CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST MR. ALLEN NICKNAME LAST TIJERINA	MI SUFFIX	OFFICE Date Received	USEONLY
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS Change of Address		CITY; STATE; ZIP CODE		RECEIV 2016 DCT 31 F
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 334-3322	EXTENSION	Date Hand-delivere	d or Date Postmarken
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MR. DUSTIN NICKNAME LAST TIJERINA	MI SUFFIX	Receipt # Date Processed Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	LAREDO, TX 78043	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 516-8719	EXTENSION		
9 REPORT TYPE	January 15 30th day before of July 15 X 8th day before ele		treasurer a (Officehold	ufter campaign appointment ler Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 20 / 2016	THROUGH 10 /	Day Yea	
11 ELECTION	ELECTION DATE	Description		
12 OFFICE	OFFICE HELD (If any) LAREDO COMMUNITY COLL BOARD OF TRUSTEES	.EGE CITY COUNCIL DISTRICT 4	n)	
	GO ТО	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	HOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN URES.	OUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,678.00		
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,350.00		
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 24,683.31		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 2,566.04		
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	\$ 4,426.52			
18 AFFIDAVIT			A superior discount in the		
Note Cor	TIFFANY L. FRANKL ary Public, State of mm. Expires 11-13- lotary ID 1304397	Texas under Title 15, Election Code.	4. TO 18-18-18 11 SUBJECT OF THE PART OF T		
AFFIX NOTARY STAM	MP/SEALABOVE	Signature of Candid	date or Officeholder		
Sworn to and subso		by the said Allen Tijerina, to certify which, witness my hand and seal of office.	, this the		
aay or Colore	A	to certify writer, with ess my fiantia and sear of office.			
Signature of officer	administering oath	Tiffany L. Franklin Def	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

9 F	ILER NAME		20 Filer ID (Ethics Cor	nmission Filers)
	CHEDULE SUBTOTALS AME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLIT	TICAL CONTRIBUTIONS		\$ 20,450.00
2.	SCHEDULE A2: NON-MONETARY	(IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2,900.00
3.	SCHEDULE B: PLEDGED CONTRI	BUTIONS		\$
4.	SCHEDULE E: LOANS			\$ 4,426.52
5.	SCHEDULE F1: POLITICAL EXPE	ENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 24,683.31
6.	SCHEDULE F2: UNPAID INCURRE	ED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF I	INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES	MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPE	NDITURES MADE FROM PERSONAL FUR	NDS	\$
10.	SCHEDULE H: PAYMENT MADE F	FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXP	PENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDI RETURNED TO FILER	ITS, GAINS, REFUNDS, AND CONTRIBUT	IONS	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **ALLEN TIJERINA** 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ GUILLERMO J. CAVAZOS JR 04/13/2016 \$2,500.00 6 Contributor address; City; State; Zip Code 9114 MCPHERSON APT 904 LAREDO, TX 78045 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) KAZEN, MEURER & PEREZ, L.L.P. 04/13/2016 \$1,000.00 Contributor address; City; State; Zip Code P.O. BOX 6237 LAREDO, TX 78042 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) CARLOS VELA JR 04/25/2016 Contributor address; City; State; Zip Code \$300.00 8512 ALTA MIRA LAREDO, TX 78045 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) MARIO ANDRES PENA 04/29/2016 Contributor address; City; State; Zip Code \$1,000.00 2808 J.D. SALINGER LAREDO, TX 78041 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME **ALLEN TIJERINA** 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ ROBERTO P. MARTINEZ JR. 05/18/2016 \$500.00 City; State; Zip Code 6 Contributor address; P.O. BOX 450583 LAREDO, TX 78045 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:___ Amount of contribution (\$) INHABIT DESIGN & CONSTRUCTION, LLC 06/07/2016 Contributor address; City; State; Zip Code \$1,000.00 919 VICTORIA STREET LAREDO, TX 78040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) KAZEN, MEURER & PEREZ, L.L.P. Contributor address; 06/07/2016 \$1,000.00 City; State, Zip Code P.O. BOX 6237 LAREDO, TX 78042 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) MARIA ELENA RODRIGUEZ \$1,200.00 07/13/2016 Contributor address; City; State; Zip Code 8614 PUERTO VIEJO LAREDO, TX 78045 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME ALLEN TIJERINA 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ GUILLERMO J. CAVAZOS JR 07/13/2016 \$1,200.00 6 Contributor address; City; State; Zip Code 9114 MCPHERSON APT 904 LAREDO, TX 78045 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_____ Amount of contribution (\$) KAZEN, MEURER & PEREZ, L.L.P. 07/19/2016 \$600.00 Contributor address; City; State; Zip Code P.O. BOX 6237 LAREDO, TX 78042 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) CARMEN G. CRUZ 08/01/2016 \$500.00 Contributor address; City; State; Zip Code 3502 MCDONELL AVE LAREDO, TX 78040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ JOSE LUIS CEBALLOS 08/01/2016 Contributor address; \$500.00 City; State; Zip Code 419 SURREY RD LAREDO, TX 78041 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **ALLEN TIJERINA** 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ LRD TRANSPORT 08/09/2016 \$60.00 6 Contributor address: City; State; Zip Code 203 MARTINGALE NO 47 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) JOSE D GONZALEZ 08/09/2016 Contributor address; City; State; Zip Code \$240.00 4506 MODERN LN LAREDO, TX 78045 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) RAUL C SANTOS JR. 08/09/2016 \$300.00 Contributor address: City; State; Zip Code 1718 REYNOLDS LAREDO, TX 78040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ LAW OFFICE OF SERGIO LOZANO PLLC 08/11/2016 City; State; Zip Code \$500.00 Contributor address: 1010 JUAREZ AVENUE LAREDO, TX 78040 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **ALLEN TIJERINA** 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_____ JESUS RODRIGUEZ 09/01/2016 6 Contributor address; \$500.00 City; State; Zip Code 211 BELAIR LAREDO, TX 78041 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:____ Date Amount of contribution (\$) DENNIS E. NIXON 09/02/2016 Contributor address; \$1,500.00 City; State; Zip Code P.O. BOX DRAWER 1359 LAREDO, TX 78042 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) **IBC BANK - PAC** City; State; Zip Code 09/15/2016 Contributor address; \$1,500.00 2442 SAN ISIDRO PKWY LAREDO, TX 78045 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_____ LAREDO FIRE - PAC 10/03/2016 \$500.00 Contributor address; City; State; Zip Code 5219 TESORO PLZ LAREDO, TX 78041 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME **ALLEN TIJERINA** 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#; KAZEN, MEURER & PEREZ, L.L.P. 10/03/2016 \$500.00 6 Contributor address; City; State; Zip Code P.O. BOX 6237 LAREDO, TX 78042 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) JESUS RODRIGUEZ 10/07/2016 \$50.00 Contributor address; City; State; Zip Code 211 BELAIR LAREDO, TX 78041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#;_ Amount of contribution (\$) ROSA M ALVAREZ 10/07/2016 Contributor address; \$500.00 City; State; Zip Code 3217 S. LOUISIANA LAREDO, TX 78046 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) GUILLERMO J CAVAZOS, JR. 10/17/2016 \$700.00 Contributor address; City; State; Zip Code 9114 MCPHERSON APT 904 LAREDO, TX 78045 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME **ALLEN TIJERINA** 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#;____ INHABIT DESIGN & CONSTRUCTION LLC 10/24/2016 \$300.00 6 Contributor address; City; State; Zip Code 919 VICTORIA ST LAREDO, TX 78040 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) LAW OFFICE OF SERGIO LOZANO PLLC 10/25/2016 \$500.00 Contributor address; City; State; Zip Code 1010 JUAREZ AVENUE LAREDO, TX 78040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_____ Date Amount of contribution (\$) RIO SECO EQUITIES LLP Contributor address; 10/25/2016 \$1,000.00 City; State; Zip Code 4220 SANDERS AVE LAREDO, TX 78041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ KAZEN, MEURER & PEREZ, L.L.P. 10/31/2016 Contributor address; City; State; Zip Code \$500.00 P.O. BOX 6237 LAREDO, TX 78042 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 6 Full name of contributor out-of-state PAC (ID#:			8 Amount of general line in the second secon
	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 10/24/2016	Full name of contributor out-of-state PAC (ID#:	de	Amount of Contribution \$ In-kind contribution description \$ 1,200.00 BILLBOARD
Dringland		F1	Check if travel outside of Texas, Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHED	UI F AS NEFDED
1	ATTACH ADDITIONAL COPIES OF 1 contributor is out-of-state PAC, please see instructio		

Forms provided by Texas Ethics Commission

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

···			
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME	₹		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 6 Full name of contributor out-of-state PAC (ID#:) CANTU'S TACOS 7 Contributor address; City; State; Zip Code 410 LOGSHADOW LAREDO, TX 78041			8 Amount of 9 In-kind contribution description EVENT TACOS \$100.00 Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor)	Amount of . In-kind contribution Contribution \$. description
	Contributor address; City; State; Zip Co	de	Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
lf contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
If	ATTACH ADDITIONAL COPIES OF 1 f contributor is out-of-state PAC, please see instructio		

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date . 9 In-kind contribution 6 Full name of pledgor ☐ out-of-state PAC (ID#:_ 8 Amount of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas, Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date Amount In-kind contribution of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of in-kind contribution Full name of pledgor out-of-state PAC (ID#:_ Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of Date Full name of pledgor out-of-state PAC (ID#:_ description Pledge \$ Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan 7 Name of lender 9 Loan Amount (\$) out-of-state PAC (ID#:___ 04/25/2016 \$28.00 ALLEN TIJERINA 10 Interest rate 6 Is lender 8 Lender address; City; State; Zip Code a financial 0.00 Institution? 11 Maturity date 3412 E. LYON ST. LAREDO, TX 78043 ΝХ 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender Loan Amount (\$) out-of-state PAC (ID#:____ 07/21/2016 \$315.00 ALLEN TIJERINA Interest rate Is lender Lender address; City; State; Zip Code a financial 0.00 Institution? 3412 E. LYON ST. LAREDO, TX 78043 Maturity date ΝХ Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION City; State: Zip Code Guarantor address; not applicable 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.

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \$ 4 TOTAL OF UNITEMIZED LOANS Date of loan 7 Name of lender 9 Loan Amount (\$) out-of-state PAC (ID#:_ ALLEN TIJERINA \$1,000.00 08/01/2016 10 Interest rate 6 Is lender 8 Lender address: City; Zip Code State: 0.00 a financial Institution? 11 Maturity date 3412 E. LYON ST. LAREDO, TX 78043 NX 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) X none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION City; 18 Guarantor address; State: Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender out-of-state PAC (ID#:___ **ALLEN TIJERINA** \$2,000.00 09/10/2016 Interest rate Is lender Lender address: City: State; Zip Code a financial 0.00 Institution? 3412 E. LYON ST. LAREDO, TX 78043 Maturity date ΝХ Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) X none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION State; Zip Code City: Guarantor address; not applicable 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.

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 9 Loan Amount (\$) 7 Name of lender ut-of-state PAC (ID#:__ ALLEN TIJERINA 10/01/2016 \$83.52 10 Interest rate 6 Is lender 8 Lender address; City; State; Zip Code 0.00 a financial Institution? 11 Maturity date 3412 E. LYON ST. LAREDO, TX 78043 ΝХ 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION City; 18 Guarantor address; State: Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender out-of-state PAC (ID#:____ ALLEN TIJERINA \$1,000.00 10/20/2016 Interest rate City; State; Zip Code Is lender Lender address; a financial 0.00 Institution? Maturity date 3412 E. LYON ST. LAREDO, TX 78043 ΝХ Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable 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.

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 Glif/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME ALLEN TIJERINA		3 Filer ID (Ethics Commission Filers)			
4 Date 04/26/2016	5 Payee name PRO VALUE MEDIA					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$184.03	1202 E Del Mar Blvd Laredo, TX 78	041				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	44,444			
PURPOSE OF EXPENDITURE	PRINTING EXPENSE Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held			
Date	Payee name	14 14 14 14 14 14 14 14 14 14 14 14 14 1				
04/27/2016	AC HARLAND CLARKE					
Amount (\$)	Payee address; City; State; Zip Code					
\$27.35	15955 La Cantera Parkway San Ant	tonio TX 78256				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	DANIZINO EVDENCE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
EXPENDITURE	BANKING EXPENSE	Onour ii /idaiiii	, TA, Ollicorolaco in high experied			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
04/29/2016	THE SPORTS CENTER					
Amount (\$)	Payee address; City; State; Zip Code					
\$436.10	4520 San Bernardo Ave Laredo, TX	78045				
	Category (See Categories listed at the top of this schedule)	Description	And the probability of the graph of the control of			
PURPOSE OF			utside of Texas, Complete Schedule T,			
EXPENDITURE	ADVERTISING EXPENSE	Check if Austin	n, TX, officeholder living expense			
Complete <u>QNLY</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

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 Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (other a category not listed above)				
1 Total pages Schedule F1:	² FILER NAME ALLEN TIJERINA		3 Filer ID (Ethics Commission Filers)				
4 Date 05/03/2016	5 Payee name QUARTER MILE						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$197.71	6420 Polaris Drive Ste 4 Laredo, TX	X 78045					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF	ADVEDTICING EVENIOR		utside of Texas, Complete Schedule T. n, TX, officeholder living expense				
EXPENDITURE	ADVERTISING EXPENSE	CHECK II Additi	i, i.v., oiliceiloidei livilig expelise				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name		** In the state of				
05/04/2016	PRO VALUE MEDIA						
Amount (\$)	Payee address; City; State; Zip Code						
\$1,679.38	1202 E Del Mar Blvd Laredo, TX 78	041					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF	PRINTING EXPENSE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
EXPENDITURE	PRINTING EXPENSE	CET ONOUR II Addun	, in, olicenoidel aring expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
05/09/2016	QUARTER MILE						
Amount (\$)	Payee address; City; State; Zip Code						
\$371.99	4520 San Bernardo Ave Laredo, TX	78045					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF	ADVEDTIGING EXPENSE		utside of Texas, Complete Schedule T.				
EXPENDITURE	ADVERTISING EXPENSE	Office II Austin	, гл, опсения нину ехрепзе				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED				
L							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Constitute Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense P	own to complete this form
1 Total pages Schedule F1:	T	3 Filer ID (Ethics Commission Filers)
4 Date		
05/11/2016	⁵ Payee name THE SPORTS CENT	ER
6 Amount (\$)	7 Payee address; City; State; Zip (Code
\$108.25	4520 San Bernardo Ave Lared	o, TX 78045
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
05/25/2016	THE SPORTS CEN	IER
Amount (\$)	Payee address; City; State; Zip	Code
\$146.14	4520 San Bernardo Ave Lared	o, TX 78045
	Category (See Categories listed at the top of this sche	dule) Description
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
05/26/2016	ALBERTO BALDERA	<i>\S</i>
Amount (\$)	Payee address; City; State; Zip	Code
\$1,000.00	6108 McPherson Rd Ste 7 La	redo, TX 78040
	Category (See Categories listed at the top of this sche	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, 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 NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	² FILER NAME ALLEN TIJERINA		3 Filer ID (Ethics Commission Filers)
4 Date 06/07/2016	⁵ Payee name QUARTER MILE		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$139.68	6420 Polaris Drive Ste 4 Laredo, TX	(78045	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	stolde of Tayon, Complete Caberli la T
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	-	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/08/2016	ALBERTO BALDERAS		
Amount (\$)	Payee address; City; State; Zip Code		
\$50.00	6108 McPherson Rd Ste 7 Laredo,	TX 78040	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	ADVEDTICING EXPENSE		rtside of Texas. Complete Schedule T. I, TX, officeholder living expense
EXPENDITURE	ADVERTISING EXPENSE	5,100, 11,100,11	,,
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/10/2016	STRIPES		
Amount (\$)	Payee address; City; State; Zip Code		
\$34.00	5900 McPherson Rd Laredo, TX 78	041	
	Category (See Categories listed at the top of this schedule)	Description	telah at Turun Barralata Baha 11 T
PURPOSE OF	TDAYEL IN DICTRICT		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
EXPENDITURE	TRAVEL IN DISTRICT		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

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 Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.					
1 Total pages Schedule F1:	² FILER NAME ALLEN TIJERINA		3 Filer ID (Ethics Commission Filers)				
^{4 Date} 06/13/2016	6/13/2016 S Payee name MCCOYS						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$18.37	3809 E Saunders St, Laredo, TX 78	8041					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SUPPLIES EXPENSE (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held				
Date	Payee name	· ;	111				
06/13/2016	HARBOR FREIGHT TOOLS						
Amount (\$)	Payee address; Clty; State; Zip Code						
\$25.98	5904 San Bernardo Ave, Laredo, TX	78041					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	SUPPLIES EXPENSE		ıtside of Texas. Complete Schedule T. , 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						
06/13/2016	DANNYS						
Amount (\$)	Payee address; City; State; Zip Code						
\$46.67	4320 McPherson Ave, Laredo, TX 7	8041					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF			uside of Texas, Complete Schedule T. 1, TX, officeholder living expense				
EXPENDITURE	FOOD EXPENSE	Olleck ii Austii	, in, underload ittilly expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Glift/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 Legal Services Salaries/W The Instruction Guide explains how to c	ages/ContractLabor	Other (enter a category not listed above)
1 Total pages Schedule F1:	² FILER NAME ALLEN TIJERINA		3 Filer ID (Ethics Commission Filers)
4 Date 06/13/2016	5 Payee name DANNYS		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$49.63	4320 McPherson Ave, Laredo, TX 7	8041	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		[outside of Texas. Complete Schedule T.
OF EXPENDITURE	FOOD EXPENSE	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/13/2016	SUSHI MADRE		
Amount (\$)	Payee address; City; State; Zip Code		
\$81.16	401 W Saunders St, Laredo, TX 780)41	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE		utside of Texas. Complete Schedule T. n, 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		
06/14/2016	QUARTER MILE		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,060.77	6420 Polaris Drive Ste 4 Laredo, T.	X 78045	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		[outside of Texas. Complete Schedule T.
EXPENDITURE	ADVERTISING EXPENSE	Check if Aust	in, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	 Candidate / Officeholder name 	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y Gil Il Committee Le	ft/Awards/Memorials Expense gal Services The Instruction Guide expl	ains how to c	pense ages/Contract Labor	Travel In District Travel Out Of Distr Other (enter a cate)	ict gory not listed above)
1 Total pages Schedule F1:	2 FILER NAM	E ALLEN TIJERIN	Α		3 Filer ID (Ethi	cs Commission Filers)
4 Date 06/15/2016	5 Payee name	ALBERTO BALD	ERAS	***************************************	<u>, l. , ,</u>	
6 Amount (\$)	7 Payee addre	ss; City; State;	Zip Code			****
\$65.00	6108 McF	Pherson Rd Ste 7	Laredo,	TX 78040		
8	(a) Category (Se	ee Categories listed at the top of th	is schedule)	(b) Description		
PURPOSE OF					outside of Texas, Complete	
EXPENDITURE	ADVERT	ISING EXPENSE		Cneck if Aust	lin, TX, officeholder livin	â evhause
9 Complete ONLY if direct expenditure to benefit C/OF		/ Officeholder name		Office sought		Office held
Date	Payee name					
06/17/2016	STRIPE	S				
Amount (\$)	Payee addre	ess; City; State;	Zip Code			
\$35.00	1101 Sai	n Bernardo Ave, L	aredo, T	X 78040		
	Category (S	ee Categories listed at the top of th	is schedule)	Description		
PURPOSE OF					outside of Texas. Complete in, TX, officeholder living	
EXPENDITURE	TRAVEL	. IN DISTRICT		Sheek ii Ausu	in, 12, uniodiluludi liyili	A AVADIIAD
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		/ Officeholder name		Office sought	<u> </u>	Office held
Date	Payee name	•				++++++++++++++++++++++++++++++++++++++
06/20/2016	MCCOY	'S				
Amount (\$)	Payee addre	ess; City; State;	Zip Code		······································	
\$23.80	3809 E	Saunders St, Lar	edo, TX 7	'8041		
	Category (S	ee Categories listed at the top of the	nis schedule)	Description		7 1
PURPOSE OF	01122	IEO EVDENIOE			outside of Texas, Complete	
EXPENDITURE	SUPPL	ES EXPENSE		Check if Aust	tin, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh		/ Officeholder name		Office sought		Office held
	ATTA	CH ADDITIONAL COPI	S OF THIS	SCHEDULE AS NE	EDED	****

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME ALLEN TIJERINA	3 Filer ID (Ethics Commission Filers)			
4 Date 06/20/2016	5 Payee name DENNYS				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$26.77	3600 Santa Ursula Ave, Laredo, Tメ	C 78041			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF		l —	utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
EXPENDITURE	FOOD EXPENSE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name		milder a sandar de la de la casa		
06/22/2016	DENNYS				
Amount (\$)	Payee address; City; State; Zip Code				
\$38.22	\$38.22 3600 Santa Ursula Ave, Laredo, TX 78041				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	FOOD EXPENSE Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	311			
06/23/2016	HARBOR FREIGHT TOOLS				
Amount (\$)	Payee address; City; State; Zip Code				
\$34.34	5904 San Bernardo Ave, Laredo, T	X 78041			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		l ()	utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
EXPENDITURE	SUPPLIES EXPENSE	Short if Adolf	, Children aring oxpoles		
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 NEI	EDED		

5 Payee name

7 Payee address;

Payee name

Payee address;

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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

06/28/2016

6 Amount (\$)

\$100.00

PURPOSE

OF

EXPENDITURE

9 Complete ONLY if direct expenditure to benefit C/OH

06/30/2016

PURPOSE OF

Amount (\$)

\$36.51

8

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

ALBERTO BALDERAS

6108 McPherson Rd Ste 7 Laredo, TX 78040

City; State; Zip Code

City; State; Zip Code

414 Shiloh Rd # 2, Laredo, TX 78041

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

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

Office sought

Description

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME **ALLEN TIJERINA**

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

ADVERTISING EXPENSE

Candidate / Officeholder name

3 Filer ID (Ethics Commission Filers) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held

EXPENDITURE	FOOD EXPENSE			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
07/13/2016	PRO VALUE MEDIA			
Amount (\$)	Payee address; City; State; Zip Code			
\$195.61	1202 E Del Mar Blvd Laredo, TX 78041			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/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 ALLEN TIJERINA 3 Filer ID (Ethics Commission Filers)					
	ALLEN HOLKHA				
4 Date 07/18/2016	5 Payee name PRO VALUE MEDIA				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$730.68	1202 E Del Mar Blvd Laredo, TX 780	041			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE			utside of Texas. Complete Schedule T.		
OF EXPENDITURE	ADVERTISING EXPENSE	LI Check if Austi	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
07/19/2016	07/19/2016 QUARTER MILE				
Amount (\$)	(\$) Payee address; City; State; Zip Code				
\$539.47 6420 Polaris Drive Ste 4 Laredo, TX 78045					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE	ADVERTISING EXPENSE				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
07/21/2016	QUARTER MILE				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,060.77	6420 Polaris Drive Ste 4 Laredo, TX	X 78045			
	Category (See Categories listed at the top of this schedule)	Description	D. D		
PURPOSE OF			utside of Texas. Complete Schedule T,		
EXPENDITURE	ADVERTISING EXPENSE	Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica		pense Travel Out Of District ages/Contract Labor Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.			
1 Total pages Schedule F1:	² FILER NAME ALLEN TIJERINA	3 Filer ID (Ethics Commission Filers)			
4 Date 07/25/2016	⁵ Payee name THE HOME DEPOT				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$14.56	5710 San Bernardo Ave, Laredo, TX	78041			
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	SUPPLIES EXPENSE	L Check If Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
07/29/2016	OFFICE DEPOT				
Amount (\$)	Payee address; City; State; Zip Code				
\$30.35	\$30.35 5718 N San Bernardo Ave, Laredo, TX 78041				
	Category (See Categories listed at the top of this schedule) Description				
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	SUPPLIES EXPENSE	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
08/05/2016	QUARTER MILE				
Amount (\$)	Payee address; City; State; Zip Code				
\$983.59	6420 Polaris Drive Ste 4 Laredo, T	X 78045			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		Check if travel outside of Texas, Complete Schedule T.			
EXPENDITURE	ADVERISTING EXPENSE	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	 Candidate / Officeholder name H	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politics Credit Card Payment	The Instruction Guide explains how to c	ages/Contract Labor	Other (enter a category not listed above)		
1 Total pages Schedule F1:	² FILER NAME ALLEN TIJERINA		3 Filer ID (Ethics Commission Filers)		
4 Date 08/08/2016	5 Payee name TROPICAL SNO				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$10.00	1117 Taylor St, Laredo, TX. 78041				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF			nutside of Texas. Complete Schedule T. n, TX, officeholder living expense		
EXPENDITURE	FOOD EXPENSE	CHECK II AUSI	n, 17, discendider living expense		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
08/08/2016	MCDONALDS				
Amount (\$)	Payee address; City; State; Zip Code				
\$15.05	2101 SAUNDERS ST LAREDO, TX	78045			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	FOOD EXPENSE	Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
08/08/2016	PIZZA HUT				
Amount (\$)	Payee address; City; State; Zip Code				
\$22.40	2619 E. SAUNDERS ST, LAREDO,	TX 78040			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF			utside of Texas. Complete Schedule T.		
EXPENDITURE	FOOD EXPENSE	Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

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 Glit/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W	ages/Contract Labor Other (enter a category not listed above)			
	The Instruction Guide explains how to co				
1 Total pages Schedule F1:	2 FILER NAME ALLEN TIJERINA 3 Filer ID (Ethics Commission Filers)				
4 Date 08/08/2016	5 Payee name POPEYES				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$50.56	2801 E SAUNDERS ST, LAREDO,	TX 78045			
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	FOOD EXPENSE	Check If Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
08/09/2016	7 ELEVEN				
Amount (\$)	Payee address; City; State; Zip Code				
\$29.83	7615 MCPHERSON RD, LAREDO,	TX 78041			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		Check if Austin TV efficiencides fixing expense.			
EXPENDITURE	TRAVEL IN DISTRICT	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
08/11/2016	USA SAVATT				
Amount (\$)	Payee address; City; State; Zip Code				
\$150.00	220 W. HILLSIDE RD LAREDO, TX	K 78041			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		Check if Austin, TV, officeholder living expanse			
EXPENDITURE	ADVERTISING EXPENSE	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 ALLEN TIJERINA 3 Filer ID (Ethics Commission Filers)				
^{4 Date} 08/11/2016	5 Payee name HEB				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$59.89	1301 GUADALUPE ST, LAREDO, T	X 78040			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	EVENT EXPENSE		ulside of Texas. Complete Schedule T. n, 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				
08/11/2016	EL CAPI RESTAURANT				
Amount (\$)	Payee address; City; State; Zip Code				
\$20.59	\$20.59 1602 E STEWART ST LAREDO, TX 78045				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF			utside of Texas. Complete Schedule T.		
EXPENDITURE	FOOD EXPENSE				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
08/15/2016	STRIPES				
Amount (\$)	Payee address; City; State; Zip Code				
29.01	29.01 3410 N Arkansas Ave, Laredo, TX 78043				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF			utside of Texas. Complete Schedule T.		
EXPENDITURE	TRAVEL IN DISTRICT	Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	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 B	Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Hepayment/Heimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District		
Candidate/Officeholder/Politica			Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explain	s how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME ALLEN TIJERINA 3 Filer ID (Ethics Commission Filers)				
4 Date 08/15/2016	5 Payee name CHEDDARS				
6 Amount (\$)	7 Payee address; City; State; Z	ip Code			
\$69.30	2320 Bob Bullock Loop, Lare	do, TX 78045			
8 PURPOSE	(a) Category (See Categories listed at the top of this s		utside of Texas. Complete Schedule T.		
OF EXPENDITURE	FOOD EXPENSE	Check if Austi	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
08/17/2016	EXXON MOBIL				
Amount (\$)	Payee address; City; State; Zip Code				
\$21.53	2719 E Saunders St, Laredo, TX 78041				
	Category (See Categories fisted at the top of this s				
PURPOSE OF EXPENDITURE	TRAVEL IN DISTRICT Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
08/30/2016	THE SPORTS CENTER				
Amount (\$)	Payee address; City; State; Z	ip Code			
\$460.00	\$460.00 4520 San Bernardo Ave Laredo, TX 78045				
	Category (See Categories listed at the top of this s	schedule) Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE		utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	 Candidate / Officeholder name 	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W The Instruction Guide explains how to c	ages/Contract Labor	Other (enter a category not listed above)		
1 Total pages Schedule F1:	² FILER NAME ALLEN TIJERINA		3 Filer ID (Ethics Commission Filers)		
4 Date 09/02/2016	⁵ Payee name PRO VALUE MEDIA				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$388.62	1202 E Del Mar Blvd Laredo, TX 78	3041			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE			outside of Texas. Complete Schedule T.		
OF EXPENDITURE	ADVERTISING EXPENSE	Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
09/08/2016	LETICIA SAENZ / LAREDO GOOD NEWS				
Amount (\$)	Payee address; City; State; Zip Code				
\$100.00 3507 SAN BERNARDO AVE, LAREDO, TX 78040					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		1 —	utside of Texas. Complete Schedule T.		
EXPENDITURE	1 ADVEDTICING PURIOR I Collect it Adollit, 17t, dillegiolides living expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
09/09/2016	BENACO, INC.				
Amount (\$)	Payee address; City; State; Zip Code				
\$750.00	4501 MCPHERSON RD #1, LARE	DO, TX 78045			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF			utside of Texas, Complete Schedule T. n, TX, officeholder living expense		
EXPENDITURE	RENT EXPENSE	Show it Austr	יין יין טווטטוטטט וויזיון טאףפווצט		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
1	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

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 Glit/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME ALLEN TIJERINA	3 Filer ID (Ethics Commission Filers)			
4 Date 09/12/2016	5 Payee name MCCOYS				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$23.80	3809 E Saunders St, Laredo, TX 78	3041			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
09/12/2016	HARBOR FREIGHT TOOLS				
Amount (\$)	Payee address; City; State; Zip Code				
\$32.40	5904 San Bernardo Ave, Laredo, TX 78041				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SUPPLIES EXPENSE Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
09/12/2016	WALMART				
Amount (\$)	Payee address; City; State; Zip Code				
\$43.47	2320 BOB BULLOCK LOOP, LARE	DO, TX 78043			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	SUPPLIES EXPENSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) 5 Date of loan 7 Name of lender out-of-state PAC (ID#:____ **ALLEN TIJERINA** \$1,000.00 08/01/2016 10 Interest rate 6 Is lender 8 Lender address; City; State; Zip Code a financial 0.00 Institution? 11 Maturity date 3412 E. LYON ST. LAREDO, TX 78043 NX 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) **16** GUARANTOR INFORMATION 18 Guarantor address; City; not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:____ \$2,000.00 09/13/2016 ALLEN TIJERINA Interest rate State; Zip Code City; ls lender Lender address; a financial 0.00 Institution? Maturity date 3412 E. LYON ST. LAREDO, TX 78043 ΝХ Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) X none **GUARANTOR** Amount Guaranteed (\$) Name of guarantor INFORMATION City; State; Zip Code Guarantor address; not applicable 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.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Cantributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W	(ages/Contract Labor Other (enter a category not listed above)		
1 Tatal appear Only 51	The Instruction Guide explains how to co			
1 Total pages Schedule F1;	2 FILER NAME ALLEN TIJERINA 3 Filer ID (Ethics Commission Filers)			
^{4 Date} 09/12/2016	LA PALMA CARNES ASA	DAS		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$86.71	902 E SAUNDERS ST, LAREDO, T	X 78041		
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	FOOD EXPENSE	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
09/12/2016	LAREDO MORNING TIMES			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	111 Esperanza Dr, Laredo, TX 7804	41		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	ADVERTISING EXPENSE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/Oi	1			
Date	Payee name			
09/13/2016	ALBERTO BALDERAS			
Amount (\$)	Payee address; City; State; Zip Code			
\$216.50	6108 McPherson Rd Ste 7 Laredo	, TX 78040		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	ADVERTISING EXPENSE	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/O				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

				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 ALLEN TIJERINA 3 Filer ID (Ethics Commission Filer			3 Filer ID (Ethics Commission Filers)	
4 Date 09/14/2016	5 Payee name QUARTER MILE				
6 Amount (\$)	7 Payee address;	City; State; Zip	o Code		
\$983.59	6420 Polaris	Drive Ste 4 Lar	edo, TX 78045 —	5 	
8	(a) Category (See Cate	gories listed at the top of this sc	.		
PURPOSE OF EXPENDITURE	ADVERTISI	NG EXPENSE			side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Offi	ceholder name	Office	sought	Office held
Date	Payee name				
09/15/2016	PRO VALUE	MEDIA			
Amount (\$)	Payee address; City; State; Zip Code				
\$632.18	1202 E Del Mar Blvd Laredo, TX 78041				
PURPOSE OF EXPENDITURE		ngories listed at the top of this so			olde of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offid	ceholder name	Office	sought	Office held
Date	Payee name				
09/19/2016	STRIPES				
Amount (\$)	Payee address;	City; State; Zi	p Code		
\$27.00	1200 E Del N	Mar Blvd, Laredo	, TX 78041		
	Category (See Cate	egories listed at the top of this so	·	ription	
PURPOSE OF EXPENDITURE	TRAVEL IN I	DISTRICT			side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Off	iceholder name	Office	e sought	Office held
	ATTACHA	DDITIONAL COPIES	OF THIS SCHEDUI	LE AS NEE	DED
1					

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 Gilf/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
Other (enter a category not listed above)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME **ALLEN TIJERINA** ⁵ Payee name QUARTER MILE 4 Date 09/20/2016 6 Amount (\$) City; State; Zip Code 7 Payee address; \$454.88 6420 Polaris Drive Ste 4 Laredo, TX 78045 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF ADVERTISING EXPENSE EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09/21/2016 THE HOME DEPOT Amount (\$) Payee address; City; State; Zip Code \$14.56 5710 SAN BERNARDO AVE, LAREDO, TX 78041 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 SUPPLIES EXPENSE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 09/23/2016 CHINA EXPRESS Amount (\$) Payee address; City; State; Zip Code \$15.12 4202 MCPHERSON RD, LAREDO, TX 78041 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 FOOD EXPENSE EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct 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

Event Expense Fees Food/Beverage Expense Giff/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
Other (sets a extracer and listed above)

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wi The Instruction Guide explains how to co		er (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME ALLEN TIJERINA 3 Filer ID (Ethics Commission Filers)						
⁴ Date 09/29/2016	⁵ Payee name PRO VALUE MEDIA	.					
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$1,878.33	1202 E Del Mar Blvd Laredo, TX 78	041					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF			f Texas, Complete Schedule T. officeholder living expense				
EXPENDITURE	ADVERTISING EXPENSE	CHOOK II AUSUII, 1A, (Sincolondor irrary expenses				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
09/30/2016	DOLLAR TREE						
Amount (\$)	Payee address; City; State; Zip Code						
\$18.40	5410 San Bernardo Ave, Laredo, TX 78041						
	Category (See Categories listed at the top of this schedule)	Description	_				
PURPOSE OF	CURRUSE EXPENSE	Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	SUPPLIES EXPENSE Check if Austin, 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						
09/30/2016	SAM'S CLUB						
Amount (\$)	Payee address; City; State; Zip Code						
\$128.46	4810 San Bernardo Ave, Laredo, T	(78041					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF			f Texas. Complete Schedule T. officeholder living expense				
EXPENDITURE	EVENT EXPENSE	CHOCK II Austili, 1A, (omoonide ining 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 NEEDEL)				

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 Giff/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
Other (anitra extensiv not listed shove)

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 c	ompiete tuts form.	T				
1 Total pages Schedule F1:	2 FILER NAME ALLEN TIJERINA 3 Filer ID (Ethics Commission Filers)						
^{4 Date} 10/03/2016	5 Payee name CIRCLE K						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$15.98	2701 SAN BERNARDO AVE, LARE	DO, TX 78040					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	TRAVEL IN DISTRICT Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held				
Date	Payee name						
10/03/2016	CITY OF LAREDO ENVIRONMEN	Τ					
Amount (\$)	Payee address; City; State; Zip Code						
\$120.00	619 REYNOLDS ST, LAREDO, TX 78040						
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 Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office holder name Office sought Office held OH						
Date	Payee name						
10/05/2016	HEB						
Amount (\$)	Payee address; City; State; Zip Code						
\$75.70	4801 SAN DARIO AVE, LAREDO,	TX 78041					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	EVENT EXPENSE		outside of Texas. Complete Schedule T. in, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense Printi	g Expense Travel Out Of District es/Wages/Contract Labor Other (enter a category not listed above) to complete this form.				
1 Total pages Schedule F1:	² FILER NAME ALLEN TIJERINA	3 Filer ID (Ethics Commission Filers)				
4 Date 10/11/2016	5 Payee name SERGIO MUNOZ					
6 Amount (\$)	7 Payee address; City; State; Zip Coo	е				
\$250.00	2914 NOTTHINGHAM DR LARE	DO, TX 78045				
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	EVENT EXPENSE					
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
10/12/2016	MARIO BAEZA					
Amount (\$)	Payee address; City; State; Zip Coo	е				
\$80.00	1506 SUMMIT DR LAREDO, TX	(78040				
	Category (See Categories listed at the top of this schedule	Description				
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	EVENT EXPENSE	L Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held				
expenditure to benefit C/OI						
Date	Payee name					
10/14/2016	BENACO, INC.					
Amount (\$)	Payee address; City; State; Zip Code					
\$750.00	4501 MCPHERSON AVE #1. LA	REDO, TX 78040				
	Category (See Categories listed at the top of this schedule) Description				
PURPOSE OF		Check if travel outside of Texas, Complete Schedule T.				
EXPENDITURE	RENT EXPENSE	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held				
	ATTAQUADDITIONAL CODIES ST	UIO COLIEDIU E ACANEEDED				
i .	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Page 2019)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME **ALLEN TIJERINA** ^{4 Date} 10/18/2016 5 Payee name PRO VALUE MEDIA City; State; Zip Code 6 Amount (\$) 7 Payee address; 1202 E Del Mar Blvd Laredo, TX 78041 \$1,878.33 (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense ADVERTISING EXPENSE **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date THE SPORTS CENTER 10/19/2016 Amount (\$) Payee address; City; State; Zip Code 4520 San Bernardo Ave Laredo, TX 78045 \$703.63 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF ADVERTISING EXPENSE Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date ALBERTO BALDERAS 10/21/2016 Amount (\$) Payee address; City; State; Zip Code 6108 MCPHERSON RD STE 7 LAREDO, TX 78040 \$300.00 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** ADVERTISING EXPENSE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Other (enter a category not listed above)

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 ALLEN TIJERINA 3 Filer ID (Ethics Commission Filers)					
^{4 Date} 10/25/2016	⁵ Payee name VIMA KARATE					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$200.00	5810 MCPHERSON RD STE 201 L	_AREDO, TX 78041				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF		Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense				
EXPENDITURE	ADVERTISING EXPENSE	Shear in Nacing, 1.A, conscious thing superior				
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
10/25/2016	JEAN N. BELIZZIA / LAS KEKAS					
Amount (\$)	Payee address; City; State; Zip Code					
\$100.00	3914 MCPHERSON RD LAREDO,	TX 78041				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF		Check if Austin TV officeholder living expense				
EXPENDITURE	EVENT EXPENSE Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
10/25/2016	HEB					
Amount (\$)	Payee address; City; State; Zip Code					
\$72.87	2310 E Saunders St, Laredo, TX 78	8040				
\$72.87	2310 E Saunders St, Laredo, TX 78 Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.				
PURPOSE		Description				
PURPOSE OF	Category (See Categories listed at the top of this schedule) EVENT EXPENSE Candidate / Officeholder name	Description Check if travel outside of Texas. Complete Schedule T.				

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 Gilft/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
Other (order a setting of the first of player)

Contributions/Donations Made B Candidate/Officeholder/Politica		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide expla	ins how to complete this form.	
1 Total pages Schedule F1:	² FILER NAME ALLEN TIJERINA	Α	3 Filer ID (Ethics Commission Filers)
4 Date 10/29/2016	⁵ Payee name CIRCLE K		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	**************************************
\$18.98	2701 SAN BERNARDO AV	E, LAREDO, TX 78040	0
8	(a) Category (See Categories listed at the top of this		
PURPOSE OF			outside of Texas, Complete Schedule T.
EXPENDITURE	TRAVEL IN DISTRICT	Check IT Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10/29/2016	STRIPES		
Amount (\$)	Payee address; City; State;	Zip Code	
\$36.33	2441 San Isidro Pkwy, Lare	edo, TX 78045	
	Category (See Categories listed at the top of this		
PURPOSE OF			outside of Texas. Complete Schedule T.
EXPENDITURE	TRAVEL IN DISTRICT	Check if Ausi	tin, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/30/2016	MEX-MART		
Amount (\$)	Payee address; City; State;	Zip Code	
\$61.35	401 E Saunders St, Laredo	o, TX 78041	
	Category (See Categories listed at the top of this		
PURPOSE OF	EVENT EXPENSE	<u></u> -	outside of Texas. Complete Schedule T.
EXPENDITURE	LVLIVI LAI LIVOL	Check if Aus	tlin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O			
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS N	EEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME ALLEN TIJERINA 3 Filer ID (Ethics Commission Filers)						
4 Date 10/30/2016	5 Payee name MCDONALDS						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$37.93	2101 E Saunders St, Laredo, TX 78	041					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense						
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held					
Date	Payee name						
10/31/2016	STRIPES						
Amount (\$)	Payee address; City; State; Zip Code						
\$28.15	2441 San Isidro Pkwy, Laredo, TX	78045					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held					
Date	Payee name						
10/31/2016	LAREDO MORNING TIMES						
Amount (\$)	Payee address; City; State; Zip Code						
\$500.00	111 Esperanza Dr, Laredo, TX 78	041					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>QNLY</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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Glif/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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME ALLEN TIJERINA	3 Filer ID (Ethics Commission Filers)
^{4 Date} 10/31/2016	⁵ Payee name JUANITA ESPINOZA	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$150.00	111 LARGA VISTA	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check If Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made 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
Other (enter a category not listed above)

Candidate/Officeholder/Politica		gal Services The Instruction Gui	Salaries/Wages/ ide explains how to compl		Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER NAM	ME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	11ZED UNPA	ID INCURRE	D OBLIGATIONS		\$
5 Date	6 Payee nam	ne			
7 Amount (\$)	8 Payee add	dress; City;	; State; Zip Code		,
9 TYPE OF EXPENDITURE	Polit	tical	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed a	t the top of this schedule)		on travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee nan	ne			
Amount (\$)	Payee add	dress; City	; State; Zip Code		
TYPE OF EXPENDITURE	Polit	tical	Non-Political		
PURPOSE OF EXPENDITURE	Category	(See Categories listed a	t the top of this schedule)		ON I travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder	name Office	sought	Office held
	ATTACH.	ADDITIONAL C	OPIES OF THIS SCHI	EDULE AS NE	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

TI	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	, , , , , , , , , , , , , , , , , , ,
	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	v; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expe

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	By Gift/Awards/	age Expense /Memorials Expense ces	Polling Expense Printing Expense Salaries/Wages/		Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instr	ruction Guide explai	ns how to compl	ete this form.	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	IIZED EXPENDITU	RES CHARGED	TOACRED	TCARD	\$
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address;	City; State;	Zip Code		
9 TYPE OF EXPENDITURE	Political	[Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Cate	gories listed at the top of t	his schedule)		ON if travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/d	DH	ficeholder name	Office	sought	Office held
Date	Payee name				
Amount (\$)	Payee address;	City; State;	Zip Code		
TYPE OF EXPENDITURE	Political	[Non-Politica	al	
PURPOSE OF Expenditure	Category (See Cale	ngories listed at the top of t	his schedule)	===	ion if travel outside of Texas. Complete Schedule T. . If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		fficeholder name	Office	sought	Office held
	ATTACH ADDIT	IONAL COPIES	OF THIS SCHI	EDULE AS N	EEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

Candidate/Officeholder/Politi Credit Card Payment	cal Committee	Legal Services The Instruct	ion Guide expl		Wages/Contract Labor	Other (enter a category	not listed above)
1 Total pages Schedule G;	2 FILER NA	ME				3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee nar	ne				1	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee ad	dress;	City; State;	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories list	ted at the top of this	s schedule)		de of Texas. Complete Schedu X, officeholder living expe	
9 Complete ONLY if direct expenditure to benefit C/4		late / Officehol	lder name		Office sought		Office held
Date	Payee na	ne					
Amount (\$) Reimbursement from political contributions intended	Payee ad	dress;	City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category	(See Categories lis	ted at the top of thi	s schedule)		de of Texas. Complete Schedu TX, officeholder living expe	
Complete <u>ONLY</u> if direct expenditure to benefit C/		late / Officeho	lder name		Office sought		Office held
Date	Рауее па	me					
Amount (\$) Reimbursement from political contributions intended	Payee ad	dress;	City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category	(See Categories lis	sted at the top of thi	is schedule)		de of Texas. Complete Schedu TX, officeholder living expe	
Complete <u>ONLY</u> if direct expenditure to benefit C/		date / Officeho	lder name		Office sought	,	Office held
	ATTA	ACH ADDITIO	NAL COPIES	3 OF THIS	SCHEDULE AS NEEL	DED	

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (online)

Credit Card Payment	The Instruction Guide explains how	to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Cod	е	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside	of Texas. Complete Schedule T. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Cod	е	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if travel outside	of Texas. Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Coo	le	Carlos Andreas de Daniel e Medica de MAN Perio
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if travel outside	of Texas. Complete Schedule T. , officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	DED

SCHEDULE !

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 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.)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The	dule K:					
2 FILER NAME	2 FILER NAME 3 Filer ID (Ethic					
4 Date	5 Name of person from whom amount is received		8 Amount (\$)			
	6 Address of person from whom amount is received; City; State;	Zip Code				
	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; 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; State	; 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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule T:							
2 FILER NAME					3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5 Contribution / Expend	iture reported	on:					
Schedule A2	Sched	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
6 Dates of travel	7 Name of	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 transportation							
Name of Contributor /	Corporation of	or Labor C	Organization / Pledgor /	Payee			
Contribution / Expend	liture reported	on:					
Schedule A2	Sched	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Sche	dule 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 (including name of conference, seminar, or other event)							
Name of Contributor	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expend	liture reported	on:					
Schedule A2	Sched	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
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)					
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)						
3	SIGNA	TURE						
	ing a re	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designat- bort as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign tions or make any campaign expenditures without a campaign treasurer appointment on file.						
,, ,		Signature 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						
	Checi	conly one:						
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.						
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	В.	ASSETS						
	Chec	conly one:						
		I do not retain assets purchased with political contributions or interest or other income from political contributions.						
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.						
		Signature of Candidate						
5		EHOLDER 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 does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.						
		Signature of Officeholder						