P.O. Box 12070

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT	FORM SPAC COVER SHEET PG 1			
The SPAC Instruction Guide explains how to complete this form. 1 ACCOUNT# (Ethics Commission Filers)	2 Total pages filed:			
3 COMMITTEE NAME	OFFICE USE ONLY			
Healthy Hidalgo County	RECEIVED JUL 0 9 2015			
4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE ADDRESS	11:04 Au			
Change of address 612 W. Nolana Ave. Ste 415 McAllen TX 78504	Date Hand-delivered or Postmarked			
5 CAMPAIGN MS/MRS/MR FIRST MI	Receipt# Amount			
5 CAMPAIGN MS/MRS/MR FIRST MI TREASURER BIII	Date Processed			
NICKNAME LAST SUFFIX Adams	Date Imaged			
6 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; TREASURER'S	ZIP CODE			
STREET ADDRESS (residence or business) 1401 E. Eighth St Weslaco TX	78596			
7 CAMPAIGN TREASURER'S MAILING ADDRESS Change of address STREET OR PO BOX; APT / SUITE #; CITY; STATE; 612 W. Nolana Ave. Ste 415 McAllen TX	78504			
8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION				
TREASURER PHONE (956) 969-5200				
9 REPORT TYPE January 15 July 15 Sth day before election Runoff	Exceeded \$500 limit Dissolution (attach PAC-DR) 10th day after campaign treasurer termination			
10 PERIOD Month Day Year COVERED	Month Day Year			
01 / 01 / 2015 THROUGH	06 /30 /2015			
11 ELECTION DATE Month Day Year Primary Runoff	General Special			
GO TO PAGE 2				

SPECIFIC-PURPOSE COMMITTEE REPORT: **PURPOSE AND TOTALS**

P.O. Box 12070

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Healthy Hidalgo Cou	unty		ACCOUNT # (Ethics Commission Filers)	
13 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME		
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE			
X SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (off	ficeholder)	
OPPOSE (Candidate or Measure)			ELECTION DATE	
ASSIST (Officeholder)	MEASURE	DESCRIPTION Mont	, , ,	
14 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER TH, OR GUARANTEES OF LOANS), UNLESS ITEMI		
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00	
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		* 0.00	
	4. TOTAL POLITICAL EXPENDITURES		\$ 3934.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAS IG PERIOD	\$ 5585.65	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.		\$ 0.00	
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. JACQUELINE MUNGUIA My Commission Expires September 24, 2017 Signature of Campaign Treasurer				
Sworn to and subscribed before me, by the said <u>Campaign Treasurer</u> , <u>Bill Adams</u> , this the day of <u>Juy</u> , 20 <u>2015</u> , to certify which, witness my hand and seal of office.				
Signature of officer administering oath Signature of officer administering oath Signature of officer administering oath Notary Public Title of officer administering oath				

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consuiting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Salaries/Wages/GExpense Solicitation/Fundi Legal Services Travel in District Food/Beverage Expense Travel Out Of District Polling Expense Office Overhead/I Printing Expense The Instruction Guide explains how to	Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense trict Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
1 Total pages Schedule F:	² FILER NAME Healthy Hidalgo County	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 3/20/15	5 Payee name Los Pinos Hardware			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
934.00	6554 TX-107 Edinburg, TX 78542			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
OF Expenditure	hardware	materials for signs Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C	ct Candidate / Officeholder name Office sought Office held			
Date	Payee name			
5/13/15	Amplify			
Amount (\$)	Payee address; City; State; Zip Code			
1500.00	1020 Zinnia Ave McAllen, TX 7	78504		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF Expenditure	consulting expense	social media consulting Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held		
Date	Payee name			
6/4/15	Amplify			
Amount (\$)	Payee address; City; State; Zip Code			
1500.00	1020 Zinnia Ave McAllen, TX	78504		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF Expenditure	consulting expense	social media consulting Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
DUREAGE	Category (See categories listed at the top of this	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE OF Expenditure	schedule)			
	Opensidades / Official all lands	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				