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 C	ommission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr	Roque	I	MI	OFFIC	E USE ONLY
IVAIVIL	NICKNAME	Vela		suffix Jr	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 2819 NE Bo		aredo Tx	ZIP CODE 78045	ECD CITY S	
Change of Address				ñ 7.		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956) 282	PHONE NUMBER	EXTENSI	NO	Date Hand-deliver	ed or Date Postmarked
6 CAMPAIGN TREASURER	Ms/Mrs/Mr Mr	_{FIRST} Saul		МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
					Date Imaged	
- 0111511011	STREET ADDRESS	Zambrano	UTF #	Jr		
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SI			STATE;	ZIP CODE
(Residence or Business)	6508 N Bartle	ett Ave Suite E Lared	do Texas 78041			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSIO	NC		
THOME	(210) 705	5-9970				
9 REPORT TYPE	January 15	30th day before e	election Run	off		after campaign appointment lder Only)
	July 15	8th day before ele	CHOIT	eeded Modified orting Limit	Final Rep	port (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Ye	ear
COVERED	07	01 /2022	THROUGH	09	/29 / 20)22
11 ELECTION	Month Day	Year Primary 2022 General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE S	SOUGHT (if know	n)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE I	NITHOUT THE CAN	DIDATE'S OR OFFICEH	OLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	v .		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
		GO ТО	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Ro	que Vela Jr		16 File	er ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELECT		AN	^{\$} 15392	.00
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS .NS. OR GUARANTEES OF LOAM	S)	^{\$} 21892	.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPEND	DITURES	2 82 87	^{\$} 25799.	07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU- OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE I	AST DAY	\$ 4217.4	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS	OF THE	\$	
(1) Affidavit	Please comp	Signature of		e or Officehold	er
NOTARY STAMP/SEA	L AND THE RESERVE OF				
Sworn to and subscribed	before me by	this t	ne	day of	,
20, to certify	which, witness my hand and seal of office.				
Signature of officer administe	ering oath Printed name of of	ficer administering oath		Title of office	er administering oath
		OR			
(2) Unsworn Declarati	on				
My name is Roque Ve	ela Jr				
My address is 2819 NE		, and my date of birth	Tx	78045	USA
Executed in Webb	(street)County, State of Texas	(city) , on the day of _Oc	(state)	(zip code) , 20 (year)	(country)
		Signature of Ca	ndidate/Of	ficeholder (Dec	slarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NA	ME	20 Filer ID (Ethics Cor	mmission Filers)
		Roque Vela Jr		
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	\checkmark	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$21892.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	\checkmark	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 26299.07
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
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 FUI	NDS	\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	FIONS RETURNED	\$
1				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

1116	Instruction Guide explains how	to complete this	o torm.	1 Total pages Schedule A1:
FILER NAME				3 Filer ID (Ethics Commission Filers
Roque Vela J	r			
1 Date 08/30/2022	5 Full name of contributor Roque Vela Jr	out-of-state PAC	C (ID#)	7 Amount of contribution (\$) 5000.00
	6 Contributor address;	City;	State; Zip Code	
	2819 NE Bob Bullock	Laredo 7	x 78045	
Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of contribution (\$)
9/23/2022	Roque Vela Jr			1500.00
	Contributor address;	City;	State; Zip Code	
	2819 NE Bob Bullock	Laredo	Tx 78045	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	C (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)
Date	Full name of contributor	out-of-state PA([(ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

			I	
	The Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
² FILER NA Roque Ve			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T
10 Principal o	ccupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributo	r's principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributo	r's employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contribut	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas, Complete Schedule
Principal o	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	
Contributo	r's principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributo	r's employer/law firm (FOR JUDICIAL)	Law firm	m of contributor's spou	se (if any) (FOR JUDICIAL)
If contribu	tor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL CODITO OF	THE COURT	LIL E A C NIEEDED	
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct			g requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The	Instruction Guide explains how to complete this	- Fauna	1 Total pages Schedu	ile B:
THE	instruction Guide explains now to complete this	s form.		
2 FILER NAME Roque Vela	Jr		3 Filer ID (Ethics Co	ommission Filers)
	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; St	ate; Zip Code	Chook if travel outsi	de of Tours Complete Cabadida T
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See		de of Texas. Complete Schedule T.
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S	tate; Zip Code		
			Check if travel outside	de of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S	tate; Zip Code		
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:_	<u> </u>	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Stat	e; Zip Code		
			Check if travel outsi	l ide of Texas. Complete Schedule T
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see Ins			

LOANS

SCHEDULE E

ii the requested	information is not applicable, DO NO	I include this page in the re	port.
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Roque Vela Jr			
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan		PAC (ID#)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
YN			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colli	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of Ioan	Name of lender	PAC (ID#)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fun	ds were deposited into political
none		account (See Instruc	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		1	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NE struction guide for additional re	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Food/Beverage Expense F Gift/Awards/Memorials Expense F	Office Overhead/Rental Expense Polling Expense Expense Expense Coloring Affords (Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District
Credit Card Payment	The Instruction Guide explains I	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Roque Vela Jr		3 Filer ID (Ethics Commission Filers)
4 Date 08/01/2022	5 Payee name Print X Press		
6 Amount (\$) 10392.00	7 Payee address; 4820 Mcpherson Rd #1 Laredo, Tx	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Printing Expense	(b) Description 4X8 Political Si	igns
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date 08/04/2022	Payee name Vicente Robles		
Amount (\$) 690.47	Payee address; 1314 Hibiscus Ln, Laredo Tx 78	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Printing Expense	Description Shirts	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
08/12/2022	Mccoys		
Amount (\$) 615.94	Payee address;	City;	State; Zip Code
	3809 E Saunders St Laredo, Tx	78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scho	Description Supplies	
	Check if travel outside of Texas. Complete Sche	edule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Gift/Awards/Memorials 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) Roque Vela Jr 4 Date 5 Payee name 08/15/2022 Harbor Freight 6 Amount (\$) 7 Payee address; City; State; Zip Code 50.68 5904 San Bernardo Ave, Laredo, Tx 78041 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Other Expense Supplies PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 09/02/2022 Mccoys Amount (\$) Payee address; City; State: Zip Code 74.67 3809 E Saunders Laredo Tx 78041 Category (See Categories listed at the top of this schedule) Description Other Expense Supplies **PURPOSE** EXPENDITURE 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 Date Pavee name 09/02/2022 Lamar Advertising of Laredo Amount (\$) Payee address; City; State; Zip Code 4900.00 5543 TX-359 Laredo, Tx 78043 Category (See Categories listed at the top of this schedule) Description Advertising Expense Digital Bulletin PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee 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) Roque Vela Jr 4 Date 5 Payee name 09/07/2022 Falcon International Bank 6 Amount (\$) 7 Payee address: City; State: Zip Code 2.00 7718 Mcpherson, Laredo, Tx 78041 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Banking Expense Checks **PURPOSE EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/12/2022 Laredo Morning Times Amount (\$) Payee address; City; State: Zip Code 400.00 111 Esperanza Dr Laredo Tx 78041 Category (See Categories listed at the top of this schedule) Description Advertising Expense Political Ad PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 09/12/2022 Mccovs Amount (\$) Payee address; City; State; Zip Code 19.32 3809 E Saunders Laredo, Tx 78043 Category (See Categories listed at the top of this schedule) Description Other Expense PURPOSE Supplies OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Travel In District Travel Out Of District Gift/Awards/Memorials Expense Printing Expense 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) Roque Vela Jr 4 Date 5 Payee name 09/14/2022 Andy Gonzalez 6 Amount (\$) 7 Payee address; City: State Zip Code 2660.00 813 San Enrique Laredo, Tx 78040 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Printing Expense Political Door Hangers PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 09/15/2022 Vicente Robles Amount (\$) Payee address; City; State; Zip Code 773.99 1314 Hibiscus Ln Laredo Tx 78041 Category (See Categories listed at the top of this schedule) Description **Printing Expense** Shirts **PURPOSE EXPENDITURE** 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 Date Payee name 09/28/2022 Andy Gonzalez Amount (\$) Payee address: City; State: Zip Code 4300.00 813 San Enrique Laredo, Tx 78040

PURPOSE

OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Description

Political Flyers

Office sought

Check if Austin, TX, officeholder living expense

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

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Printing Expense

Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (online) a category and listed player)

Total pages Schedule F1:	2 FILER NAME Roque Vela Jr		3 Filer ID (Ethics Commission Filers
Date 9/28/2022	5 Payee name 24/7 Laredo News		
Amount (\$) 20.00	7 Payee address; Laredo, Tx 78040	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adverstising Expense	(b) Description Political Ad	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, 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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

ccounting/Banking onsulting Expense Jype ontributions/Donations Made By	Event Expense Fees Fees 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)
	The Instruction Guide explain	ns how to complete this form.	
Total pages Schedule F2:	2 FILER NAME Roque Vela Jr		3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEM	IIZED UNPAID INCURRED OBLI	GATIONS	\$
Date	6 Payee name		
Amount (\$)	8 Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	(b) Description	
	Candidate / Officeholder name	Office sought	office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi	s schedule) Description	
	Check if travel outside of Texas. Complete	e Schedule T. Check if A	sustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	Contributions/Donations Made By Candidate/Officeholder/Political Total pages Schedule F2: TOTAL OF UNITEM Date Amount (\$) TYPE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$) TYPE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Complete OF EXPENDITURE	Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Purpose OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH	Type Text Type Type

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Tr	ne Instruction Guide explains how to complete this form.	1	Total pa	ges Schedule F3	
2 FILER NAME Roque Vela . Roque Vela Jr	_{Jr} Roque Vela Jr	3 F	iler ID	(Ethics Commissi	on Filers)
4 Date	5 Name of person from whom investment is purchased				
	6 Address of person from whom investment is purchased; Cit	у;		State;	Zip Code
	7 Description of investment				
	8 Amount of investment (\$)				
Date	Name of person from whom investment is purchased				
	Address of person from whom investment is purchased; City	y;		State;	Zip Code
	Description of investment				
	Amount of investment (\$)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	EAS	NEED	ED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Office Overhead/Rental Expense Roguetinyejangr Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Roque Vela Jr 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Political Non-Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

RINOPHE VALAMETE 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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Total pages Schedule G:	2 FILER NAME		3 Files ID /Files /	Danisia Fit
Total pages ochedule G.	Roque Vela Jr		3 Filer ID (Ethics (Commission Filers
Date	5 Payee name			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
) Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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)	Description		
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	. TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/		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)	Description		
A * ***	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held

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

SCHEDULE H

Zip Code

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By 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 H: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Roque Vela Jr 4 Date 5 Business name 6 Amount (\$) Business address; City; State; (a) Category (See Categories listed at the top of this schedule) (b) Description

	(c)	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	Check if Austin, TX, officeholder living expense		
complete <u>ONLY</u> if direct xpenditure to benefit C/O		iidate / Officeholder name	Office sought	Offic	Office held	
ate	Busine	ss name				
rmount (\$)	Busine	ss address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expension					
Complete ONLY if direct	Cano	lidate / Officeholder name	Office sought	Offic	ce held	
expenditure to benefit C/O	Н					
	1	ess name				
expenditure to benefit C/O	Busine	ess name ess address;	City;	State;	Zip Code	
expenditure to benefit C/O	Busine		City; Description	State;	Zip Code	
PURPOSE	Busine	ess address;	Description	State;		

DUDDOCE

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to co	mpiete this form.
Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers
	Roque Vela Jr	
4 Date	5 Payee name	•
6 Amount (\$)	7 Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories,)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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

SCHEDULE K

Th	dule K:					
2 FILER NAME	Roque Vela Jr	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Name of person from whom amount is received		8 Amount (\$)			
	6 Address of person from whom amount is received; City; Sta					
	7 Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State; Zip Code					
	Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Sta	te; Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; St.	ate; Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED				

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

SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report.							
The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:		
2 FILER NAME Roq	E Roque Vela Jr			3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor /	Corporation						
5 Contribution / Expend	/ Expenditure reported on:						
Schedule A2	Schedule B Schedule B(J) Schedule C2 Schedule F4 Schedule G Schedule H				Schedule D Schedule COH-UC	Schedule F1 Schedule B-SS	
6 Dates of travel	7 Name of	person(s) traveling				
	8 Departure city or name of departure location						
	9 Destination city or name of destination location						
10 Means of transportati	10 Means of transportation						
Name of Contributor /	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expend	liture reported	l on:					
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2						Schedule B-SS	
Dates of travel	Dates of travel Name of person(s) traveling						
	Departure city or name of departure location						
Destination city or name of destination location							
Means of transportation Purpose of travel (including name of conference, seminar, or other event)							
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expenditure reported on:							
Schedule A2	Schedu	ıle B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedu	ule F4	Schedule G	Schedule H	Schedule COH-UC [Schedule B-SS	
Dates of travel	Dates of travel Name of person(s) traveling						
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportation Purpose of travel (includin				name of conference,	seminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.								
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••							
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)						
R	oque Ve	ela Jr							
3	SIGNA	TURE							
	designa	expect any further political contributions or political expenditures in connection with ting a report as a final report terminates my campaign treasurer appointment. I also in contributions or make any campaign expenditures without a campaign treasurer a	understand that I may not accept any						
		Signat	ure of Candidate / Officeholder						
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••							
	A.	CAMPAIGN FUNDS							
	Checl	only one:							
		I do not have unexpended contributions or unexpended interest or income earned f	from political contributions.						
		I have unexpended contributions or unexpended interest or income earned from po- may not convert unexpended political contributions or unexpended interest or income personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political con- filing this final report. Further, I understand that I must dispose of unexpended poli- interest or income earned on political contributions in accordance with the requirem	ome earned on political contributions to contributions and that I may not retain ntributions longer than six years after tical contributions and unexpended						
	B.	ASSETS							
	Chec	conly one:							
		I do not retain assets purchased with political contributions or interest or other inco	me from political contributions.						
		I do retain assets purchased with political contributions or interest or other income that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with politic requirements of Election Code, § 254.204.	her income from political contributions to						
			Signature of Candidate						
5		EHOLDER							
	•• Com	plete this section <i>only</i> if you are an officeholder ••							
		I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	if, after filing the last required report as						
			Signature of Officeholder						