JANET L. LEAL

FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID Total pages filed: The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00058460 MS/MRS/MR FIRST MI CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** The Honorable Janet L, NAME Date Received MERON COUNTY JEPARTMENTOFELECTIONS & VOTERREGISTRATION SUFFIX NICKNAME LAST A: Jagari Leal Date Hand-delivered or Date Postmarked ZIP CODE CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; **OFFICEHOLDER** 103rd District Court MAILING Receipt# **ADDRESS** 974 East Harrison Street Change of Address Brownsville, TX 78520 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST ΜI TREASURER Mr. Chester R. NAME NICKNAME LAST SUFFIX Gonzalez STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: CAMPAIGN CITY; ZIP CODE TREASURER 117 E. Price Rd. **ADDRESS** (Residence or Business) Brownsville, TX 78520 AREA CODE PHONE NUMBER **EXTENSION** CAMPAIGN **TREASURER** (956) 550-9550 PHONE REPORT TYPE X January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Exceeded \$500 limit Final Report (Attach C/OH-FR) July 15 8th day before election PERIOD Day Year Month Day Year COVERED THROUGH 07/01/2018 12/31/2018 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year **P**rimary Runoff Other General Special 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) District Judge District 103 Cameron District Judge District 103

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 12

					2 01 12					
13 C / OH NAME	Leal, Janet L. (The H	onorable)	14 Filer ID 00058460	(Ethics Com	nission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	committees to eholder's kno otice of such	support the wledge or expenditures.								
Additional Pages										
	GENERAL									
	Checker	COMMITTEE ADDRESS								
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS							
16 CONTIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED		\$	0.00					
		CAL CONTRIBUTIONS	0)	\$	0.00					
EXPENDITURE	+	PLEDGES, LOANS, OR GUARANTEES OF LOAN: AL EXPENDITURES OF \$100 OR LESS, UNLESS	\$	0.00						
TOTALS	4. TOTAL POLITI	CAL EXPENDITURES	\$	8,723.96						
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD								
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00					
17 AFFADAVIT		l swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.								
BACK NO	JUDITH E KRAUSE tary Public, State of Texas Ay Commission Expires 02-05-2019	Signature of	Candidate or Officeho	lder						
	TARY STAMP / SEAL ABO		, this the <u>9</u>		_day					
Signature of office	Hudith E. Krause Judith E. Krause Notary Public Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath									

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 12
18 FILER NA Leal, Jan	ME let L. (The Honorable)	19 Filer ID 00058460	(Ethics Commission Filers)
	LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
з. 🔲	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	s	\$ 8,703.96
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 20,00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ons	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees Food/Beverage Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nittee	Glft/Awards/Memoria Legal Services The Instruction G	•		Vages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed abov	e)
1	Total pages Schedule F1: Sch: 1/8 Rpt: 4/12	•		(The Honor	ahle)	•			3	Filer ID 00058460	(Ethics Commission	r Fiters)
4	Date 08/07/2018	5 P	ayee name	roop 11 (Alec								
6	Amount (\$) \$100.00	5	Payee addres 5434 Dragoi Brownsville,	nwick Ct	State	; Zip Co	ode					
8	PURPOSE OF EXPENDITURE	(Contribution	e Categories listed a s/Donations N fficeholder/Po	/lade By		(b)	Check if Austin,	, тх, Proj	officeholder livin ject for Alec	nplete Schedule T. g expense c Solis to teach B	asic Life
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		andidate/Offic	eholder name	(Office sou	ght			Office h	eld	
	Date 07/03/2018	E	Payee name Brownsville									
	Amount (\$) \$250.00	1	ayee addres .135 E Van Brownsville,	Buren	State	; Zip Co	ode					
	PURPOSE OF EXPENDITURE		Category _{(Se} Advertising I	e Categories listed a Expense	t the top of this sch	redule)	(b)	Check if Austin,	, тх, in E	officeholder livin Education -	nplete Schedule T. g expense os Elementary	÷
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offic	eholder name	(Office sou	ght			Office h	eld	
	Date 11/26/2018		ayee name Brownsville	Herald								
	Amount (\$) \$250.00	1	ayee addres .135 E Van	Buren	State	; Zip Co	ode					
		Е	Brownsville,	TX 78520		ı	_					
	PURPOSE OF EXPENDITURE		Category (Se Advertising I	e Categories listed a Expense	t the top of this sch	edule)	(b)	Check if Austin,	, τx, ship	officeholder livin - Newspa	nplete Schedule T. g expense per in Education -	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ındidate/Offic	eholder name	(Office sou	ght			Office h	eld	
												;

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Food/Beverage Expense Gift/Awards/Memorials Expense OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID (Ethics Commission Filers) Total pages Schedule F1: 2 FILER NAME 00058460 Sch: 2/8 Rpt: 5/12 Leal, Janet L. (The Honorable) 4 Date Payee name Cameron County Bar Association, Women's Law Section 08/23/2018 State; Zip Code 6 Amount (\$) Payee address; City: \$500.00 514 Paredes Ave. Suite H Brownsville, TX 78521 **PURPOSE** 8 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sponsor - 6th Annual 1-Mile Run/Walk and 5K to Benefit Students of Cameron County Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 11/29/2018 Cameron County Payee address; State; Zip Code Amount (\$) \$200.00 1100 E. Monroe Street Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T, Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution - Cameron County Employee Christmas Party Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/15/2018 Friendship of Women State: Zip Code Amount (\$) Payee address; City; \$500.00 PO Box 3112 Brownsville, TX 78523 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sponsor - 3rd Annual Witches, Ghouls & Brews Halloween Casino Night Candidate/Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Event Expense Polling Expense

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

Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel Out of District
OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 00058460 Sch: 3/8 Rpt: 6/12 Leal, Janet L. (The Honorable) 4 Date Payee name 08/14/2018 Gallegos Elementary School State; Zip Code 6 Amount (\$) Pavee address: City: \$250,00 2700 Avenida Rancho Viejo Brownsville, TX 78521 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Back to School Staff Development - Teacher Incentives Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 07/24/2018 Girl Scouts of Greater South Texas Amount (\$) Payee address; City; State; Zip Code \$2,000.00 202 East Madison Harlingen, TX 78550 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee 2018 Distinction Gala Table Sponsorship - Trefoil Sponsor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Girl Scouts of Greater South Texas 11/26/2018 Payee address; State; Zip Code Amount (\$) City; \$180.00 202 East Madison Harlingen, TX 78550 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Gifts for Judges Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

SCHEDULE F1

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

Event Expense Lo
Fees Oi
Food/Beverage Expense Po
Gift/Awards/Memorials Expense Pr

EXPENDITURE CATEGORIES FOR BOX 8(a)

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
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/- al Co	mmittee	Gift/Awards/Men Legal Services The Instructio	•	Printing I Salaries/ ns how to com	Wages	s/Contract Labor		Travel Out of Di OTHER (enter a	strict category not listed	above)
_	Total pages Schedule F1:	2	EILED NAM						3	Filer ID	(Ethics Commi	ssion Filers)
-	Sch: 4/8 Rpt: 7/12	_		- L. (The Hor	norable)					00058460	(44.00.00	,
4	Date	5	Payee name						•			
ľ	10/18/2018		-	rican Cookie	Company							
6	Amount (\$)	7	Payee addre	ss; City;	5	State; Zip C	ode					
	\$143,96		2355 N Exp	oressway 77								
			Suite 6									
			Brownsville	, TX 78520								
8	PURPOSE	(a`	Category (S	ao Catogorios list	ad at the ten of th	nie sehodulo)	(b)	Description			***	
ľ	OF			ns/Donation		na su joudioj	``		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE			Officeholder		ommittee		Check if Austin	ı, TX	, officeholder living	g expense	
								Contribution			ınty District A	ttorney's
								Office DVU E	:xp	0 2018		
9	Complete ONLY if direct		Candidate/Off	iceholder nan	ne	Office so	ught			Office h	eld	
	expenditure to benefit C/O	H										
Г	Date		Payee name									
	07/19/2018		Historic Bro	wnsville Ro	tary							
	Amount (\$)	-	Payee addre	ss; City;	5	State; Zip C	ode					
	\$180.00		•	owen Terra	.ce	. ,						
	,											
			Brownsville	TX 78521								
	PURPOSE	(0)					(b)	Description				
	OF	(4)	Category _{(S} Fees	ee Categorles list	ed at the top of th	nis schedule)	(0)		outs	ide of Texas, Com	plete Schedule T,	
	EXPENDITURE		rees					<u> </u>		, officeholder living	•	
								Fees for Men	nbe	ership		
	Complete ONLY if direct		Candidate/Off	iceholder nan	ne	Office so	ught			Office h	eld	
	expenditure to benefit C/OI	Н										
F	Date		Payee name									
	07/19/2018		•	wnsville Ro	tarv							
┝	Amount (\$)	┝	Payee addre			State; Zip C	ode					
	\$100,00			cowen Terra		, march 1						
l	ΨΣ00.00		020 44001 0	,01,011,10114								
			Drougosillo	TV 70501								
L		L.	Brownsville				1.5					
	PURPOSE OF	(a)	Category (S			nis schedule)	(b)	Description	outri	ide of Toyne Com	plete Schedule T.	
	EXPENDITURE			ns/Donation Officeholder		nmittee				, officeholder living		
			Carididater	omcendaer	71 Olitical Ct)		Bus for CPS				
										•		
H	Complete ONLY if direct	L	Candidate/Off	ceholder nan	ne	Office so	ught			Office he	eld	
	expenditure to benefit C/OI											
\vdash												

SCHEDULE F1

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

\$1,000.00

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 5/8 Rpt: 8/12 Leal, Janet L. (The Honorable) 00058460 4 Date Payee name 08/20/2018 Historic Brownsville Rotary 6 Amount (\$) Payee address; City; State; Zip Code

EXPENDITURE CATEGORIES FOR BOX 8(a)

PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) OF Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee

328 West Cowen Terrace

Brownsville, TX 78521

(b)	Description
	Check if travel outside of Texas. Complete Schedule T,
	Check if Austin, TX, officeholder living expense
	Ride for Rotary 2018 - Silver Sponsorship

9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/27/2018 Immaculate Conception Catholic Church Amount (\$) Payee address; City; State; Zip Code \$500.00 1218 East Jefferson Street

PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee

Brownsville, TX 78520

Candidate/Officeholder name

(D)	Description
	Check if travel outside of Texas, Complete Schedule T,
	Check if Austin, TX, officeholder living expense
	2018 Annual Kermes Platinum Cross Sponsorship

Office held

Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 09/17/2018 McHale, Jerry (Mr.) Amount (\$) Payee address; City; State; Zip Code \$200.00 995 Media Luna #232

PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Advertising Expense **EXPENDITURE**

Description
Check if travel outside of Texas, Complete Schedule T.
Check if Austin, TX, officeholder living expense
"Get Out and Vote" Advertisement

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

Brownsville, TX 78521

Office sought

Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees Food/Beverage Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Cor	mmittee	Gift/Awards/Memoria Legal Services The Instruction G	·		Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers))
_	Sch: 6/8 Rpt: 9/12			L. (The Honor	able)					00058460		
4	Date	5	Payee name									
	11/27/2018		Moody Clin	ic								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$100.00		1901 East 2	22nd Street								
			Brownsville	, TX 78521								
8	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	İ		ns/Donations N				<u> </u>			plete Schedule T,	
			Candidate/	Officeholder/Po	olitical Comm	uttee		Fundraiser - 0		officeholder living rietmae Poin		
								T dildidisci	0111	15011051 011	octuas	
Ļ	Commissa ONII V II dina	<u> </u>	andidata/Off	ceholder name		Office sou	aht			Office he		
9	Complete ONLY if direct expenditure to benefit C/OI		Januluale/On	centiqei name		Jilice Sou	gric			Office fit	siu	
\vdash		_				·						
	Date		Payee name									
	08/21/2018		Nino's Head	dStart								
	Amount (\$)		Payee addre			; Zip Co	de					
	\$250.00		402 West F	obertson Stree	et							
			San Benito	TX 78586								
	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			ns/Donations N							plete Schedule T,	
			Candidate/	Officeholder/Po	olitical Comm	iittee		Halloween Ba		officeholder living	j expense	
								nalloween Da	2511			
_	O L. ONIVERSITA	Ļ		ceholder name		Office sou				Office he	- I.d	_
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offi	cenoider name		Alice Sou	ym			Office In	siu	
_												
	Date		Payee name									
	08/27/2018		St. Joseph									
	Amount (\$)		Payee addre		State;	; Zip Co	de					
	\$300.00		101 St. Jos	eph Drive								
			Brownsville	, TX 78520								
	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense							plete Schedule T.	
	DA MINITOR							_		officeholder living	expense divertisement Book	
								Aunent Doos	ıeı	riogram At	ivertisement Dook	
ļ	OI-t- ONB V 75 -II :	<u>_</u>	>===did=+= 10:50		-	Office and	abt.			Office he	ald	
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offi	ceholder name	Ĺ	Office sou	yııı			Office ne	əlu	
	•											_

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Event Expense

Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Food/Beverage Expense Gift/Awards/Memorials Expense OTHER (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: FILER NAME 3 Filer ID (Ethics Commission Filers) 00058460 Sch: 7/8 Rpt: 10/12 Leal, Janet L. (The Honorable) 4 Date Payee name 11/07/2018 St. Joseph Academy State; Zip Code 6 Amount (\$) Pavee address: City: \$500.00 101 St. Joseph Drive Brownsville, TX 78520 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sponsorship - St. Joseph Athletic Booster Club Taste of the Town Fundraiser Office held 9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 09/27/2018 Sunshine Haven Amount (\$) Payee address; City; State; Zip Code \$500.00 7105 W. Lakeside Olmito, TX 78579 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T, Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Annual Fundraiser Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Tip of Texas Family Outreach 09/20/2018 Payee address; State; Zip Code Amount (\$) \$500.00 455 East Levee Street Brownsville, TX 78520 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T, Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sponsorship - Spooktacular Piano Bar Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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)

	Credit Card Payment	The Instruction Guide explains how to complete this	form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 8/8 Rpt: 11/12	Leal, Janet L. (The Honorable)	00058460
4	Date	5 Payee name	
	12/12/2018	Veteran's Memorial High School Estudiantina	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00	4550 U.S. Military Hwy 281	
		Brownsville, TX 78520	
8	PURPOSE		escription
٥	OF .	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Co	ontribution - Christmas Program
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	п	
		•	
	•		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Gulde explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME Sch: 1/1 Rpt: 12/12 00058460 Leal, Janet L. (The Honorable) 4 Date Payee name 09/10/2018 Texas Association of District Judges 6 Amount (\$) Payee address; City; State; Zip Code PO Box 1748 \$20,00 Reimbursement from political contributions intended Austin, TX 78767 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Membership Dues Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH