

Mary Esther Sorola

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)
n/a 2 Total pages filed:
4

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mrs. NICKNAME: Maria LAST: Sorola FIRST: MI: E. SUFFIX:

OFFICE USE ONLY
CAMERON COUNTY
DEPARTMENT OF ELECTIONS & VOTER REGISTRATION
Date Received: JAN 10 2017
BY: [Signature]

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX; APT / SUITE #: 1999 W. Jefferson St. CITY; STATE; ZIP CODE: Brownsville, TX 78520
 Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE: (956) PHONE NUMBER: 572-4380 EXTENSION:

Receipt # Amount \$

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mrs. NICKNAME: Lynette LAST: Benarides-villarreal FIRST: MI: SUFFIX:

Date Processed
Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 504 E. Levee St. CITY; STATE; ZIP CODE: Brownsville, TX 78520

8 CAMPAIGN TREASURER PHONE
AREA CODE: (956) PHONE NUMBER: 466-9636 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: 01 / 01 / 16 THROUGH Month Day Year: 12 / 31 / 16

11 ELECTION
ELECTION DATE: n/a
Month Day Year: / /
ELECTION TYPE:
 Primary Runoff Other Description
 General Special

12 OFFICE
OFFICE HELD (if any): Justice of the Peace
Pt. 2 Place 3

13 OFFICE SOUGHT (if known): n/a

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**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Maria Esther Sorola 15 Filer ID (Ethics Commission Filers) n/a

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.

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

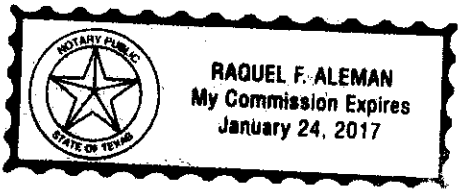
Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 310.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1310.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 515.17
	4. TOTAL POLITICAL EXPENDITURES	\$ 660.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 745.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,700.00

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.

Maria Esther Sorola
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Maria Esther Sorola this the 10th day of January, 20 17, to certify which, witness my hand and seal of office.

Raquel Aleman Raquel Aleman Clerk - Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

Maria Esther Sorola

3 Filer ID (Ethics Commission Filers)

n/a

4 Date

11/23/16

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

Sofia C. Benavides

6 Contributor address; City; State; Zip Code

4090 Retama Dr, Braunsville, TX 78521

7 Amount of contribution (\$)

\$ 1,000.00

8 Principal occupation / Job title (See Instructions)

County Commissioner

9 Employer (See Instructions)

n/a

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.

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			

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1 Total pages Schedule F1: <u>1</u>	2 FILER NAME <u>Maria Esther Sorola</u>	3 Filer ID (Ethics Commission Filers) <u>n/a</u>
4 Date <u>11/25/16</u>	5 Payee name <u>All Valley Media</u>	
6 Amount (\$) <u>\$145.00</u>	7 Payee address; City; State; Zip Code <u>32158 Zillock Ranch Rd. San Benito, TX 78586</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Campaign stickers design</u> <u>golf tourney graphics design</u> <u>adv./exp.</u>	(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 <u>n/a</u> Office sought _____ Office held _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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