CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Carres and the description of the contraction

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | Guide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
|---|--|--|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / FIRST VIOLCU NICKNAME LAST ROCK / R | MI | OFFICE USE ONLY Date Received |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER | 3001 Pecos Plaza U AREA CODE PHONE NUMBER | STATE; ZIP CODE WCOO, TX 78046 EXTENSION | Date Hand-delivered or Date Postmarked |
| PHONE 6 CAMPAIGN TREASURER NAME | MS/MRS DIR FIRST DOISY NICKNAME LAST CAMPAS | MI A. SUFFIX | Receipt # Amount \$ Date Processed Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | 3001 Pecos Plaza | | ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (956) 384-9601 | EXTENSION | |
| 9 REPORT TYPE | July 15 30th day before elec | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year 10 / 30 / 2018 | THROUGH 12 | Day Year / 2018 |
| 11 ELECTION | Month Day Year Primary 12 / 13 / 2018 General | Runoff Description Special | |
| 12 OFFICE | OFFICE HELD (if any) City of Lavedo Councilman District 2 | 13 OFFICE SOUGHT (if known) City Council Distnet 2 | |
| GO TO PAGE 2 | | | |

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Famous and the description of the committee of the commit

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | dal Rod | riquer | 15 Filer ID (Ethics Commission Filers) |
|---|---|--|---|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | SPECIFIC | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| Additional Pages | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| | | | , |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1 | | \$11,541.95 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | | \$ 0.00 |
| , | 4. TOTAL POLITICAL EXPENDITURES \$ 5, 625 | | \$ 5.625-57 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 3,460.40 | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ | | |
| 18 AFFIDAVIT | | | |
| ANGELICA ARISPE Notary Public, State of Texas Comm. Expires 01-17-2022 Notary ID 131412425 Notary ID 131412425 I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder | | | |
| AFFIX NOTARY STAMI | P/SEALABOVE | | |
| Sworn to and subscr | 004 | by the said Vidal Rodriguez o certify which, witness my hand and seal of office. | , this the |
| Signature of officer as | dministering oath | Printed name of officer administering oath | Deputy City Secretar Title of officer administering oath |

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SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

| 19 | FILER NAME VIDA ROCKIGUEZ 20 Filer ID (Ethics Con | | ommission Filers) |
|-----|--|--|---|
| 21 | 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTI | RIBUTIONS | \$ 5,2500 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) PO | OLITICAL CONTRIBUTIONS | \$ 6,291-95 |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. | SCHEDULE E: LOANS | | \$ |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES FF | ROM POLITICAL CONTRIBUTIONS | \$ 5,625.57 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATION | ONS | \$ |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | |
| 8. | SCHEDULE G: POLITICAL EXPENDITURES FR | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | |
| 9. | SCHEDULE H: PAYMENT FROM POLITICAL CO | ONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 10. | SCHEDULE I: NON-POLITICAL EXPENDITURES | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | |
| 11. | SCHEDULE K: INTEREST, CREDITS, GAINS, RE RETURNED TO FILER | EFUNDS, AND CONTRIBUTIONS | \$ |
| | | | *************************************** |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) East LavedoHome P.O.Box 450050 Lavedo, TX 78045 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code 2401 Littley (TPH Lavedo, TX, 78045 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:____ Amount of contribution (\$) 307 Regal Dr. Laredo, TX 780 Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Amely Juavez \$1,500.00 Contributor address; City; State; Zip Code APT. 7 1800 Country Club Lavedo, 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 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) #1.000.00 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Fernando D Laurel Jr. #1,000.00 City; State; Zip Code Lavedo, TX. 78044 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A2: |
|---|---|--|---|
| VICLAI ROOVIGUEZ | | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL (| OF UNITEMIZED IN-KIND POLITICAL CONTRI | BUTIONS | \$ |
| 5 Date 10 - 30 - 18 10 3 1 1 | 30-18 Lavado Five PAC 7 Contributor address; City; State; Zip Code 5219 Testivo Plaza Lavado, Tx. 78041 | | 8 Amount of Contribution \$\frac{9}{\text{In-kind contribution}} \\ \frac{1}{\text{In-kind contribution}} \\ \frac{1}{\t |
| | | | (manuchons) |
| | s principal occupation (FOR JUDICIAL) | 13 Contribu | tor's job title (FOR JUDICIAL)(See Instructions) |
| 14 Contributor's | s employer/law firm (FOR JUDICIAL) | 15 Law firm | 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 |
| Principal occ | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employer | Check if travel outside of Texas, complete Schedule T |
| Contributor's | principal occupation (FOR JUDICIAL) | Contribut | or's job title (FOR JUDICIAL)(See Instructions) |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | |
| | | | |
| | ATTACH ADDITIONAL CODIES OF THE | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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Famous and district Tanas Filips Commission

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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

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)

| NAME OF THE OWNER, WHEN PERSON OF THE OWNER, | The Instruction Guide explains how to | complete this form. | |
|--|---|--|---|
| 1 Total pages Schedule F1 | Vidal Rodrigue | and the state of t | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/30/19 | 5 Payee name WW Mart | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| 31.40 | 4401 S. Zapata Hu | s Lared | lo, TX. 78040 |
| 8 | (a) Category (See categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Office Overhead | | outside of Texas, complete Schedule T n, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 10/30/18 | Marvaer | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 87.10 | 2198. Zapata | Hwy Lo | wedo, Tx. 78043 |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) FOOD BEVERASE | Description Check if travel or | utside of Texas, complete Schedule T 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 | | |
| 10/30/18 | H-E-B | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 31005 | 2314 S. Zapata 1 | Lov La | redo Tx. 78046 |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description | |
| OF EXPENDITURE | Food Beverage | | side of Texas, complete Schedule T X, 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 SO | CHEDIII E AS MEES | an pa |
| ones and dealer. Tares Palice | | OTTEDULE AS NEED! | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Farmer and the district Falties 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
Others Contage and Field above)

| Candidate/Officeholder/Politic | | Wages/Contract Labor Other (enter a category not listed above) | |
|---|--|--|--|
| The Instruction Guide explains how to complete this form. | | | |
| 1 Total pages Schedule F1 | 2 FILER NAME VIDA RODVICE | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 150/18 | 5 Payee name Jose Vargas/Prad | la Elementary Jamaica | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| 250:00 | 510 Sovia Dr. L | avedo, TX. 7x046 | |
| 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 | Donation | L Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name)H | Office sought Office held | |
| Date | Payee name | | |
| 10/31/18 | Chick-Fil-A | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 19.47 | 1916 Bub Bullock | Laredo. Th. 78043 | |
| | Category (See categories listed at the top of this schedule) | Description | |
| PURPOSE OF | | Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense | |
| EXPENDITURE | Food Beverage | Check if Austin, 1A, officeriolder living expense | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name H | Office sought Office held | |
| Date | Payee name | | |
| 10/31/18 | Sams Club | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 01.80 | | do Laredo, Tx. 78041 | |
| DUDDOOF | Category (See categories listed at the top of this schedule) | Description Check if toyou outside of Toyou complete Cahadula T | |
| PURPOSE OF | Turan A TVN CO | Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense | |
| EXPENDITURE | t vert expense | Size and the size of the | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought Office held | |
| expenditure to benefit C/OF | П | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

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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

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/Politic | al Committee Legal Services Salaries/W The Instruction Guide explains how to co | | Other (enter a category not listed above) |
|--|--|------------------------|---|
| 1 Total pages Schedule F1: | 2 FILER NAME. | | 3 Filer ID (Ethics Commission Filers) |
| [8 | Vidal Rodrigur | | |
| 4 Date 10/31/18 | 5 Payee hame | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| 79.82 | 202 S. Zapata Hw | 1 LaredoiT | X.78046 |
| 8 | (a) Category (See categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF | 110 | Check if travel out | tside of Texas, complete Schedule T |
| EXPENDITURE | Food Beverage | LJ Check if Austin, T. | X, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 10/31/18 | HEB | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 28.09 | 23145- Zapata Hw | 4 Laredoi | TX-78046 |
| | Category (See categories listed at the top of this schedule) | Description | |
| PURPOSE OF | 1/2 | | side of Texas, complete Schedule T |
| EXPENDITURE | Foud Beverage | Check if Austin, IX | s, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 11/01/18 | Tortilleria Mendosa | | |
| Amount (\$) | Payee address; City; State; Zip Code | V | |
| 25.98 | 3919 Jaime Zapata | Memorica | HWY Laredo, TX.78 |
| | Category (See categories listed at the top of this schedule) | Description | The children of the |
| PURPOSE | | Check if travel outsi | ide of Texas, complete Schedule T |
| OF EXPENDITURE | FOOD Bevivage | Check if Austin, 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 S | CHEDULE AS NEEDE | :D |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Fanna and dad by Tarra Filita Commitation

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/Politic | cal Committee Legal Services Salaries/ | Wages/Contract Labor Other (enter a category not listed above) |
|--|--|---|
| 1 | The Instruction Guide explains how to | complete this form. |
| 1 Total pages Schedule F1: | 2 FILER NAME VIDA Rodrig | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/61 18 | 5 Payee name Family Dollar | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| 14.99 | 2905 S. Zapata Hwy | LaredoiTL 78046 |
| 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 | Office Overhead | L 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 | |
| 11/01/18 | Maranalds | |
| Amount (\$) | Payee address; City; State; Zip Code | 1 |
| J- 14 | 0500 0000000000000000000000000000000000 | |
| 5 | | WY LaredoiTX.78046 |
| | Category (See categories listed at the top of this schedule) | Description |
| PURPOSE OF | To a 10 a yer Call | Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense |
| EXPENDITURE | Food Beverage | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought Office held |
| expenditure to benefit C/OF | 1 | |
| Date | Payee name | |
| 11/01/18 | Dollar General | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| 22:13 | 3100 S. Zapata | Hwy Lavedo, Tx, |
| | Category (See categories listed at the top of this schedule) | Description |
| PURPOSE OF | 110 | Check if travel outside of Texas, complete Schedule T |
| EXPENDITURE | Food/Beverage | 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 |

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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

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
Others Contage Detection and Education (Check Contage Detection (Check Contage Detection) (Check Cont

| Candidate/Officeholder/Politic | | rices Salaries/ | Wages/Contract Labor | Other (enter a category not listed above) |
|---|----------------------------|--|---------------------------------|--|
| | The Ins | truction Guide explains how to | complete this form. | |
| 1 Total pages Schedule F1: | 2 FILER NAME | dal Rodrigue | 2 | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/02/19 | 5 Payee name | o's Smack | | |
| 6 Amount (\$) | 7 Payee address; | City; State; Zip Code | | |
| 60.80 | 1301 R | slaine St. | Lavedoi | TX. 78043 |
| 8 | (a) Category (See category | ries listed at the top of this schedule) | (b) Description | |
| PURPOSE OF | F-00 | In was as | | outside of Texas, complete Schedule T , TX, officeholder living expense |
| EXPENDITURE | 100a | Beverage | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Office | eholder name | Office sought | Office held |
| Date | Payee name | | | |
| 11/02/18 | Stripes | | | |
| Amount (\$) | Payee address; | City; State; Zip Code | | |
| 5.89 | 3710 - U | 5-83 Laved | 0, 72.780 | 046 |
| DUDDOSE | Category (See catego | ries listed at the top of this schedule) | Description Check if travel of | outside of Texas, complete Schedule T |
| PURPOSE OF EXPENDITURE | Food/B | severage | | TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Office | holder name | Office sought | Office held |
| Date | Payee name | | | |
| 11/62/18 | Peter P | iper Pizza | | |
| Amount (\$) | Payee address; | City; State; Zip Code | | |
| (D.49 | 4411 H | wy 83 Lavi | edoitx. 7 | 8046 |
| | Category (See category | ries listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Food | Beverage | | outside of Texas, complete Schedule T TX, officeholder living expense |
| | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Office | eholder 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 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 (oncorrections)

| Candidate/Officenoider/Politica | 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 | | 3 Filer ID (Ethics Commission Filers) |
| 18 | Vidal Rodriguez | | |
| 4 Date 11/02/18 | 5 Payee name MCDOMUON | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| ∂1.4 <u>9</u> | 2502 S. Zapata Hu | N Laved | 0408T. XT101 |
| 8 | (a) Category (See categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Food/Beverage | | outside of Texas, complete Schedule T 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 | | |
| 11/02/18 | Navvaer | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 72.01 | 219 S. Zapata Hu | 1 Lareau | TX. 78043 |
| | Category (See categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Food Beverase | | outside of Texas, complete Schedule T , TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 11/05/18 | EITACO TOC | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 25.74 | | | 2.78046 |
| PURPORE | Category (See categories listed at the top of this schedule) | Description Chark if travel of | The Colonia T |
| PURPOSE OF | 1/100,000 | | outside of Texas, complete Schedule T TX, officeholder living expense |
| EXPENDITURE | Food Beverege | L Officer if Austin, | TA, Officerroller 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

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 pot listed above)

| Candidate/Officeholder/Politic | | Vages/Contract Labor | Other (enter a category not listed above) |
|---|--|----------------------|---|
| | The Instruction Guide explains how to c | omplete this form. | |
| 1 Total pages Schedule F1: | VIDAN Rodriguer | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name Mundo Rublicitario | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| 450.00 | Ocampo 2000 Apostal | , Nuevo L | aredy, Tams 88240 |
| 8 | (a) Category (See categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | | | utside of Texas, complete Schedule T |
| OF EXPENDITURE | Advertising | Check if Austin, | TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | 9 | |
| 11/06/18 | H-E-B | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 89.72 | 2314 Zapata Hw | 1 Laredo, | TZ. 78046 |
| | Category (See categories listed at the top of this schedule) | Description | |
| PURPOSE OF | | | rtside of Texas, complete Schedule T |
| EXPENDITURE | Food/Beverage | onesk ii Adadiii, i | X, officeriolidal living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 11/07/18 | El Pollo Feliz | | |
| Amount (\$) | Payee address; City; State; Zip Code | Δ. | |
| 19.48 | 2004 S. Zapata H | ny lavedo | 1 TX 78046 |
| | Category (See categories listed at the top of this schedule) | Description | |
| PURPOSE OF | 1-110 | | Itside of Texas, complete Schedule T |
| EXPENDITURE | Food Beverese | Check if Austin, i | "X, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS S | SCHEDULE AS NEED | DED |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Famous annuited by Tarras Fullas Occasionian

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 (onter a category not listed chous)

| Candidate/Officenoider/Politica | The Instruction Guide explains how to co | ages/Contract Labor Other (enter a category not listed above) omplete this form. |
|--|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME VIDAL Rodriguez | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | S Payee name | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| 78.45 | 8600 S. Zapata | HWY LavedorTX |
| 8 | (a) Category (See categories listed at the top of this schedule) | (b) Description |
| PURPOSE OF EXPENDITURE | Food/Beverage | 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 | Office sought Office held |
| Date | Payee name | |
| 11/05/18 Amount (\$) | Tony Romas Payee address: City: State: Zip Code | |
| Amount (4) | 3,7, 2,5,5 | |
| 125'50 | 5300 San Dario | Laredo, TX. 78041 |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description Check if travel outside of Texas, complete Schedule T |
| OF EXPENDITURE | Food / Beverage | 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 | |
| 11/05/18 | Foucon Bank "Dep Ita | m Ret Charge" |
| Amount (\$) | Payee address; City; State; Zip Code | 0 |
| 24.00 | 212 Bob BULLOCK | Lp. Laredo, Tx. 78043 |
| | Category (See categories listed at the top of this schedule) | Description |
| PURPOSE OF EXPENDITURE | Banking | Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought Office held |
| expenditure to benefit C/OH | Sandado / Sincoloidei Hame | Office sought Office held |
| | ATTACH ADDITIONAL COPIES OF THIS S | CHEDULE AS NEEDED |

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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

Farmer and deather Tana Fibin Commission

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

| Candidate/Officeholder/Politic | | rense Travel Out Of District (ages/Contract Labor Other (enter a category not listed above) | |
|---|--|---|--|
| 6 p | The Instruction Guide explains how to c | omplete this form. | |
| 1 Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | |
| 18 | Vidal Rodriguez | | |
| 4 Date | 5 Payee name TACO Maio | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| 15.13 | 1301 US-83 Lavi | edu, TX. 78046 | |
| 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 Beverage | L Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought Office held | |
| Date | Payee name | | |
| 11/13/18 | H-E-B | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 104.84 | 2314 S. Zapata Huy | LavedoiTX. 78046 | |
| | Category (See categories listed at the top of this schedule) | Description | |
| PURPOSE OF | | Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense | |
| EXPENDITURE | Food Beverage | Check if Additin, 17, dilicentitider living expense | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought Office held | |
| Date | Payee name | | |
| 11/13/18 | Sams Club | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 24 ⁻⁴¹ | 4816 San Bernardo | Laredo, TX. 78041 | |
| | Category (See categories listed at the top of this schedule) | Description | |
| PURPOSE OF | 112 | Check if Austin TX officeholder living average | |
| EXPENDITURE | Foud Bluerage | Check if Austin, 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 | | | |

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Farmer and ideal by Tamer Fubine Occurring

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
Others (order a category pot listed above)

| Candidate/Officeholder/Politic | | xpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above) | | |
|---|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | | | |
| 1 Total pages Schedule F1: | VIDA Radrigua | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 11418 | Danny's Restauran | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| 37.00 | 4450 S. Zapata | Thy Laredoitz Vous | | |
| 8 | (a) Category (See categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Food Berwase | 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 H | Office sought Office held | | |
| Date | Payee name | | | |
| 1) 15 18 Amount (\$) | Payee address; City; State; Zip Code | | | |
| γιιισαπί (φ) | | | | |
| 8170 | | nardo Caredo ITX. 78041 | | |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description Check if travel outside of Texas, complete Schedule T | | |
| OF EXPENDITURE | Food/Beverase | 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 | | | |
| 11/16/18 | Stripes | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| 41.35 | 3900 Aguanieve La | redo, Tx. 78046 | | |
| | Category (See categories listed at the top of this schedule) | Description | | |
| PURPOSE OF | | Check if Austin TX officeholder living expense | | |
| EXPENDITURE | Transportation | L Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought Office held | | |
| expenditure to benefit C/OF | 1 | 1 | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

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Farmer was dided by Taylor Fuller Occurries in a

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount (\$) 8 Check if travel outside of Texas, complete Schedule T **PURPOSE** Food/Beverage OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State; Zip Code Huy Lavedo, TX. Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) City; State; Zip Code 3 Lavedo, TX. 78046 Description __ Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) State; Zip Code Bullock Laredo (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 **EXPENDITURE** Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name Zip Code avado, TX. Description Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code avedo, Tx. 780 Description Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH

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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

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)

| The Instruction Guide explains how to complete this form. | | | | |
|---|--|-----------------------------|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME VIAAI RODVIQUEZ | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 11 23/18 | 5 Payee name | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| 50.67 | 1420 Market La | vedo, To | X.78046 | |
| 8 | (a) Category (See categories listed at the top of this schedule) | (b) Description | Traval complete Schedule T | |
| PURPOSE OF EXPENDITURE | Foud Beverage | | l outside of Texas, complete Schedule T 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 | | | |
| 11/23/18 | Stripes | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| 36.00 | 36:00 37 US-83 Lavedo, TX. 78016 | | | |
| 2112222 | Category (See categories listed at the top of this schedule) | Description Check if travel | outside of Texas, complete Schedule T | |
| PURPOSE OF EXPENDITURE | Transportation | | , TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |
| Date | Payee name | | | |
| 11/26/18 | Dannil's Restai | want | | |
| Amount (\$) | Payee address; City; State; Zip Code | F | | |
| (09.11 | 4450 S. Zapata HALCIVED | OITX. | 180 | |
| | Category (See categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Food/Beverage | | outside of Texas, complete Schedule T , 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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Payee address: State: Zip Code (b) Description 8 Check if travel outside of Texas, complete Schedule T **PURPOSE** Food Beverage Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; aredo, TX. 78046 (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) (avedo, TX. Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED othica atata tu ... France and ideal by Tarras Estina Organization Davisad 00/07/001E

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Farmer and the James Filter Commitment

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 (anter a category not listed above)

| Contributions/Donations Made Candidate/Officeholder/Politic | | | vel Out Of District er (enter a category not listed above) |
|--|--|--------------------------------|---|
| | The Instruction Guide explai | ins how to complete this form. | , |
| 1 Total pages Schedule F1 | 2 FILER NAME VIOLAT RO DVIGUEZ 5 Pavee name | 3 F | iler ID (Ethics Commission Filers) |
| 4 Date 17 19 9/18 | 5 Payee name BUVOLV KIVO | | |
| 6 Amount (\$) | 7 Payee address; City; State; Z | Zip Code | |
| 79°53 | 4407 US-83 LC | wedo, TX. 780 | 16 |
| 8 | (a) Category (See categories listed at the top of this s | | |
| PURPOSE OF EXPENDITURE | Food/Beverage | | e of Texas, complete Schedule T |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | , |
| 11/30/18 | Naomi Robles |) | |
| Amount (\$) | Payee address; City; State; Z | Zip Code | |
| 120.00 | 28025. Malina | e Lavedo, TX. 7 | 804 |
| BUDDOOF | Category (See categories listed at the top of this s | , Becompact | of Texas, complete Schedule T |
| PURPOSE OF EXPENDITURE | Office Overhead | | fficeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name H | Office sought | Office held |
| Date . | Payee name | | |
| 12/18/18 | Stripes | | |
| Amount (\$) | Payee address; City; State; Z | ip Code | |
| 35.00 | 3710-US-83 | Lavedoi TX. 7 | 8046 |
| BUBBOOK | Category (See categories listed at the top of this so | | |
| PURPOSE OF EXPENDITURE | Transportation | | of Texas, complete Schedule T |
| 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 | | | |

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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

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 | al Committee Legal Services Salaries/W The Instruction Guide explains how to co | | Other (enter a category not listed above) | |
|---|--|--------------------------------------|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME VIDAN RODVIGUEZ | 3 | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name Wart | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | • | | |
| (1) 38 | 4401US-83 Lavec | WITX. 7 | 8046 | |
| 8 PURPOSE | (a) Category (See categories listed at the top of this schedule) | (b) Description Check if travel out | utside of Texas, complete Schedule T | |
| OF EXPENDITURE | Office Overhead | | TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held | |
| Date | Payee name | | | |
| 19/1/18 | Pollo Feliz | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| 38.95 | | edo, TX. | 78046 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) BLVVCSL | | side of Texas, complete Schedule T X, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |
| Date | Payee name | . 7 | | |
| 19/1/18 | Texas Roadhause | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| 170.00 | | nardo Lav | eduitx.78041 | |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description Check if travel outs | side of Texas, complete Schedule T | |
| OF EXPENDITURE | Food Beverage | | K, 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 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 (entry a category not listed above)

| The Instruction Guide explains how to complete this form. | | | |
|--|--|-----------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME VIOLA RODVIGUES 5 Pavee name | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name DOMINAS PIZZO | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| 54.94 | 1900 Thurn | nan La | vedo, Tx- 7x046 |
| 8 | (a) Category (See categories listed at the top of this schedule) | (b) Description | outside of Texas, complete Schedule T |
| PURPOSE OF EXPENDITURE | Food Beverage | | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 12/3/18 | Daniel Vargas | 0.0 | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 100.00 | 137 North Ave. La | redo, TX. | 78045 |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Donation | | outside of Texas, complete Schedule T TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 12/3/18 | Lamar Advertising |) | |
| Amount (\$) | Payee address; City; State; Zip Code | | ,) |
| 1,500.00 | 5543 State Hw+359 Cu | redoitx. | 78043 |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | | outside of Texas, complete Schedule T 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

Farmer and death. Terra Chica Commission

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

| Candidate/Officeholder/Politica | | | nter a category not listed above) |
|---|--|---|--|
| | The Instruction Guide explains how to | | |
| 1 Total pages Schedule F1: | 2 FILER NAME VICA A Rodriguer | 3 Filer | ID (Ethics Commission Filers) |
| 12/3/18 | 5 Payee name Mongalez | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| 60.00 | 122 Pampiona | Lavedo, TX. | 7x046 |
| 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 | Donation | Check if Austin, TX, office | holder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date , | Payee name | | A CONTRACTOR OF THE PROPERTY O |
| 11/23/19 | VistaPrint | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 254.47 | 95 Hayden Av. | Lexignton, M | 1a 69421 |
| PURPOSE OF EXPENDITURE | Category (See categorie Visted at the top of this schedule) Advertising I Printing U.P. | Description Check if travel outside of T Check if Austin, TX, officeh | |
| Complete ONLY if direct expenditure to benefit C/OH | 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 To | exas, complete Schedule T |
| OF EXPENDITURE | | Check if Austin, TX, officeh | older living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| - 14 | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEEDED | |