

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS


**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Healthy Hidalgo County	ACCOUNT # (Ethics Commission Filers)
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13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME _____ OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) _____
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # _____
		ELECTION DATE Month Day Year 11 / 4 / 2014
		DESCRIPTION _____

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3934.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5585.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

15 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Bill Adams

Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Campaign Treasurer, Bill Adams, this the 8th day of July, 20 2015, to certify which, witness my hand and seal of office.

Jacqueline Munguia

Signature of officer administering oath

Jacqueline Munguia

Printed name of officer administering oath

Notary Public

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel in District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME Healthy Hidalgo County	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/20/15	5 Payee name Los Pinos Hardware
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6 Amount (\$) 934.00	7 Payee address; City; State; Zip Code 6554 TX-107 Edinburg, TX 78542
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) hardware	(b) Description (If travel outside of Texas, complete Schedule T) materials for signs <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 5/13/15	Payee name Amplify
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Amount (\$) 1500.00	Payee address; City; State; Zip Code 1020 Zinnia Ave McAllen, TX 78504
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) consulting expense	Description (If travel outside of Texas, complete Schedule T) social media consulting <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 6/4/15	Payee name Amplify
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Amount (\$) 1500.00	Payee address; City; State; Zip Code 1020 Zinnia Ave McAllen, TX 78504
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) consulting expense	Description (If travel outside of Texas, complete Schedule T) social media consulting <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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED