

**Mr. Noe
Robles**

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

FIRST

MI

MR.

NOE

NICKNAME

LAST

SUFFIX

ROBLES

OFFICE USE ONLY

Date Received

CAMERON COUNTY
DEPARTMENT OF ELECTIONS &
VOTER REGISTRATION

FEH 23 2016

3:33
pm

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

23331 N. Tamplin, Harlingen, Tx
78552

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956)

789-9550

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MR.

JOE

NICKNAME

LAST

SUFFIX

BARGUIARENA

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

88 Shoreline, Brownsville, Tx 78521

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956)

404-3070

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

1 / 1 / 16

THROUGH

Month

Day

Year

7 / 23 / 16

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 1 / 16

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

NONE

13 OFFICE SOUGHT (if known)

Judge, Cameron County
Court at Law No. 5

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

NOE ROBLES

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

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

N/A

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)

\$ ~~5,080.61~~ *5,080.61*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *10,724.23*

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *0*

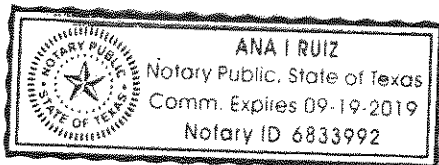
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Noe Robles

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Noe Robles*, this the *23rd* day of *Feb*, 20*16*, to certify which, witness my hand and seal of office.

Ana Ruiz

Signature of officer administering oath

Ana Ruiz

Printed name of officer administering oath

Notary Public

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

NOE ROBLES

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|---|-------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2,880.61 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 2,200.00 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ 0 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 3,586.67 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 6,637.56 |
| 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: |
| 2 FILER NAME <i>NOE ROBLES</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>2/3/16</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ignacia R. Crowe</i> | 7 Amount of contribution (\$) <i>\$1,930.61</i> |
| 6 Contributor address; City; State; Zip Code <i>1313 N. Blake, Hgn, Tx 78550</i> | | |
| 8 Principal occupation / Job title (See Instructions) <i>Paralegal</i> | | 9 Employer (See Instructions) <i>Law office of Noe Robles</i> |
| Date <i>2/10/16</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thelma Carata</i> | Amount of contribution (\$) <i>\$150⁰⁰</i> |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>2/10/16</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alfredo Montano Jr.</i> | Amount of contribution (\$) <i>\$150⁰⁰</i> |
| Contributor address; City; State; Zip Code <i>1101 W. Tyler Ave. Hgn. Tx 78550</i> | | |
| Principal occupation / Job title (See Instructions) <i>Attorney</i> | | Employer (See Instructions) <i>Self-employed</i> |
| Date <i>2/19/16</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fukanya Ben Bhaka</i> | Amount of contribution (\$) <i>\$250⁰⁰</i> |
| Contributor address; City; State; Zip Code <i>2004 Central Blvd, Bmn. Tx 78520</i> | | |
| Principal occupation / Job title (See Instructions) <i>N/A</i> | | Employer (See Instructions) <i>N/A</i> |

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:

2 FILER NAME

NDE ROBLES

3 Filer ID (Ethics Commission Filers)

4 Date

2/23/16

5 Full name of contributor

Julian Siller

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

7 Amount of contribution (\$)

\$400⁰⁰

6 Contributor address;

22473 N. Wilcox, Hgn. TX 78552

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Self-employed

9 Employer (See Instructions)

Shades Limited.

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: | |
| 2 FILER NAME <i>NOE ROBLES</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date <i>2/12/16</i> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Belleville</i> | 8 Amount of Contribution \$ <i>\$2,200.00</i> | 9 In-kind contribution description <i>Event Expense</i> |
| 7 Contributor address; City; State; Zip Code <i>1010 Mexico Blvd. Brownsville, TX 78521</i> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Owner</i> | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>N/A</i> | |
| 12 Contributor's principal occupation (FOR JUDICIAL) <i>Amigoland Event Center</i> | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>Sole Proprietor</i> | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) <i>self-employed</i> | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i> | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <i>N/A</i> | | | |

| | | | |
|---|---|--|----------------------------------|
| Date <i>2/3/16</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tranica R. Crowe</i> | Amount of Contribution \$ <i>\$1,930.61</i> | In-kind contribution description |
| Contributor address; City; State; Zip Code <i>23331 N. Tamm Ln Houston TX 78552</i> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Secretary</i> | | Employer (FOR NON-JUDICIAL) (See Instructions) <i>Law Office of Noe Robles</i> | |
| Contributor's principal occupation (FOR JUDICIAL) <i>Paralegal</i> | | Contributor's job title (FOR JUDICIAL) (See Instructions) <i>Paralegal</i> | |
| Contributor's employer/law firm (FOR JUDICIAL) <i>Law Office of Noe Robles</i> | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i> | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <i>N/A</i> | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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 <i>NOE ROBLES</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-----------------------------------|---------------------------------------|

| | |
|-------------------------|-------------------------------------|
| 4 Date <i>1/8/16</i> | 5 Payee name <i>J. A. Sports</i> |
|-------------------------|-------------------------------------|

| | |
|----------------------------------|--|
| 6 Amount (\$) <i>\$546.67</i> | 7 Payee address; City; State; Zip Code <i>4627 Central Circle, Brown Tr 78521</i> |
|----------------------------------|--|

| | | |
|------------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|---------------------------------------|
| Date <i>1/29/16</i> | Payee name <i>R Communications</i> |
|------------------------|---------------------------------------|

| | |
|----------------------------------|---|
| Amount (\$) <i>\$1,000.00</i> | Payee address; City; State; Zip Code <i>1201 N. Jackson, McAllen, TX 78501</i> |
|----------------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>2/3/16</i> | Payee name <i>R Communications</i> |
|-----------------------|---------------------------------------|

| | |
|--------------------------------|--|
| Amount (\$) <i>\$480.00</i> | Payee address; City; State; Zip Code <i>1201 N. Jackson, McAllen TX 78501</i> |
|--------------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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 <i>NOE ROBLES</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------------------------|---------------------------------------|

| | |
|-----------------------|---------------------------------------|
| 4 Date <i>2/15/16</i> | 5 Payee name <i>El Valle Noticias</i> |
|-----------------------|---------------------------------------|

| | |
|----------------------------|--|
| 6 Amount (\$) <i>\$500</i> | 7 Payee address; City; State; Zip Code <i>Brownsville, TX 78520</i> |
|----------------------------|--|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (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 <i>2/15/16</i> | Payee name <i>LFN. LLC.</i> |
|---------------------|-----------------------------|

| | |
|---------------------------------------|---|
| Amount (\$) <i>\$660⁰⁰</i> | Payee address; City; State; Zip Code <i>102 S. Main St., La Feria TX 78559</i> |
|---------------------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | 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 |
|---|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|------------------------|--|---|
| 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 |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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 G: | 2 FILER NAME <i>NDE ROBLES</i> | 3 Filer ID (Ethics Commission Filers) |
|---------------------------|-----------------------------------|---------------------------------------|

| | |
|-------------------------|---|
| 4 Date <i>2/4/16</i> | 5 Payee name <i>Brownsville Herald</i> |
|-------------------------|---|

| | |
|--|--|
| 6 Amount (\$) <i>\$470.00</i> <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <i>Brownsville, TX 78521</i> |
|--|--|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (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 <i>2/5/16</i> | Payee name <i>Brownsville Herald</i> |
|-----------------------|---|

| | |
|--|--|
| Amount (\$) <i>\$900.00</i> <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code <i>Brownsville, TX 78521</i> |
|--|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) 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 |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------------|------------------------------------|
| Date <i>2/9/16</i> | Payee name <i>"Stick to Us"</i> |
|-----------------------|------------------------------------|

| | |
|--|---|
| Amount (\$) <i>\$116.78</i> <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code <i>2370 N. Expressway Port-Tx 78521</i> |
|--|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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 G: | 2 FILER NAME <i>NDE ROBLES</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>2/18/16</i> | 5 Payee name <i>"Stick to Us"</i> | |
| 6 Amount (\$) <i>\$127.59</i> <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <i>2370 N. Expressway, Bmn TX 78521</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|--|---|
| Date <i>1/30/16</i> | Payee name <i>"Stick to Us"</i> | |
| Amount (\$) <i>\$108.14</i> <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code <i>2370 N. Expressway, Bmn TX 78521</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> 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 <i>1/15/16</i> | Payee name <i>Allegria</i> | |
| Amount (\$) <i>\$190.47</i> <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code <i>1273 E. Alton Gloor, Bmn TX 78526</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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 G: | 2 FILER NAME <i>NOE ROBLES</i> | 3 Filer ID (Ethics Commission Filers) |
|---------------------------|-----------------------------------|---------------------------------------|

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| 4 Date <i>2/12/16</i> | 5 Payee name <i>La Flor Events</i> |
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| 6 Amount (\$) <i>\$580.00</i> <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <i>1155 Via Panueva, Brn-Tx 78520 (956) 371-8820</i> |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| Date <i>2/15/16</i> | Payee name <i>Brownsville Herald</i> |
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| Amount (\$) <i>\$675.00</i> <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code <i>Brownsville, TX 78521</i> |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| Date <i>2/18/16</i> | Payee name <i>Brownsville Herald</i> |
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| Amount (\$) <i>\$275.00</i> <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code <i>Brownsville TX 78521</i> |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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 G: | 2 FILER NAME <i>NOE ROBLES</i> | 3 Filer ID (Ethics Commission Filers) |
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| 4 Date <i>2/10/16</i> | 5 Payee name <i>Allegra</i> |
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| 6 Amount (\$) <i>\$555.28</i> <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <i>1273 E. Alton Blvd, Bvn. TX 78526</i> |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| Date <i>2/9/16</i> | Payee name <i>Valley Morning Star</i> |
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| Amount (\$) <i>\$1,899.30</i> <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code <i>13105 Commerce, Hght TX 78530</i> |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| Date <i>2/19/16</i> | Payee name <i>F. Heart (K Tex Radio)</i> |
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| Amount (\$) <i>\$990.00</i> <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code <i>901 E. Pike, Westaco, TX 78596</i> |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

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

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