

CYNTHIA M.

HINOJOSA

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: <div style="text-align: center; font-size: 2em;">9</div>																								
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; font-size: 8px;">FIRST</td> <td style="width:20%; font-size: 8px;">MI</td> <td style="width:20%;"></td> </tr> <tr> <td></td> <td style="font-size: 1.5em;">Mts. Cyndi</td> <td></td> <td></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="font-size: 1.5em;">Hinojosa</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI			Mts. Cyndi			NICKNAME	LAST	SUFFIX			Hinojosa			<div style="text-align: center; font-weight: bold; font-size: 0.8em;">OFFICE USE ONLY</div> <div style="text-align: center; font-size: 0.7em;"> TARRANT COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION FEB 03 2020 RECEIVED 1:27pm [Signature] </div>									
MS / MRS / MR	FIRST	MI																									
	Mts. Cyndi																										
NICKNAME	LAST	SUFFIX																									
	Hinojosa																										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">ADDRESS / PO BOX;</td> <td style="font-size: 8px;">APT / SUITE #;</td> <td style="font-size: 8px;">CITY;</td> <td style="font-size: 8px;">STATE;</td> <td style="font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="font-size: 1.2em;">504 E. St. Francis Brownsville, TX 78520</td> </tr> </table> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	504 E. St. Francis Brownsville, TX 78520					Date Received															
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																							
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">AREA CODE</td> <td style="font-size: 8px;">PHONE NUMBER</td> <td style="font-size: 8px;">EXTENSION</td> </tr> <tr> <td style="font-size: 1.2em;">(956)</td> <td style="font-size: 1.2em;">299-1847</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(956)	299-1847		Date Hand-delivered or Date Postmarked																			
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; font-size: 8px;">FIRST</td> <td style="width:20%; font-size: 8px;">MI</td> <td style="width:20%;"></td> </tr> <tr> <td></td> <td style="font-size: 1.5em;">MRS. LINDA</td> <td></td> <td style="font-size: 1.5em;">R.</td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="font-size: 1.5em;">Montalvo</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI			MRS. LINDA		R.	NICKNAME	LAST	SUFFIX			Montalvo			Receipt #									
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NICKNAME	LAST	SUFFIX																									
	Montalvo																										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="font-size: 8px;">APT / SUITE #;</td> <td style="font-size: 8px;">CITY;</td> <td style="font-size: 8px;">STATE;</td> <td style="font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="font-size: 1.2em;">864 Central Blvd, Ste. 2200 Brownsville, TX 78520</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	864 Central Blvd, Ste. 2200 Brownsville, TX 78520					Amount \$													
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	Date Imaged															
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">Month</td> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Year</td> <td style="width: 20%;"></td> <td style="font-size: 8px;">Month</td> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Year</td> </tr> <tr> <td style="font-size: 1.5em;">01</td> <td style="font-size: 1.5em;">/ 01</td> <td style="font-size: 1.5em;">/ 20</td> <td style="text-align: center;">THROUGH</td> <td style="font-size: 1.5em;">01</td> <td style="font-size: 1.5em;">/ 23</td> <td style="font-size: 1.5em;">/ 20</td> </tr> </table>			Month	Day	Year		Month	Day	Year	01	/ 01	/ 20	THROUGH	01	/ 23	/ 20										
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">ELECTION DATE</td> <td style="font-size: 8px;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 8px;">Month</td> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Year</td> <td style="font-size: 8px;">Primary</td> <td style="font-size: 8px;">Runoff</td> <td style="font-size: 8px;">Other Description</td> </tr> <tr> <td style="font-size: 1.5em;">03</td> <td style="font-size: 1.5em;">/ 03</td> <td style="font-size: 1.5em;">/ 20</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="3"></td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	ELECTION DATE	ELECTION TYPE	Month	Day	Year	Primary	Runoff	Other Description	03	/ 03	/ 20	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> General	<input type="checkbox"/> Special		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">OFFICE HELD (if any)</td> <td style="font-size: 8px;">OFFICE SOUGHT (if known)</td> </tr> <tr> <td></td> <td style="font-size: 1.2em;">Justice of the Peace Precinct 2, Place 1</td> </tr> </table>		OFFICE HELD (if any)	OFFICE SOUGHT (if known)		Justice of the Peace Precinct 2, Place 1
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03	/ 03	/ 20	<input checked="" type="checkbox"/>	<input type="checkbox"/>																							
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4451.00

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 3757.20

CONTRIBUTION
BALANCE

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

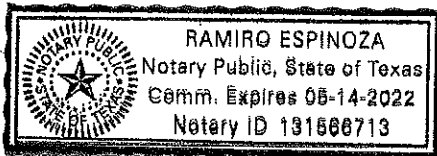
\$ 211.43

OUTSTANDING
LOAN TOTALS

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

\$ 50,000.00

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.

Cynthia Arriaga
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cynthia Arriaga, this the third day of February, 20 20, to certify which, witness my hand and seal of office.

