CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	lers) 2 Total pages filed:
CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI Mr. Nathun	OFFICE USE ONLY
MAINE	NICKNAME LAST SUFFIX	Date Received
GANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	RECEIVED OCT 29 PM 4: 0 SECRETARY'S OFF
Change of Address		S OF THE
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 216-4503	Date Hand-delive and or Date Postmarked
CAMPAIGN TREASURER	MS / MRS / MR FIRST MI	Receipt # Amount \$
NAME	MS LCUS A O	Date Processed
	Pachoco	Date Imaged
DAMPAIGN FREASURER ADDRESS Usidence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE 70010
DAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 319-6140	
REPORT TYPE	July 15 30th day before election Runoff Bth day before election Exceeded \$500 lim	15th day after campaign treasurer appointment (Officeholder Only) nit Final Report (Attach C/OH - FR)
PERIOD		
COVERED	Month Day Year Mon	Day Year 2 20
ELECTION	ELECTION DATE ELECTION TO	YPE
	Month Day Year Primary Runoff Other Description	nc
	11 / 06 / 2010 General Special	
OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if kn	nown) Jul Tudge.

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

C/OH NAME		15 F	iler ID (Ethics Commission Filers)	
NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOURES.	T THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	Team Chu		
	SPECIFIC	COMMITTEE ADDRESS		
		1520 Urctoria St		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	Ü	
		109 Reynolds	5+	
CONTRIBUTION FOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 16,000	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,250,00	
EXPENDITURE OTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$390.47			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 13,390.57	
CONTRIBUTION BALANCE	5. TOTAL P	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 2, 489.3	
OUTSTANDING OAN TOTALS	6. TOTAL P LAST DA	\$		
AFFIDAVIT				
Com	VALERIA LERMA ry Public, State of Te nm. Expires 06-06-20 otary ID 130689566	20		
		Signature of Candidate	or Officeholder	
AFFIX NOTARY STAMI	P/SEALABOVE			
worn to and subscr		o certify which, witness my hand and seal of office.	_, this the	
Valeria	Lermo	_ Valeria Lerma N	Jotan Public	
Signature of officer a	dministering oath	Printed name of officer administering oath	itle of officer-administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

FILER NAME 20 Filer ID (Ethics C	Commission Filers)
SCHEDULF SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ -0-
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
SCHEDULE E: LOANS	\$
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 110 2000
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:			
FILER NA	ILER NAME			3 Filer ID (Ethics Commission Filers)	
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$		
Date	6 Full name of contributor out-of-state PAC (ID#:) 7 Contributor address; City; State; Zip Code		8 Amount of Contribution \$	9 In-kind contribution description	
			Check if travel outsing	le of Texas. Complete Schedule T	
'mncipa! c	occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA		
Jontributo	or's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUI	OICIAL) (See Instructions)	
Sontributo	or's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	e (if any) (FOR JUDICIAL)	
í contribul	tor 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 Cod				
Principal o	Councilian / Joh Fills /FOR MON HUDIOLAN /C			e of Texas. Complete Schedule T.	
тистраг (л	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	L)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL)		itor's job title (FOR JUE	DICIAL) (See Instructions)		
ontributor's employer/law firm (FOR JUDICIAL) Law firm		of contributor's spous	e (if any) (FOR JUDICIAL)		
contribut	or 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.

PLEDGED CONTRIBUTIONS

SCHEDULE B

Т	The Instruction Guide explains how to complete the	is form.	1 Total pages Schee	dule B:	
i. ER NAME			3 Filer ID (Ethics Commission Filers)		
OTAL	OF UNITEMIZED PLEDGES		\$		
)ate	6 Full name of pledgor ut-of-state PAC (ID#:_)	8 Amount of Pledge \$	9 In-kind contribution description	
	7 Pledgor address; City; State; 2	Zip Code			
Principal o	ccupation / Job title (See Instructions)	11 Employer (See		side of Texas. Complete Schedule	
		11 Employor (GGG	manachona,		
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; State; Z	Zip Code			
			Check if travel outs	: side of Texas. Complete Schedule T	
rincipal occ	cupation / Job title (See Instructions)	Employer (See	Instructions)		
⊋ate	Full name of pledgor		Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; State; Z			• •	
			Check if travel outs	ide of Texas. Complete Schedule T	
inncipal oc	cupation / Job title (See Instructions)	Employer (See			
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; State; Z			· · · · ·	
			Check if travel outsi	ide of Texas. Complete Schedule T.	
rincipal occ	expation / Job title (See Instructions)	Employer (See I			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

	e Instruction Guide explains	s how to complete	this form.	1 Total pages Schedule E:
FILER NAME				3 Filer ID (Ethics Commission Filers)
TOTAL OF U	NITEMIZED LOANS			\$
Date of loan	7 Name of lender		(ID#:)	9 Loan Amount (\$)
s iender i financial istitution?		City; State	e; Zip Code	10 Interest rate
Y N				11 Maturity date
	tion / Job title (See Instructions	3) 13	Employer (See Instructions)
Description of Co		15	Check if personal funds we account (See Instructions)	ere deposited into political
GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable		City; State;		
	ation (See Instructions)	21	Employer (See Instructions)
			Employer (See Instructions	Loan Amount (\$)
Principal Occupa	ation (See Instructions)		ID#:	
Principal Occupa Date of loan s lender tinancial astitution? Y N	Name of lender	out-of-state PAC (I	ID#:)	Loan Amount (\$)
Principal Occupa Date of loan silender tinancial astitution?	Name of lender	out-of-state PAC (I	ID#:)	Loan Amount (\$) Interest rate Maturity date
Principal Occupa Date of loan silender tinancial astitution?	Name of lender Lender address; on / Job title (See Instructions)	out-of-state PAC (I	iD#:) ; Zip Code Employer (See Instructions) Check if personal funds were	Loan Amount (\$) Interest rate Maturity date
Principal Occupa	Name of lender Lender address; on / Job title (See Instructions)	out-of-state PAC (I	ID#:) ; Zip Code Employer (See Instructions)	Loan Amount (\$) Interest rate Maturity date
Principal Occupa Bate of loan Silender Stinancial Stitution? Y. N. Principal occupation Description of Coll.	Name of lender Lender address; lon / Job title (See Instructions)	out-of-state PAC (I	ind:) ; Zip Code Employer (See Instructions) Check if personal funds were account (See Instructions)	Loan Amount (\$) Interest rate Maturity date
Principal Occupa Date of loan Ilender Inancial Institution? Y N Principal occupation Description of Collaboration Inone GUARANTOR	Name of lender Lender address; on / Job title (See Instructions) lateral Name of guarantor Guarantor address;	out-of-state PAC (I	ind:) ; Zip Code Employer (See Instructions) Check if personal funds were account (See Instructions)	Loan Amount (\$) Interest rate Maturity date re deposited into political

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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:
THER NAME	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:) 10/0/1/2 6 Contributor address; City; State; Zip Code 150 UT JOTEC Caredo, 178040 Perception occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$)
Full name of contributor out-of-state PAC (ID#:) b b Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Contributor Contr	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Full name of contributor [] out-of-state PAC (ID#:) O	Amount of contribution (\$)
Employer (See Instructions) Employer (See Instructions)	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
PILER NAME	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:) 6 Contributor address: City; State; Zip Code Code Contributor address: Oity; State; Zip Code Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$)
Full name of contributor	Amount of contribution (\$)
Contributor address; City; State; Zip Code State: Zip Code State: Zip Code	2000
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code CVC Salab	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruc	ctions)
Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Employer (See Instructions)	onone)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
HI FR LAME		3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
6 134/19	6 Contributor address; City; State; Zip Code	1,000
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
rate	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
inncipal sccu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Jaie:	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
nuncipal cocu	pation / Job title (See Instructions) Employer (See Instruc	stions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name (avcdo,7x 78043 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 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** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH City; State; Zip Code Lavedo, TX 700 U1. Category (See Categories listed at the top of this schedule)

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office Renta

Candidate / Officeholder name

Description

Office sought

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	By Gill/Award al Committee Legal Serv	erage Expense Is/Memorials Expense	Office Overl Polling Exp Printing Exp Salaries/Wa	ense iges/Contract Labor	Travel In District Travel Out Of Dis	uipment & Related Expense
1 Total pages Schedule F1:	Total pages Schedule F1: 2 FILER NAME				3 Filer ID (Eth	ics Commission Filers)
4 Date / O / / / / / 6 Amount (\$)	7 Payee address;	City; State; Z		1(.		
3.00	Bu Egoln	na/ Law	Ealo,	12 100	5-(3	
8 PURPOSE OF EXPENDITURE	(a) Category (See Category)	~ .	·	[]	utside of Texas. Complet n, TX, officeholder livi	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Office	eholder name	I	Office sought		Office held
Date 10 14/11	Payee name	ro pc	5			
Amount (\$)	Payee address; (2) 2 To Verne B V d . 5	City; State; Z Stance 1 TC 7	Tip Code	eclo, Ti	x 790)45
PURPOSE OF EXPENDITURE	Category (See Category) CATICE OV LX NO		schedule)		itside of Texas. Complete	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Office I	eholder name		Office sought		Office held
Date 10 1 4 1 4	Payee name	nert				TO BE A SERVICE OF THE PARTY OF
Amount (\$)	Payee address;	City; State; Z	ip Code	lo:tx	<780	ЧЗ.
PURPOSE OF EXPENDITURE	Λι	ries listed at the top of this s		i i	tside of Texas. Complete	
Complete ONLY if direct expenditure to benefit G/OH	Gandidate / Office	eholder name		Office sought		Office held
	ATTACH ADI	DITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politic		xperise Travel Out Of District Vages/Contract Labor Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date 10(11)ひ	5 Payee name CMCKE+ Wireles	5	
6 Amount (\$)	7 5 6 6		
30.00	7315 McNeron Lavedo	, TX 7804J	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Duerhand expense	Check if travel outside of Texas, Complete Schedule T.	
OF EXPENDITURE	DURI ROCK WELLEN SY	- Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
10/12/10)	Dunny lope	F	
Amount (\$)	Payee address; City; State; Zip Code		
450.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	P	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Elent expens	Check if Austin, TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
10/5/2	Compuss By	MC.	
Amount (\$)	Payee address; City; State; Zip Code		
15.00	BILE Delmar Land	Lo, +x 76041.	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Accounting	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	monthy Accounting	Check if Austin, TX, officeholder living expense	
	Chan Sant		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OF	+		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Payee address; City; State; Zip Code 7815 WCDGDA (Cere do, TX 7601) Unit109. (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** hereruse Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** ood nevery Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office held Office sought expenditure to benefit C/OH 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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gill/Awards/Memorials Expense Legal Services 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

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salarie	g Expense Travel Out Of District es/Wages/Contract Labor Other (enter a category not listed above)	
	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F1	: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date / / / / / / / / / / 6 Amount (\$)	5 Payee name O P P P S S S S S S S S S S S S S S S S	079'	
667.3b	410 Shiloh Lavedo. T		
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	Labox	Check if Austin. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
10 9/18	China Budar.		
Amount (\$)	Payee address; City; State; Zip Code	(
126.73.	Bod Sun Lovodo. TA	C 7804 U	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Food beverege.	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	PEOO PEOP SE.	Check if Austin, TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held	
Date /	Payee name		
10/29/10	lecilma 1 t.		
Amount (\$)	Payee address; City; State; Zip Code	tx 78043.	
37.48	4401 U.S. 83 Caredo, 7	1 X 13045,	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	0 1000	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	quent Oxnen se.	Check if Austin, TX, officeholder living expense	
	Constitute / Office In the		
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			

SCHEDULE F1

I	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gifl/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex		Transportation I Travel In Distric Travel Out Of D	
	Credit Card Payment		The Instruction Guide explain				alogo, inclination accord,
	1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (E	Ethics Commission Filers)
	4 Date	5 Payee na	ıme '			<u></u>	
	10/19/10	175	intel SDH	re).			
	6 Amount (\$)	7 Payee ad		ip Code			
	00,06/	2000	- Dino Ste Lun	edu,	Tx 7801	<i>3</i> .	
ì	8	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description		
	PURPOSE OF	10 du	Onteres			utside of Texas, Comp	
	EXPENDITURE				Check if Austin	n, TX, officeholder l	iving expense
		İ					
	Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	<u>u. </u>	Office held
-	Date	Payee nar	me			***************************************	
	10/19/103 metro t-nobile						
	Amount (\$) Payee address; City; State; Zip Code						
	78.00 Blad St. 7. Lando, TX 7804T						
		Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE Check if travel outside of Texas. Complete Schedule T.					ete Schedule T.		
	OF EXPENDITURE OF Check if Austin. TX. officeholder living expense						
-	Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
_	Date	Payee nar	me				
	10/19/12 motro t-mobile						
•	Amount (\$)	Payee add	dress; City; State; Zip	p Code	1.	2.32.1	(~
(90.00	BILLIN	Hereinal CO Sk7.	lved	C'IX	1804	0.
_		Category	(See Categories listed at the top of this so	chedule)	Description		
	PURPOSE OF	c	,		Check if travel outs	side of Texas. Comple	te Schedule T.
	EXPENDITURE	Office	= Ove/head.	_	Check if Austin,	TX, officeholder liv	ing expense
			· · · · · · · · ·	,			
	Complete ONLY if direct expenditure to benefit C/OH	Candidal	te / Officeholder name	J	Office sought		Office held
-	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
			TOTAL DOLLEGE	JI 111100	OHEDOEL VO MEE	DED	

SCHEDULE F1

	EXPENDITUE	RE CATEGORIES F	FOR BOX 8(a)	
nctising Expense amag-Banking alling Expense rations Donations Made E additte Officet older Politic aus Payment		Office Over e Polling Exp Expense Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		uide explains how to co	omplete this form.	
tal pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Tate 10-01-10	5 Payee name		-	
(25 00		State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Cadultisis)	he top of this schedule) EXNENSI		tside of Texas. Complete Schedule T. , TX, officeholder living expense
emplete ONLY if direct penditure to benefit C/OF	Candidate / Officeholder nan	ne	Office sought	Office held
rte	Payee name			
10/3/16	Sports cen	iter of	Lard c	
757, 75	Sun Borardoaver w.		o, ty 78	304 C
PURPOSE OF EXPENDITURE	Category (See Categories listed at the			side of Texas. Complete Schedule T. TX, officeholder living expense
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica	•	Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Exp Salaries/Wa		Travel In District Travel Out Of Dis Other (enter a cate	strict egory not listed above)		
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Complete ONLY if direct expenditure to benefit C/OH		ate / 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 Glft/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/Politic	al 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.							
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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 Committe

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Le	gal Services	Salaries/Wa	ages/Contract Labor	Other (enter a categ	jory not listed above)	
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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 Gifl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

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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 CAL	EGURIES	-OR BOX 8(a)				
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services 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

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 Payee address; 8 (a) Category (See Categories listed at the top of this schedule) (b) Description ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Event OxyensP. OF ☐ Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name City; State; P. Beillette 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** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code 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** Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED