# RUBEN DE LA ROSA

SEMI-ANNUAL REPORT JANUARY 18, 2022

#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 18 3 CANDIDATE / MS / MRS / MR FIRST M! OFFICE USE ONLY **OFFICEHOLDER** Mr. Ruben NAME NICKNAME LAST SUFFIX **CAMERON COUNTY** De La Rosa Sr. DEPARTMENT OF ELECTIONS & VOTER REGISTRATION CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY: STATE; ZIP CODE OFFICEHOLDER 713 South M Street Harlingen Texas 78550 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Hand OFFICEHOLDER (956 622-9910 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN MI **TREASURER** Mrs. Anita Date Processed NAME NICKNAME LAST SUFFIX Date Imaged De La Rosa STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; CAMPAIGN STATE: ZIP CODE TREASURER 713 South M Street Harlingen 78550 Texas **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 7956 440-5755 9 REPORT TYPE January 13 (8 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED 115 31/22 2021/1 904 **THROUGH** 11 ELECTION **ELECTION DATE** ELECTION TYPE Primary Runoff Other Month Description General Special 22 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE City of Harlingen City Commissioner for District 4 Cameron County Commissioner PCT 4 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME Rub	en De La Rosa		16 Filer ID (Ethi	cs Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELECT		\$	0.00
	2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LOAN	BUTIONS NS, OR GUARANTEES OF LOANS)	\$	1,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	L EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDI	TURES	\$	2,583.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LAS	ST DAY \$	751.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	FALL OUTSTANDING LOANS AS OF PERIOD	THE \$	0.00
	swear, or affirm, under penalty of perjury, th quired to be reported by me under Title 15, El		e and correct and	includes all Information
	, , , ,	11/11		7
				To standard and the sta
		Signature of Car	ndidate or Office	holder
	Please compl	ete either option below	<i>r</i> :	
(1) Affidavit				
(-)				
		,		
NOTARY STAMP/SEA	L			
0				
Sworn to and subscribed	before me by	this the _	day of	,
20, to certify	which, witness my hand and seal of office.			
Signature of officer administe	ring oath Printed name of offic	er administering oath	Title of o	fficer administering oath
		OR		
(2) Hanney Destauration				
(2) Unsworn Declaration	on .			
My name is <u>Mube</u>	V De Le Rose	, and my date of birth is	Decem	7.1966.
My address is	South m street	_, Harlinen, 7	Z., <i>ISSS</i> ,	<u>1, 1156</u> .
	(street)	(city) (s	tate) (zip code	) (country)
Executed in 12 mey	County, State of TRX24	, on the day of 3N (month)	12704 , 20 <i>J</i> (ye	ar)
		1/1/-	1000	· · · · · · · · · · · · · · · · · · ·
		Signature of Candida	ate/Otticeholder (l	Jeclarant)

## **SUBTOTALS - C/OH**

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

19	FILER NAME 20	Filer ID (Ethics Commis	ssion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,400.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	IBUTIONS \$	2,583.54
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	TRIBUTIONS \$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	SINESS OF C/OH \$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	BUTIONS \$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION: TO FILER	S RETURNED \$	0.00

#### **MONETARY POLITICAL CONTRIBUTIONS**

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2
2 FILER NAME Ruben De	e La Rosa	3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID#:  Yvette De La Rosa	
10/17/2021	6 Contributor address; City; State; Zip City; State; Zip City; State; Zip City; State; Zip City; City; State; Zip City; State	
8 Principal occu	apation / Job title (See Instructions)  9 Employer (S	ee Instructions)
Date 08/09/2021	Full name of contributor out-of-state PAC (ID#:	Amount of continuation (\$)
J6/09/2021	Contributor address; City; State; Zip C 2909 Clifford Str. Harlingen, Texas 78550	
Principal occu	pation / Job title (See Instructions)  Employer (See	ee Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$\psi\$)
08/07/2021	Contributor address; City; State; Zip Co 2601 S. 77 Sunshine Strip, Harlingen, Texas 785	200.00
Principal occup	pation / Job title (See Instructions) Employer (Se	ee Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
09/06/2021	Don Gray  Contributor address; City; State; Zip Co  Martha Str. Harlingen, Texas 78552	500.00
Principal occup	pation / Job title (See Instructions) Employer (Se	ee Instructions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

#### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2
FILER NAME Ruben	De La Rosa	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#: Norma Harris	
9/05/2021	6 Contributor address; City; State; Zig 185 Lakeview Str. San Benito, Texas 78	50.00 3586
Principal occu	pation / Job title (See Instructions)  9 Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
0/31/2021		200.00
Principal occu	P.O. Box 249 Rio Hondo, Texas 78583  pation / Job title (See Instructions)  Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
0/12/2021		50.00
Principal occup	2510 Shofner Lane, Harlingen, Texas 78  Dation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	
	Contributor address; City; State; Zip	1

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

If the requested information is not applicable, DO NOT include this page in the report.

		·	•	
	he Instruction Guide explains how to complete this form	m.	1 Total pages Schedu	ile A2: 1
2 FILER NAM	E		3 Filer ID (Ethics Cor	nmission Filers)
4 TOTAL O	PF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor	)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	l Check if Javel outsid	de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	L)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUI	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law fire	of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	l Check if travel outsid	e of Texas. Complete Schedule T.
Principal occi	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	L)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JUE	DICIAL) (See Instructions)
	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	e (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parents) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF TI			requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

#### **PLEDGED CONTRIBUTIONS**

## SCHEDULE B

•	The Instruction Guide explains how to complete this	form.	Total pages Sched	lule B: 1
2 FILER NA	ME	3	Filer ID (Ethics C	Commission Filers)
TOTAL	OF UNITEMIZED PLEDGES	\$		
5 Date	6 Full name of pledgor		Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; Sta	ate; Zip Code		
				l. ide of Texas, Complete Schedule T.
Principal c	occupation / Job title (See Instructions)	11 Employer (See Inst	yctions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ate; Zip Code		
			Check if travel outs	'   . ide of Texas. Complete Schedule T.
Principal o	ccupation / Job title (See Instructions)	Employer (See Inst	ructions)	
Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ate; Zip Code		
			Check if travel outsi	   _ ide of Texas. Complete Schedule T.
Principal o	ccupation / Job title (See Instructions)	Employer (See Inst	ructions)	
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 outsi	de of Texas. Complete Schedule T.
Principal oc	ccupation / Job tife (See Instructions)	Employer (See Instr	ructions)	

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

#### **LOANS** SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED LOANS Date of loan 7 Name of lender ut-of-state PAC (ID#:\_ Loan A hount (\$) ls lender hterest rate 8 Lender address; State; Zip Code a financial Institution? 11 Maturity date YN 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instruct 14 Description of Collateral 15 Check personal funds were deposited into political nt (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; Zip Code State; not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender of-state PAC (ID#: Interest rate Is lender Lender address; City; State: Zip Code a financial Institution? Maturity date Principal occupation / Job title (S Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code plicable not Princi oal 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

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries  The Instruction Guide explains how to		Other (enter a category not listed above)		
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Ruben De La Rosa	3	3 Filer ID (Ethics Commission Filers)		
4 Date 11/26/2021	5 Payee name Vistaprint	· · · · · · · · · · · · · · · · · · ·			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
192.58	9260 Red Rock Road	Reno	Nevada 89508		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Expense	6 X 9 Post card	ds & Business Cards		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  H Ruben De La Rosa	Office sought  Cameron County Commissioner Po	Office held ct 4 City of Harlingen City Commissioner		
Date	Payee name				
12/28/2021	M5 Graphic Design				
Amount (\$)	Payee address;	City;	State; Zip Code		
129.90	1405 South Palm Court	Harlingen	Texas 78552		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Sign	ns		
	Check if travel outside of Texas. Complete Schedule T.	plete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/OH	Ruben De La Rosa	Cameron County Commissioner Po	oct 4 City of Harlingen City Commissioner		
Date	Payee name				
11/23/2021	Trophy Plus				
Amount (\$)	Payee address;	City;	State; Zip Code		
175.37	717 East Harrison	Harlingen	Texas 78550		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Printing Expense	T- Shirts			
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, 7	TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH	Ruben De La Rosa	Cameron County Commissioner Pct	t 4 City of Harlingen City Commissioner		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	ED		

