

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

12

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR. FIRST: Rodolfo MI: LAST: Morales SUFFIX: III
NICKNAME: "Rudy"

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1219 Santa Maria Ave Laredo TX 78040
 Change of Address

RECEIVED
2018 DEC -5 PM 4:17
CITY SECRETARIES OFFICE

Date Hand-delivered or Date E-mailed

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (956) PHONE NUMBER: 206-5328 EXTENSION:

Receipt # Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Ms. FIRST: Maria MI: D. LAST: Perez SUFFIX:

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1202 Barfield St. Laredo TX 78040

8 CAMPAIGN TREASURER PHONE

AREA CODE: (956) PHONE NUMBER: 635-9892 EXTENSION:

9 REPORT TYPE

- January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 11 / 13 / 18 THROUGH Month Day Year: 12 / 05 / 18

11 ELECTION

ELECTION DATE: Month Day Year: 12 / 13 / 18
ELECTION TYPE: Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Municipal Court Judge

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Rodolfo "Rudy" Morales III 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

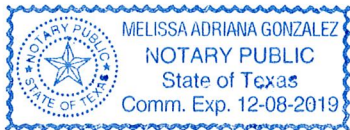
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,250
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,604.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,126.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2000

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Rodolfo Morales III
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rodolfo "Rudy" Morales, this the 5th day of December, 20 18, to certify which, witness my hand and seal of office.

Melissa Adriana Gonzalez Melissa Adriana Gonzalez Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

Rodolfo "Rudy" Morales III

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,450
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,800
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2,000
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,604.54
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,500
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

Rodolfo "Rudy" Morales III

3 Filer ID (Ethics Commission Filers)

4 Date

11/13/18

5 Full name of contributor

Pablo Lozano

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code

5122 Bengal Bay Laredo TX 78045

8 Principal occupation / Job title (See Instructions)

Transportation

9 Employer (See Instructions)

Self-Employed

Date

11/13/18

Full name of contributor

James Roycroft

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

4605 La Plaza Ln Laredo, TX 78041

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

11/13/18

Full name of contributor

Linda Garza

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

3712 Josefina Dr. Laredo, TX 78041

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Self - Employed

Date

11/23/18

Full name of contributor

Star Income Tax Service

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$2,000

Contributor address; City; State; Zip Code

2201 Victoria St. Laredo TX 78009

Principal occupation / Job title (See Instructions)

Tax office

Employer (See Instructions)

Self - Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

Rodolfo "Rudy" Morales III

3 Filer ID (Ethics Commission Filers)

4 Date

11/27/18

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

Gypsy Transportations

6 Contributor address; City; State; Zip Code

16360 US HWY 83 N Laredo, TX 78005

7 Amount of contribution (\$)

\$400

8 Principal occupation / Job title (See Instructions)

Transportation

9 Employer (See Instructions)

Self-employed/owner

Date

11/27/18

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

Adriana A. Paredes

Contributor address; City; State; Zip Code

5810 Dogwood RD. Laredo TX 78041

Amount of contribution (\$)

\$150

Principal occupation / Job title (See Instructions)

Stay at Home Parent

Employer (See Instructions)

N/A

Date

11/28/18

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

Dubai Truck Lines Inc

Contributor address; City; State; Zip Code

3102 Santa Isabel Laredo TX 78040

Amount of contribution (\$)

\$300

Principal occupation / Job title (See Instructions)

Transportation

Employer (See Instructions)

Self-Employed/owner

Date

12/1/18

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

Law office of Sergio Lozano

Contributor address; City; State; Zip Code

1010 Juarez Ave. Laredo TX 78002

Amount of contribution (\$)

\$300

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Self-Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

Rodolfo "Rudy" Morales II

3 Filer ID (Ethics Commission Filers)

4 Date

11/23/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

Law Office of Andres Reyes

6 Contributor address;

City; State; Zip Code

401 E. Hillside Rd. Laredo TX 78041

7 Amount of contribution (\$)

\$1000

8 Principal occupation / Job title (See Instructions)

Lawyer

9 Employer (See Instructions)

Self Employed

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)

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: <u>2</u>	
2 FILER NAME <u>Rodolfo "Budy" Morales III</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>2800</u>	
5 Date <u>11/28/18</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rodolfo Morales III</u> Contributor address; City; State; Zip Code <u>1219 Santa Maria Laredo TX</u>	8 Amount of Contribution \$ <u>\$1550</u>	9 In-kind contribution description <u>Advertising/ Postage Expense</u>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Lawyer</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Self-Employed</u>	
12 Contributor's principal occupation (FOR JUDICIAL) <u>Lawyer</u>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <u>Self-Employed</u>	
14 Contributor'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 <u>11/15/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Maria Irma Morales</u> Contributor address; City; State; Zip Code <u>103 Evans Ave Laredo TX 78040</u>	Amount of Contribution \$ <u>\$1000</u>	In-kind contribution description <u>Advertising</u>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Teacher</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>LISD</u>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor'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 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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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 2

2 FILER NAME

Rodolfo "Budy" Morales III

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 2800

5 Date

12/3/18

6 Full name of contributor out-of-state PAC (ID#: _____)

Rodolfo Morales III

7 Contributor address; City; State; Zip Code

1219 Santa Maria Laredo TX 78040

8 Amount of Contribution \$

\$250

9 In-kind contribution description

Advertising (FB)

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Lawyer

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Self Employed

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor'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 out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor'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 COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>Rodolfo "Rudy" Morales III</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>\$ 2000</u>
5 Date of loan <u>11/23/18</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rodolfo Morales III</u>	9 Loan Amount (\$) <u>\$2000</u>
6 Is lender a financial institution? <u>Y</u> <input checked="" type="radio"/> <u>N</u>	8 Lender address; City; State; Zip Code <u>1219 Santa Maria Laredo, TX 78040</u>	10 Interest rate <u>0</u>
		11 Maturity date <u>N/A</u>
12 Principal occupation / Job title (See Instructions) <u>Lawyer</u>		13 Employer (See Instructions) <u>Self-Employed</u>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **Rodolfo "Rudy" Morales III** 3 Filer ID (Ethics Commission Filers)

4 Date **11/27/18** 5 Payee name **Pro Value Media**

6 Amount (\$) **\$500** 7 Payee address; City; State; Zip Code **1202 E. Del Mar Blvd Sta 104 Laredo TX**

8 PURPOSE OF EXPENDITURE **Advertising**
 (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 **28020**

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **11/27/18** Payee name **Latin Western Enterprises**

Amount (\$) **\$275** Payee address; City; State; Zip Code **7511 McPherson Laredo TX 78040**

PURPOSE OF EXPENDITURE **Advertising**
 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/OH Candidate / Officeholder name Office sought Office held

Date **11/28/18** Payee name **Pro Value Media**

Amount (\$) **\$295³⁹** Payee address; City; State; Zip Code **1202 E. Del Mar Blvd st. 104 Laredo TX**

PURPOSE OF EXPENDITURE **Advertising**
 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 **78020**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 Rodolfo "Rudy" Morales III	3 Filer ID (Ethics Commission Filers)
4 Date 11/26/18	5 Payee name KGNS-TV	
6 Amount (\$) \$3,965.²⁵	7 Payee address; City; State; Zip Code 120 W. Del Mar Blvd Laredo TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 11/4/18	Payee name KGNS-TV	
Amount (\$) \$1551.²⁵	Payee address; City; State; Zip Code 120 W. Del Mar Blvd Laredo TX 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense * Check has not posted not reflected on Pg 2 #5
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11/30/18	Payee name Commerce Bank	
Amount (\$) \$17.65	Payee address; City; State; Zip Code 5800 San Antonio Ave. Laredo TX 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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 F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ \$ 1,500
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5 Date 12/5/18	6 Payee name Laredo Morning Times
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7 Amount (\$) 1,500	8 Payee address; City; State; Zip Code 111 Esperanza Drive
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising (ADS)	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED