# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR  MRS  Teresita	MI	OFFICE USE ONLY  Date Received	
	Terry MeGro			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	418 Yucatar	1.1	001 -8 REGE	
Change of Address	1	aredo Tx 78045		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 333 8899	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR BIYAN	MI	Receipt # Amount \$  Date Processed	
	NICKNAME LAST Castillo	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	JITE #; CITY; STATE;	ZIP CODE	
(Residence or Business)		1 + 4 00		
C CANADAICNI	AREA CODE PHONE NUMBER	edo TX 7800	15	
8 CAMPAIGN TREASURER PHONE	( )	EXTENSION		
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	0 7 / 01 / 2018	THROUGH $\partial G$	Day Year 2018	
11 ELECTION	ELECTION DATE  Month Day Year Primary  General	Runoff Other Description  Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	Council trict b	
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

esita	McGraw	5 Filer ID (Ethics Commission Filers)		
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE TYPE	COMMITTEE NAME			
GENERAL				
SPECIFIC	COMMITTEE ADDRESS			
	COMMITTEE CAMPAIGN TREASURER NAME			
	COMMITTEE CAMPAIGN TREASURER ADDRESS			
		\$ O		
	\$ 390.94			
4. TOTAL POLITICAL EXPENDITURES		\$ 390.94 \$ 3,097,80		
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		PAY \$ 0		
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		#E \$ ©		
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Notary Public, State of Texas  Comm. Expires 03-01-2022  Notary ID 129704649  Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said Teresita De Gramon Mc Gramuhis the day of October , 2018 , to certify which, witness my hand and seal of office.				
, 20 11 , to contry which, without my hand and soal of office.				
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath				
	SUPPORT THE CAND KNOWLEDGE OR COLO OF SUCH EXPENDITE  COMMITTEE TYPE  GENERAL  SPECIFIC  1. TOTAL P COTAL F (OTHER  3. TOTAL P UNLESS  4. TOTAL P COF REPC  6. TOTAL P LAST DA  NA ELIZONDO blic, State of Texa Expires 03-01-202: ID 129704649  SEALABOVE  ed before me, b  , 2018 , to	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH KNOWLEDGE OR COMPANT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE OF SUCH EXPENDITURES.  COMMITTEE TYPE COMMITTEE NAME  GENERAL  GENERAL  GOMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZ  2. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD  IS WEAR, OR Affirm, under penalty of pure true and correct and includes all info under Title 15, Election Code.  SEALABOVE  ed before me, by the said  EYESTA DE GEMAN ME SIGNATURES OF SIGNAL AND SIGNATURES OF CARE  SEALABOVE  ed before me, by the said  EYESTA DE GEMAN ME SIGNATURE OF CARE  KANNA ELIZONDO  IN SIGNATURE OF CARE  SIGNATURE OF CARE  SIGNATURE OF CARE  KANNA ELIZONDO  IN SIGNATURE OF CARE  COMMITTEE CAMPAIGN THE AREAURE OF STORY  SIGNATURE OF CAR		

#### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Eth	ics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
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 CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 2,706.86
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$390.94
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C	С/ОН \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

#### **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	l Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns 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)		
		is now to complete this form.			
1 Total pages Schedule F2:	Teresite Mc	Graw	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 1, 106,86					
5 Date	Amount (\$)  6 Payee name  Promega Signs  City; State; Zip Code				
7 Amount (\$)	8 Payee address; City; State; Zip Code 1605 Iacaman Rd Laredo TX 78041				
	Laredo	(X 78011			
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of th	is schedule) (b) Description	on		
PURPOSE		Chack if	travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Advertising Exp		if Austin, TX, officeholder living expense		
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
Amount (\$)	Payee address; City; State;	Zip Code			
TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of th	Check if	on travel outside of Texas. Complete Schedule T. if Austin, 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					

#### **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	cal Committee 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 duide expla	ins how to complete this form.		
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBL	IGATIONS	\$ 1,600.00	
5 Date	Simple Solid	Print sh	OP	
7 Amount (\$)	8 Payee address; City; State; 3430 Daniel Katy TX	Zip Code Falls Ln 77449		
9 TYPE OF EXPENDITURE	<b>→</b> Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Source of So	Check if	travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense	
11 Complete ONLY if direct candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
Amount (\$) Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	Check if	on travel outside of Texas. Complete Schedule T. f Austin, 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 PERSONAL FUNDS

1 P E

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Transportation Equipment & Related Expense Travel In District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME Teresita McGraw Payee name 3 Filer ID (Ethics Commission Filers) 4 Date /arious Amount (\$) 90,94 Reimbursement from political contributions intended 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 FOOD Beverage **EXPENDITURE** ☐ Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name City; State; Zip Code Amount (\$) Payee address; Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, 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