Ramiro Espinoza
Signature of officer administering oath

Ramiro Espinoza
Printed name of officer administering oath

Public Notary
Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME

Cyndi Hinojosa

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4451.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1950.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ - 0 -
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 50,000.00
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3757.20
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 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:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

7 Amount of contribution (\$)

1-15-20

Ygnacio Garza
6 Contributor address; City; State; Zip Code

\$250⁰⁰

3125 Central Blvd Brownsville, TX 78520

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

CPA.

Carr, Riggs & Ingram

Date

Full name of contributor

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

Amount of contribution (\$)

1-15-20

Joe G. Rivera
Contributor address; City; State; Zip Code

\$200⁰⁰

34 Langdon Brownsville, TX 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

1-17-20

Maria E. Solis
Contributor address; City; State; Zip Code

\$500⁰⁰

1835 Don Quixote Brownsville, TX 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Office Manager

DR. Zamir

Date

Full name of contributor

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

Amount of contribution (\$)

1-20-20

Cesar De Leon
Contributor address; City; State; Zip Code

\$500⁰⁰

622 E. St. Charles Brownsville, TX 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

SP1F

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 <i>Cyndi Hinojosa</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>01-10-20</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adelita Valdez</i>	7 Amount of contribution (\$) <i>\$1000.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>28329 S. Palm Court Drive, Harlingen, TX 78552</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>1-15-20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dale Robertson</i>	Amount of contribution (\$) <i>\$500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>P.O. Box 8130 Brownsville, TX 78520</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>SELF</i>
Date <i>1-15-20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Madhavan Pisharodi</i>	Amount of contribution (\$) <i>\$1001.00</i>
Contributor address; City; State; Zip Code <i>500 Acacia Lake Brownsville, TX 78521</i>		
Principal occupation / Job title (See Instructions) <i>Physician</i>		Employer (See Instructions) <i>SELF</i>
Date <i>1-15-20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Reynaldo Garza</i>	Amount of contribution (\$) <i>\$500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>317 Creek Bend Brownsville, TX 78520</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>SELF</i>

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>Cyrdi Huijosa</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>1-15-20</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Flavio Gonzalez</i>	8 Amount of Contribution \$ <i>\$2,200.00</i>	9 In-kind contribution description <i>Meet & Greet</i>
7 Contributor address; City; State; Zip Code <i>1514 Los Sabales Brownsville</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) <i>Investment firm</i>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>President</i>	
14 Contributor's employer/law firm (FOR JUDICIAL) <i>G.E.S.</i>		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 <i>1-16-20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Claudia Kowalski</i>	Amount of Contribution \$ <i>\$250.00</i>	In-kind contribution description <i>Meet & Greet</i>
Contributor address; City; State; Zip Code <i>3452 Chablis Brownsville TX 78526</i>		<input type="checkbox"/> 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) <i>Administrative</i>		Contributor's job title (FOR JUDICIAL) (See Instructions) <i>Honors Specialist</i>	
Contributor's employer/law firm (FOR JUDICIAL) <i>CDCB</i>		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

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

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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		3 Filer ID (Ethics Commission Filers)	
4 Date 1/15/20		5 Payee name MC Coys			
6 Amount (\$) 237.00		7 Payee address; City; State; Zip Code 5500 S. Padre Island Hwy Brownsville TX 78520			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Materials		
	(c) <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					
Date 1/20/20		Payee name MC Coys			
Amount (\$) 147.00		Payee address; City; State; Zip Code 5500 S. Padre Island Hwy Brownsville, TX 78526			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Materials		
	<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					
Date 1/16/20		Payee name Fiesta Graphics			
Amount (\$) 450.00		Payee address; City; State; Zip Code 205 Paredes Line Rd Brownsville TX 78521			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Materials		
	<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					

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>Cyndi Hinojosa</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/2</i>	5 Payee name <i>Carlos Bravo</i>	
6 Amount (\$) <i>\$700⁰⁰</i>	7 Payee address; <i>2108 Central Blvd</i>	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>Contract Labor</i>	(b) Description <i>Campaign Worker</i>
	(c) <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>\$1738⁰⁰</i>	Payee name <i>Irma Pena</i>	
Amount (\$)	Payee address; <i>2778 Pompeii</i>	City; State; Zip Code <i>Brownsville, TX 78526</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	Description <i>Campaign Worker</i>
	<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	Payee name <i>Imelda Anzaldúa</i>	
Amount (\$) <i>\$1270⁰⁰</i>	Payee address; <i>Unit A 1167 Squaw Valley Dr</i>	City; State; Zip Code <i>Brownsville, TX 78520</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	Description <i>Campaign Worker</i>
	<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>Cyndi Hinojosa</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/30/19</i>	5 Payee name <i>IPC</i>		
6 Amount (\$) <i>17.20</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 659507 San Antonio</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Bank Fees</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 <i>Bank Fees January</i>	
	9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

Date <i>1/30/19</i>	Payee name <i>TMobile</i>		
Amount (\$) <i>32.00</i>	Payee address; City; State; Zip Code <i>3101 Pablo Kisel Blvd Brownville, TX</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Overhead</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Phone - January</i>	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED