



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Richard (Rick) Laurel 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

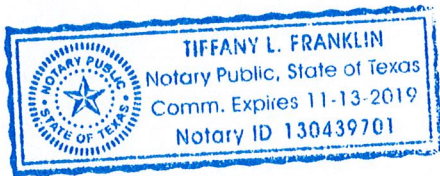
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 5,949.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,475.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,857.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,143.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,201.00

18 AFFIDAVIT



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.

Richard Laurel

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard "Rick" Laurel, this the 29 day of October, 2018, to certify which, witness my hand and seal of office.

Tiffany L. Franklin Signature of officer administering oath  
Tiffany L. Franklin Printed name of officer administering oath  
Deputy City Secretary II Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Richard (Rick) Laurel</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>6,975.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>5,000.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>15,857.14</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: <b>8</b>
2 FILER NAME <b>Richard (Rick) Laurel</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/18/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pala Fox Hospitality</b> Contributor address; City; State; Zip Code <b>1000 Zaragoza St. Laredo, Texas 78040</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/18/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Servio Lozano</b> Contributor address; City; State; Zip Code <b>1010 Juarez Ave. Laredo, Texas 78040</b>	Amount of contribution (\$) <b>\$200.00</b>
Principal occupation / Job title (See Instructions) <b>Lawyer</b>		Employer (See Instructions)
Date <b>10/18/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sheldon Gallegos</b> Contributor address; City; State; Zip Code <b>1303 Calle Del Norte Suite 800 Laredo, Texas 78041</b>	Amount of contribution (\$) <b>\$200.00</b>
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

Richard (Rick) Laurel

3 Filer ID (Ethics Commission Filers)

4 Date

10/18/18

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Super Transport International LTD

6 Contributor address; City; State; Zip Code

13519 Mercury Dr. Laredo, Texas 78045

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/18/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Guillermo Del Barrio

Contributor address; City; State; Zip Code

6010 McPherson Rd. Laredo, Texas 78045

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Date

10/18/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jenny Mancivais

Contributor address; City; State; Zip Code

514 Northstar Dr. Laredo, Texas 78045

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Priority 1 District LLC

Contributor address; City; State; Zip Code

5219 McPherson Ste 210.  
Laredo, TX 78041

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

Richard (Rick) Laurel

3 Filer ID (Ethics Commission Filers)

4 Date

10/18/18

5 Full name of contributor

Noe Cubriel

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

6010 McPherson Rd. Ste D2  
Laredo, Texas 78045

8 Principal occupation / Job title (See Instructions)

Insurance Agent

9 Employer (See Instructions)

Date

10/18/18

Full name of contributor

Carlo Molano

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

4817 Machin Drive Laredo, Texas 78045

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Date

10/18/18

Full name of contributor

Mike and Dalis Martinez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$55.00

Contributor address;

City; State; Zip Code

9833 Spindrift Laredo, Texas 78045

Principal occupation / Job title (See Instructions)

Gcs Company / Teacher

Employer (See Instructions)

Date

10/18/18

Full name of contributor

Martinez Transport

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

202 Lake Carnesic Ct. Laredo, Texas 78041

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Richard (Rick) Laurel</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/18/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pedro Medellin</b>	7 Amount of contribution (\$) <b>\$50.00</b>
6 Contributor address; City; State; Zip Code <b>8315 Country Club Dr. Laredo, Texas 78045</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/18/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marc A. Gonzalez</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>1020 Maine Ave. Laredo, Texas 78040</b>		
Principal occupation / Job title (See Instructions) <b>Lawyer</b>		Employer (See Instructions)
Date <b>10/18/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ambroiso Garza</b>	Amount of contribution (\$) <b>\$20.00</b>
Contributor address; City; State; Zip Code <b>8008 Los Suenos Ct. Laredo, Texas 78045</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/18/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Martha Arguiz</b>	Amount of contribution (\$) <b>\$10.00</b>
Contributor address; City; State; Zip Code <b>8617 E. Lyon Laredo, Texas 78048</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

Richard (Rick) Laurel

3 Filer ID (Ethics Commission Filers)

4 Date

10/18/18

5 Full name of contributor

Julia Cevon

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$10.00

6 Contributor address;

1618 Laredo St.

City; State; Zip Code

Laredo, Texas 78043

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/22/18

Full name of contributor

Ezequiel and Margarita Laurel

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500.00

Contributor address;

8804 Liberty Loop

City; State; Zip Code

Laredo, Texas 78045

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10/22/18

Full name of contributor

Laredo Rentals LLC.

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

712 David Ave.

City; State; Zip Code

Laredo, Texas 78042

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>8</b>
2 FILER NAME <b>Richard (Rick) Laurel</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/22/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ricardo Villarcel</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>520 Michoacan Loop Laredo, Texas 78045</b>		
8 Principal occupation / Job title (See Instructions) <b>Engineer</b>		9 Employer (See Instructions)
Date <b>10/22/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jose Gonzalez</b>	Amount of contribution (\$) <b>\$30.00</b>
Contributor address; City; State; Zip Code <b>8734 Airc Ct. Laredo, Texas 78045</b>		
Principal occupation / Job title (See Instructions) <b>Operations Manager</b>		Employer (See Instructions)
Date <b>10/26/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edgar Parru</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Contributor address; City; State; Zip Code <b>2404 Watson Ct. Laredo, Texas 78045</b>		
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions)
Date <b>10/26/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Hinojosa</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 1878 Laredo, Texas 78045</b>		
Principal occupation / Job title (See Instructions) <b>Ranch</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>Richard (Rick) Laurel</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/26/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ernesto Gayton</b>	7 Amount of contribution (\$) <b>\$1,000.00</b>
6 Contributor address; City; State; Zip Code <b>314 Bordeaux Dr. Laredo, Texas 78045</b>		
8 Principal occupation / Job title (See Instructions) <b>CEO</b>		9 Employer (See Instructions)
Date <b>10/26/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rafael Tawil</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>3311 Tiger Ct. Laredo, Texas 78045</b>		
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions)
Date <b>10/26/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alberto Hernandez</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>2805 Jones Dr. Laredo, Texas 78045</b>		
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions)
Date <b>10/26/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TM Transportation Services LLC</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>13491 S. Uniter Drive. Laredo, Texas 78045</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>8</b>
2 FILER NAME: <b>Richard (Rick) Laurel</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/26/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Emilio Richer</b>	7 Amount of contribution (\$) <b>\$800.00</b>
6 Contributor address; City; State; Zip Code <b>834 Union Pacific Laredo, Texas 78045</b>		
8 Principal occupation / Job title (See Instructions) <b>CEO</b>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	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.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>Richard (Rick) Laurel</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>5,000.00</b>
5 Date of loan <b>10/22/18</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Richard Laurel</b>	9 Loan Amount (\$) <b>\$5,000.00</b>
6 Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <b>9805 Sandic Ctr Laredo, Texas 78045</b>	10 Interest rate <b>3%</b>
		11 Maturity date <b>Upon Demand</b>
12 Principal occupation / Job title (See Instructions) <b>Customs Broker</b>		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Richard (Rick) Laurel</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/10/2018</b>	<b>5</b> Payee name <b>Fit 2 Point</b>	
<b>6</b> Amount (\$) <b>\$400.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1812 Houston St. Laredo, Texas 78040</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense.</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>10/12/2018</b>	Payee name <b>PMTDG</b>	
Amount (\$) <b>792.00</b>	Payee address; City; State; Zip Code <b>901 Victoria St. Laredo, Texas 78040</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>10/15/2018</b>	Payee name <b>EL Queveque</b>	
Amount (\$) <b>\$160.92</b>	Payee address; City; State; Zip Code <b>9701 McPherson Rd. Laredo, Texas 78045</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Richard (Rick) Laurel</b>	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date <b>10/17/2018</b>	<b>5</b> Payee name <b>Variety Meats</b>			
<b>6</b> Amount (\$) <b>\$3,300.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>801 Clark Blvd. Laredo, Texas 78040</b>			
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date <b>10/19/2018</b>	Payee name <b>Pro Value Media</b>			
Amount (\$) <b>\$2,031.81</b>	Payee address; City; State; Zip Code <b>1202 E. Del Mar Blvd. Ste 104 Laredo, Texas 78041</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date <b>10/22/2018</b>	Payee name <b>Gerardo Hernandez</b>			
Amount (\$) <b>\$200.00</b>	Payee address; City; State; Zip Code <b>Laredo, Texas 78046</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>				

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
3	Richard (Rick) Laurel	
<b>4</b> Date	<b>5</b> Payee name	
10/24/2018	PMDG	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
\$9,032.00	901 Victoria St. Laredo, Texas 78040	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	Advertising Expense	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held
Date	Payee name	
10/26/2018	Chick-fil-A	
Amount (\$)	Payee address; City; State; Zip Code	
\$40.41	1916 Bob Bullock Loop Laredo, Texas 78043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Food/Beverage Expense	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED