

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:														
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px dashed black;">Mr.</td> <td style="width:30%; border-bottom: 1px dashed black;">Albert</td> <td style="width:10%; border-bottom: 1px dashed black;">MI</td> <td style="width:30%;"></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 colspan="4" style="border-bottom: 1px dashed black; text-align: center;">Garcia</td> </tr> </table>	Mr.	Albert	MI		NICKNAME	LAST	SUFFIX		Garcia				<b>OFFICE USE ONLY</b>			
Mr.	Albert	MI															
NICKNAME	LAST	SUFFIX															
Garcia																	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">ADDRESS / PO BOX:</td> <td style="width:25%;">APT / SUITE #:</td> <td style="width:25%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:15%;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; padding: 5px;">1113 Ortega Circle Alamo, TX 78516</td> </tr> </table>	ADDRESS / PO BOX:	APT / SUITE #:	CITY;	STATE;	ZIP CODE	1113 Ortega Circle Alamo, TX 78516					REC'D JAN 15 2021 N.C. 2:35pm					
ADDRESS / PO BOX:	APT / SUITE #:	CITY;	STATE;	ZIP CODE													
1113 Ortega Circle Alamo, TX 78516																	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">AREA CODE</td> <td style="width:50%;">PHONE NUMBER</td> <td style="width:25%;">EXTENSION</td> </tr> <tr> <td style="text-align: center;">(956)</td> <td style="text-align: center;">289-7400</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(956)	289-7400		Date Hand-delivered or Date Postmarked									
AREA CODE	PHONE NUMBER	EXTENSION															
(956)	289-7400																
<b>6 CAMPAIGN TREASURER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px dashed black;">MS / MRS / MR</td> <td style="width:30%; border-bottom: 1px dashed black;">Arturo</td> <td style="width:10%; border-bottom: 1px dashed black;">J.</td> <td style="width:30%;"></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 colspan="4" style="border-bottom: 1px dashed black; text-align: center;">Garcia</td> </tr> </table>	MS / MRS / MR	Arturo	J.		NICKNAME	LAST	SUFFIX		Garcia				Receipt #	Amount \$		
MS / MRS / MR	Arturo	J.															
NICKNAME	LAST	SUFFIX															
Garcia																	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:15%;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; padding: 5px;">127 N. Alamo Rd Alamo TX 78516</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	127 N. Alamo Rd Alamo TX 78516								
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AREA CODE	PHONE NUMBER	EXTENSION															
( )																	
<b>9 REPORT TYPE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input 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 checked="" type="checkbox"/> January 15	<input 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)						
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<b>10 PERIOD COVERED</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> <td style="width:20%; text-align: center;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> </tr> <tr> <td colspan="2">07 / 15 / 2020</td> <td></td> <td></td> <td colspan="2">01 / 15 / 2021</td> <td></td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	07 / 15 / 2020				01 / 15 / 2021		
Month	Day	Year	THROUGH	Month	Day	Year											
07 / 15 / 2020				01 / 15 / 2021													
<b>11 ELECTION</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; text-align: center;">ELECTION DATE</td> <td style="width:70%; text-align: center;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 8px;">Month Day Year</td> <td style="font-size: 8px;"> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special                 </td> </tr> <tr> <td style="text-align: center;">/ /</td> <td></td> </tr> </table>	ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	/ /											
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/ /																	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT</b> (if known)															
	Judge - Hidalgo County Court at law No. 6	Judge - Hidalgo County Court at law No. 6															

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

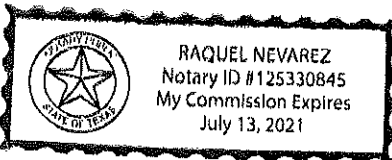
FORM JC/OH  
COVER SHEET PG 2

14 JC/OH NAME	15 Filer ID (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	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
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,479.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 224,367.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**18 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.

*[Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Albert Garcia, this the 15<sup>th</sup> day of January, 2021, to certify which, witness my hand and seal of office.

*[Signature]*  
\_\_\_\_\_  
Signature of officer administering oath

Raquel Nevarez  
\_\_\_\_\_  
Printed name of officer administering oath

Assistant Court Coordinator  
\_\_\_\_\_  
Title of officer administering oath

# 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>Albert Garcia</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>8/19/20</i>	5 Payee name <i>Exclusive Designs</i>
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6 Amount (\$) <i>250.<sup>00</sup></i>	7 Payee address; City; State; Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Hidalgo Democratic Party fundraiser contrib/donation</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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/11/20</i>	Payee name <i>Wal Mart</i>
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Amount (\$) <i>270.<sup>04</sup></i>	Payee address; City; State; Zip Code <i>Alamo</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>School Supply giveaway Event event expense/donation</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/26/20</i>	Payee name <i>Wal Mart</i>
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Amount (\$) <i>472.18</i>	Payee address; City; State; Zip Code <i>Alamo</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>School Supply giveaway Event event expense/donation</i>	Description <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
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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	3 Filer ID (Ethics Commission Filers)
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4 Date 10/28/20	5 Payee name Wal Mart
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6 Amount (\$) 128.66	7 Payee address; City: State; Zip Code Alamo
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) School Supply giveaway Event Event expense / Donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 10/29/20	Payee name Costco
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Amount (\$) 310.74	Payee address; City: State; Zip Code Pharr
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Halloween School Supply giveaway Event Event expense	Description <input type="checkbox"/> Check 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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Date 10/30/20	Payee name Sam's Club
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Amount (\$) 352.07	Payee address; City: State; Zip Code Pharr
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Halloween School Supply giveaway Event Event Expense	Description <input type="checkbox"/> Check 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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# 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 11/25/20	5 Payee name Mario Rodriguez/Printees Screen Printing
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6 Amount (\$) 700.00	7 Payee address; City; State; Zip Code 200 E. Exp. 83 Ste J-2 Pharr TX
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Adv. / printing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 11/27/20	Payee name Walgreens
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Amount (\$) 223.70	Payee address; City; State; Zip Code Alamo
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Xmas toydrive Event (12/18/20) event expense/donation	Description <input type="checkbox"/> Check 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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Date 12/11/20	Payee name Walgreens
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Amount (\$) 121.80	Payee address; City; State; Zip Code Alamo
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) X-mas toydrive Event (12/18/20) Event expense/donation	Description <input type="checkbox"/> Check 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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# 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 12/14/20	5 Payee name Five below
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6 Amount (\$) 304.45	7 Payee address; City; State; Zip Code Edinburg
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) X-mas toydrive giveaway Event Event expense/Donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 12/14/20	Payee name Five below
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Amount (\$) 363.45	Payee address; City; State; Zip Code Edinburg
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) X-mas toydrive giveaway Event Event expense/Donation	Description <input type="checkbox"/> Check 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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Date 12/14/20	Payee name Five below
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Amount (\$) 229.20	Payee address; City; State; Zip Code Pharr
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) X-mas toydrive giveaway Event Event expense/Donation	Description <input type="checkbox"/> Check 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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# 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 12/15/20	5 Payee name Tony Molinar
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6 Amount (\$) 244.44	7 Payee address; City; State; Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Monitor News paper Ad.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 12/16/20	Payee name Wal Mart
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Amount (\$) 551.00	Payee address; City; State; Zip Code Alamo
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) X-mas toydrive giveaway event Event expense / Donation	Description <input type="checkbox"/> Check 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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Date 12/17/20	Payee name Sam's Club
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Amount (\$) 183.64	Payee address; City; State; Zip Code McAllen
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) X-mas toydrive giveaway event Event expense / Donation	Description <input type="checkbox"/> Check 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

# 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)
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1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 12/18/20	5 Payee name Five below
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6 Amount (\$) 203. <sup>29</sup>	7 Payee address; City; State; Zip Code Edinburg
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) X-mas toy drive <del>at</del> <sup>Edinburg</sup> Event Event expense / donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 12/18/20	Payee name H.E.B.
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Amount (\$) 511.18	Payee address; City; State; Zip Code Edinburg
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) X-mas Event Event expense	Description <input type="checkbox"/> Check 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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Date 12/22/20	Payee name G.T. Printing
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Amount (\$) 560. <sup>00</sup>	Payee address; City; State; Zip Code Alamo
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Adv. expense	Description <input type="checkbox"/> Check 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



# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/5/21	<b>5</b> Payee name G.T. Printing	
<b>6</b> Amount (\$) 1,000. <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code Alamo	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing expense / Adv.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 1/2/21	Payee name G.T. Printing	
Amount (\$) 500. <sup>00</sup>	Payee address; City; State; Zip Code Alamo	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing expense / Adv.	Description <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	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 <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