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wattes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Ruben De La Rosa		3 Filer ID (Ethics Commission Filers	.)
4 Date 11/11/2021	5 Payee name M5 Graphic Design			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
835.69	1405 South Palm Court	Harlingen	Texas 78552	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Campaign Sig	ns	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  Ruben De La Rosa	Office sought  Cameron County Commissioner	Office held PCT 4 City of Harlingen City Commissione	er
Date	Payee name			
11/15/2021	Cameron County Democratic Party			
Amount (\$)	Payee address;	City;	State; Zip Code	
1,250.00	1411 North Stuart Place Road Suite	C, Harlingen,	Texas 78552	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Election Party	Description  Democrated P	'arty	
and the state of t	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	****
expenditure to benefit C/OH	Ruben De La Rosa	Cameron County Commissioner I	PCT 4 City of Harlingen City Commissione	er
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	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	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

## **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

					page in the			
		EXPENDITUR	RE CATEGOR	IES FO	R BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.		Transpo Travel Ir Travel C	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F2:	2 FILER		•		-	3 Filer I	D. (athics Co	mmission Filers)
1	_							Thinboioti Thosay
4 TOTAL OF UNITEN	IIZED UN	NPAID INCURRE	D OBLIGAT	rions		\$		
5 Date	6 Payee	name						
7 Amount (\$)	8 Payee	address;	-		City		State;	Zip Code
9 TYPE OF EXPENDITURE		Political	[ N	lon-Politi	fal	······································		
10	(a) Catego	ry (See Categories listed at	the top of this sche	dule	(b) Description			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PURPOSE OF EXPENDITURE								
	(c)	Check if travel outside of Texa	as. Complete Schedu	le T.	Check if A	ustin, TX, office	cholder living e	pense
11 Complete ONLY if direct expenditure to benefit C/OH		ndidate / Officeholder	neme	Offi	ce sought		Office hel	d
Date	Payee	name						
Amount (\$)	Payee	addryss;			City;		State;	Zip Code
TYPE OF EXPENDITURE		Political	J .	lon-Politi	cal			
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at	the top of this sched	dule)	Description			
		Check if travel outside of Tex	xas. Complete Sched	ule T.	Check if A	Austin, TX, offic	eholder living	expense
Complete GALY if direct expenditure to benefit C/OH	Can	ididate / Officeholder	name	Offi	ce sought		Office hel	d
	ATTA	CH ADDITIONAL C	OPIES OF T	HIS SC	HEDULE AS N	EEDED		

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

The In	struction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 5	Name of person from whom investment is purchased	
6	Address of person from whom investment is purchased; City	y; State Zip Code
7	Description of investment	
8	Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

## **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

		EXPENDITURE (	ATEGORIES	FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Office Ov Polling E: Inse Printing E		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expens et
		The Instruction Guide	explains how to	complete this form.		
1 Total pages Schedule F4: 1	2 FILER	NAME			3 Filer ID (Etrics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHAR	RGED TO A CI	REDIT CARD	\$	
5 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-P	olitical	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10	(a) Categor	/ (See Categories listed at the to	op of this schedule)	(b) Description		
PURPOSE						
OF Expenditure						
	(c)	Check if travel outside of Texas, C	ommete Schedule T.	Check if A	ıstin, TX, officeholder livin	n evnenga
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder par	me (	Office sought	Office h	eld
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		olitical	Non-P	olitical		
	Categor	/ (See Categories listed at the to	pp of this schedule)	Description		
PURPOSE						
OF EXPENDITURE						
		Check if travel outside of Texas. C	omplete Schedule T.	Check if Au	ustin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cano	lidate / Officeholder nar	ne C	Office sought	Office h	eld
	ATTAC	H ADDITIONAL COP	IES OF THIS S	CHEDULE AS NE	EDED	W.AInde

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related E 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 ove) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics ( mmission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense Candidate / Officeholder name Office souaht Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel diside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Q ceholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee r me Amount (\$) vee address: City; State; Zip Code Reimbursement from political contributio Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDIZURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

		EXPENDITURE CATE	GORIES FO	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Office Overhead/R Food/Beverage Expense Polling Expense e By Gift/Awards/Memorials Expense Printing Expense		nse es/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related F&; Travel In District Travel Out Of District Other (enter a category not lister above)		
1 Total pages Schedule H;	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Business	пате				
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	(d) (elubaht	) Description		
	(c) (	Check if travet outside of Texas. Complete Sch	nedule T.	heck if Austir	n, TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name	Offic	ce sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sc	hedule)	Description		
	С	heck if travel outside of Texas. Complete Sch	edule T.	Check if Austin	, TX, officeholder living e	rpense
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name	Offic	ce sought		Office held
Date	Business	hame				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sc	hedule)	Description		
	C	heck if travel outside of Texas. Complete Sch	edule T.	Check If Austin	, TX, officeholder living e	крелѕе
Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / Officeholder name	Offic	ce sought		Office held
	ATTA	ACH ADDITIONAL COPIES O	F THIS SCH	EDULE AS NEE	DED	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics C	ommissio Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	e instructions regarding type of	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	n instructions regarding type of	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See distructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of	f information
Date	Paree name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEI	EDED	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:	4		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Name of person from whom amount is received	8 Amount (\$)	-		
	6 Address of person from whom amount is received; City;	State; Zip Code			
	7 Purpose for which amount is received Check	x if political contribution returned to filer			
Date	Name of person from whom amount is received	Amount (\$)			
	Address of person from whom amount is received; City;	State; Zip Code			
	Purpose for which amount is received Check	c if political contribution returned to filer			
Date	Name of person from whom amount is received	Amount (\$)			
	Address of person from whom amount is received; City; S	State; Zip Code			
	Purpose for which amount is received Check	if political contribution returned to filer			
Date	Name of person from whom amount is received	Amount (\$)			
	Address of person from whom amount is received; City;	State; Zip Code			
	Purpose for which amount is received Check	if political contribution returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

#### SCHEDULE T

The Instructio	n Guide explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corp	poration or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure	reported on:				
Schedule A2	AMORE. PASSAGE PASSAGE				
,	enter: proteiner				
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel 7 Name of person(s) traveling					
8	8 Departure city or name of departure location				
9	9 Destination city or name of destination location				
10 Manna of the name of the last time.	44 15				
10 Means of transportation	11 Purpose of travel (including name of conference	ce, semirar, or other event)			
Name of Contributor / Corp	poration or Labor Organization / Pledgor / Payee				
Contribution / Expenditure	reported on:				
Schedule A2	Schedule B Schedule B(J) Shedule C	2 Schedule D Schedule F1			
Schedule F2	Partition (Southern	function function			
Schedule F2	Schedule F4   Schedule G   Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Dates of travel Name of person(s) traveling				
I	Departure city or name of departure location				
	Darking the state of the state				
'	Destination city or name of destination location				
Means of transportation	Purpose travel (including name of conference	ce, seminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Piedgor / Payee					
0					
Contribution / Expenditure		January gamentes			
Schedule A2	Schedule B   Schedule B(J)   Schedule C2	Schedule D Schedule F1			
Schedule F2	Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
	Destination city or name of destination location				
Means of transportation	Purpose of travel (including name of conference	e, seminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					