top of this schedule) Date 9 14 18 Payee name 9 14 18 Payee address: City; State; Zip Code Candidate / Office hold Candidate / Office hold Candidate / Office hold Date 9 14 18 Payee address: City; State; Zip Code Category (See Categories listed at the top of this schedule) Date 9 14 18 Payee address: City; State; Zip Code Category (See Categories listed at the top of this schedule) Date 9 14 18 Payee address: City; State; Zip Code Category (See Categories listed at the top of this schedule) Date Only if direct Categories listed at the top of this schedule) Date Only if direct Categories listed at the top of this schedule) Date Only if direct Categories listed at the top of this schedule) Date Only if direct Categories listed at the top of this schedule) Complete Only if direct Categories listed at the top of this schedule) Complete Only if direct Categories listed at the top of this schedule) Complete Only if direct Categories listed at the top of this schedule) Complete Only if direct Categories listed at the top of this schedule) Complete Only if direct Categories listed at the top of this schedule) Complete Only if direct Categories listed at the top of this schedule) Complete Only if direct Categories listed at the top of this schedule)	4 Date 9 Complete QNLY if direct 2 Category (See Categories listed at the top of this schedule) 4 Date 9 Complete QNLY if direct 2 Category (See Categories listed at the top of this schedule) 4 Date 9 Complete QNLY if direct 2 Category (See Categories listed at the top of this schedule) 4 Date 9 Complete QNLY if direct 2 Category (See Categories listed at the top of this schedule) 4 Date 9 Category (See Categories listed at the top of this schedule) 4 Date 9 Category (See Categories listed at the top of this schedule) 4 Date 9 Category (See Categories listed at the top of this schedule) 4 Date 9 Category (See Categories listed at the top of this schedule) 9 Category (See Categor		The Instruction Guide explains how to c	omplete this form.
6 Amount (\$) 7 Payee address: City: State: Zip Code 8 PURPOSE OF EXPENDITURE Candidate / Office holder name Candidate Office holder name Office sought Candidate Office holder name Candidate Office holder nam	6 Amount (\$) 7 Payee address: City: State: Zip Code State	1 Total pages Schedule F1:		
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			gas	Check if Austin, TX, officeholder living expense
			Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Polling Expense Travel In District Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)	
and aymon	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 5 18	5 Payee name Spicy	Cardy Store	
6 Amount (\$)	7 Payee address; City; State; Zip		
3.79	2100 Corpus Chris	sti Laredo, Tx 18083	
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Food	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		
9/8/18	STRIPES		
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75.45	Meadow	Lardy Tx 78043	
	Category (See Categories listed at the top of this sch	dedule) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	gas	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		
9/10/18	Murphy Wal	mart loop 20	
Amount (\$)	Payee address; City; State; Zip	Code	
65,78	Lasedy Tx		
	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF EXPENDITURE	ges Food	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 O	F THIS SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting 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 5 Payee name exas Communt 6 Amount (\$) 672 McPherson Lared 40.00 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Office Syphes Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name lmart (Amount (\$) aredo, Tx 75013 Category (See Categories listed at the top of this schedule) Description __ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Food (gas supplies Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name stavant No. 2 Amount (\$) Payee address: City; State; Zip Code lerche Levedo TX 7504> 7.39 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Food Bev. Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagns/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
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88g.83	'801 loury la	aredy Tx 180	243
8	(a) Category (See Categories listed at the top of this		outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Food/Event Exp		stin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
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9/17/18	Hurphy Wa	emost loop	30
Amount (\$)	Payee address; City; State; 2	Zip Code	
43.57		laude, 7 7	5043
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PURPOSE OF EXPENDITURE	Sos		outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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9/18/18	ATM PRO		
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PURPOSE OF EXPENDITURE	Advertising		outside of Texas. Complete Schedule T. iin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense P	olling Expense Travel In District rinting Expense Travel Out Of District alaries/Wages/Contract Labor Other (enter a category not listed above)
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9 (30 18	5 Payee name Crichet Wirestes	2
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
139.00	431 Clerk La	redo, Tx 78043
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description
PURPOSE	Polling Experse	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertisterp.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9/17/18	Glorique Seve	en Printing
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200.00	450) st.11 Laredo	, Tx 180f3
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9/18/18	Then Rodrige	23
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201.00	285-4065 Lared	U, Tx 78043
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
1	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

SCHEDULE F1

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	xpense Travel Out Of District Nages/Contract Labor Other (enter a category not listed above)
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EXPENDITURE	Food / Bev.	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

Contributions/Donations Made B Candidate/Officeholder/Politica		Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
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4 Date 9 28 18	5 Payee name Tapernilla)	
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
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	Food Event	ser	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
lolilie	Facebook		
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48.93			
	Category (See Categories listed at the top of this	schedule) Description	
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OF EXPENDITURE	Advertisin	∟ 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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107.17	Malinche	Laredo, Tx-	(804)
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PURPOSE OF EXPENDITURE	Food/Bev.		side 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	S OF THIS SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Polling Expens Printing Expens Salaries/Wage		Travel In District Travel Out Of Dis	rict egory not listed above)
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17.32	C	larde La	eredo	TP 78	043	
8	(a) Category	/ (See Categories listed at the top of this s	schedule) (k	Description	id (T Ol.)	0.1-1.1-7
PURPOSE OF	V				ide of Texas. Complet TX, officeholder livi	
EXPENDITURE	Su	pplies				
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought	E	Office held
Date	Payee na	ime				
10/4/18	We	almant L	0000	6		
Amount (\$)	Payee ac	ddress; City; State; Z	ip Code			
40.28	27	Cer	rede,	Tx 1800	C	
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Fo	od Fransp	ortales		de of Texas. Complete 'X, officeholder livin	20
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
9/18/18	G 8	& G Promo	tions			
Amount (\$)	Payee ad	dress; City; State; Zi	p Code		-, -, -, -, -, -, -, -, -, -, -, -, -, -	
600.00	693	3-0604 1	aredi	v, T 18	040	
	Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Ad	verts/over	+		de of Texas. Complete	
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name	I	Office sought	·	Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS SCH	HEDULE AS NEED	ED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services		ense ges/Contract Labor	Travel In District Travel Out Of Dis Other (enter a cate	trict egory not listed above)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The Instruction Guide explai	ns how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Eth	ics Commission Filers)
4 Date 10 5 18	5 Payee na	alment /54	nis		*	
6 Amount (\$)	7 Payee a	ddress; City; State; Z	Zip Code			
\$193.74	long	90/ Sen Be	nara	do, lare	do, Ty	078095
8	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description	5.0	
PURPOSE				Check if travel out	tside of Texas. Complet	e Schedule T.
OF EXPENDITURE	Fo	od/Bevera	je	Check if Austin,	, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	7.8	Office held
Date	Payee na	me				
10/7/18	I	Selis Arano	das			
Amount (\$)	Payee ag	Idress; City; State; Z	Zip Code	V		
\$5.05	Sa	iendeis 1	larea	der Tx 7	108	
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE				Check if travel outs	side of Texas. Complete	Schedule T.
OF EXPENDITURE	te	Bod		L Check if Austin,	TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name	-	Office sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress; City; State; Z	ip Code			, ,
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE					ide of Texas. Complete TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/OH	Candida	ite / Officeholder name		Office sought		Office held
	АТТ	ACH ADDITIONAL COPIES	OF THIS SC	HEDULE AS NEEL	DED	

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Polit Credit Card Payment	
1 Total pages Schedule G:	2 FILER NAME Chasha Cassy Perez 3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Emprenta D' Cynthia
6 Amount (\$)	7 Payee address; City; State; Zip Code
Reimbursement from political contributions intended	Calle Eva Samano Nuo. Laredo, Tomps
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	PRINTING Shirfs 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/6	Candidate / Officeholder name Office sought Office held OH
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	
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 <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	
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/C	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED