CANDIDAT	FORM C/OH COVER SHEET PG 1			
The C/OH Instruction (	Guide explains how to complete	this form. 1 Filer ID		2 Total pages filed: 43
3 CANDIDATE / OFFICEHOLDER NAME	ı	IRST Richard	MI	OFFICE USE ONLY
IVAIVIE				October 25,2021
	1	AST Iolina	SUFFIX	e, 2:37pm (ed)
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / S	UITE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked  Choker 35, 2001  Receipt # Amount
Change of Address				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR FI	RST	MI	
NAME		chard		
		AST	SUFFIX	
	M	olina		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BO	OX PLEASE); AP	T / SUITE #; CITY;	STATE; ZIP CODE
(Neadornee di Boarnead)				
7 CAMPAIGN TREASURER PHONE	956-929-1155	NUMBER EXTENSION		
8 REPORT TYPE	January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15	8th day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 09/24/2021	THROUGH	Month Day 10/23/202	Year 1
10 ELECTION	ELECTION DATE Month Day Year 11/02/2021	Primary  X General	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT	(if known)
	City of Edinburg, Mayor	344	City of Edinburg, May	/or
		GO TO PAGE 2		
ronns provided by Le	xas Ethics Commission	www.ethics.state.tx.u	S	Version V1.1.191b5cdc

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH **COVER SHEET PG 2**

				2 of 43
13 C / OH NAME	Molina, Richard	14 F	Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures in These expenditures may have been made without the ca d officeholders are required to report this information only	andidate's or officeho	older's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	IZED POLITICAL CONTRIBUTIONS (OTHER THAN PLES OF LOANS, OR CONTRIBUTIONS MADE ELECTRO	EDGES, LOANS, ONICALLY)	\$ 0.00
		\$ 67,300.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	CAL EXPENDITURES	***************************************	\$ 55,249.94
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST PRIOD	DAY OF THE	\$ 164,647.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF TITING PERIOD	HE LAST DAY	\$ 0.00
17 AFFADAVIT	•			-
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.	erjury, that the accor rmation required to b	mpanying report is be reported by me
	ELIZABET RODRIGUE lotary Public, State of Te Comm. Expires 03-14-20 Notary ID 12848143-	xas 23	didate or Officeholde	er
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid Kichard Molina, ertify which, witness my hand and seal of office.	this the <u>as</u>	day
Signature of office	Cer administering	Flizabet Radriquez Printed name of officer administering	Dotary Title of officer a	ublic dministering oath

### SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

				3 of 43
18 FILER NAM Molina, Ri		19 Filer ID		
20 SCHEDULI	SUBTOTALS		SUBTOT	AL AMOUNT
NAME OF	SCHEDULE		3081017	AL AWOUTT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	64,400.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,900.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	55,249.94
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/8 Rpt: 4/43 2 FILER NAME 3 Filer ID Molina, Richard 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/21/2021 Aboujamous, Riad \$2,000.00 6 Contributor address; City; State; Zip Code 1217 Fullerton Ave McAllen, TX 78504 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/04/2021 Aguilar, Armando \$5,000.00 Contributor address; City; State; Zip Code 2301 Stonegate Dr Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) bus, man Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/04/2021 Alaniz, Janie \$1,000.00 Contributor address; City; State; Zip Code 34766 N Expressway 281 Edinburg, TX 78542 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus Man Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/04/2021 \$1,000.00 Amanda Machine Shop Contributor address; City; State; Zip Code 919 N 10th Ave Suite G Edinburg, TX 78541 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/04/2021 De Leon, Leon \$1,000.00 Contributor address; City; State; Zip Code P.O Box 126 San Juan, TX 78589 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus, Man

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/8 Rpt: 5/43 2 FILER NAME 3 Filer ID Molina, Richard 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 10/04/2021 Earth Works Enterprise \$1,000.00 6 Contributor address; City; State; Zip Code P.O.Box 595 Penitas, TX 78575 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Full name of contributor ut-of-state PAC (ID#: Date 10/04/2021 \$2,500.00 Garcia, Jacqueline Contributor address; City; State; Zip Code 2800 Santa Teresa Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus. Man Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 10/04/2021 \$2,000.00 Garcia, Octavio (Mr.) Contributor address; City; State; Zip Code 800 E Sundown Mcallen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus.Man Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#:\_ \$2,500.00 10/04/2021 Garza, Jose Contributor address; City; State; Zip Code 5404 N 1st St McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus Man Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) \$2,500.00 10/04/2021 Garza, Rufino Contributor address; City; State; Zip Code 3779 N Bentsen palm Dr Mission, TX 78574 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus. Man

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/8 Rpt: 6/43 2 FILER NAME 3 Filer ID Molina, Richard Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID# 10/04/2021 Goero International \$1,000.00 6 Contributor address; City; State; Zip Code 300 South 8th St McAllen, TX 78501 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 10/04/2021 Gomez, Felipe \$1,900.00 Contributor address; City; State; Zip Code 2401 SE Augsta Sq McAllen, TX 78503 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus Man Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/04/2021 Griego, Enrique \$2,500.00 Contributor address; City; State; Zip Code P.O. Box 1083 Pharr, TX 78577 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus.man Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 10/04/2021 Haddad, Victor \$2,500.00 Contributor address; City; State; Zip Code 4008 Burn South Dr McAllen, TX 78503 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus Man Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 10/04/2021 Hinojosa, Javier \$3,000.00 Contributor address; City; State; Zip Code 1308 Encanto Blvd Mission, TX 78574 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/8 Rpt: 7/43 2 FILER NAME 3 Filer ID Molina, Richard Date Amount of Contribution (\$) Full name of contributor ut-of-state PAC (ID# 10/04/2021 Igoa, Jose \$2,500.00 6 Contributor address; City; State; Zip Code 3600 N 23rd St Edinburg, TX 78501 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 10/04/2021 Ledesma, Ray \$500.00 Contributor address; City; State; Zip Code P.O.Box 478 Cedar Park, TX 78030 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus. man Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 10/04/2021 Los Lagos Development \$2,500.00 Contributor address; City; State; Zip Code 302 E Coma Ave Hidalgo, TX 78557 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/21/2021 \$2,500.00 Mego, Carlos (Dr.) Contributor address; City; State; Zip Code 408 Goldcrest Ave McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) MD Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/04/2021 \$2,000.00 Mireles, Roy Contributor address; City; State; Zip Code 5706 N 6th Lane McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus man

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/8 Rpt: 8/43 2 FILER NAME Filer ID Molina, Richard 4 Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 10/04/2021 \$500.00 6 Contributor address; City; State; Zip Code 808 S Shary Rd Mission, TX 78572 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 10/04/2021 Odracir Capital Investments \$1,000.00 Contributor address; City; State; Zip Code 1516 Cynthia St Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/04/2021 Pena, Juan \$2,500.00 Contributor address; City; State; Zip Code 308 Tulip Ave McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus. Man Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/21/2021 Perez, Guillermo \$1,000.00 Contributor address; City; State; Zip Code 7333 N 4th St McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) MD out-of-state PAC (ID#: Date Full name of contributor Amount of Contribution (\$) 10/04/2021 \$2,500.00 Quintanilla, Alfonso (Mr.) Contributor address; City; State; Zip Code 100 E Emory Ave Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/8 Rpt: 9/43 2 FILER NAME 3 Filer ID Molina, Richard 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/04/2021 **RBR** Development & investments \$500.00 6 Contributor address; City; State; Zip Code 931 S McColl rd Edinburg, TX 78539 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#; Date Full name of contributor Amount of Contribution (\$) 10/04/2021 \$2,500.00 Red Rock Real Estate Contributor address; City; State; Zip Code 2912 Jackson Rd McAllen, TX 78503 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/04/2021 Saenz, Jesus \$2,000.00 Contributor address; City; State; Zip Code 5500 N Cynthia McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus man Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/04/2021 Salinas, Mariano \$2,000.00 Contributor address; City; State; Zip Code 2203 Red River Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus. Man Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/04/2021 T& O Ranch Investment \$1,000.00 Contributor address; City; State; Zip Code 1201 S Huisache St Pharr, TX 78577 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/8 Rpt: 10/43 2 FILER NAME 3 Filer ID Molina, Richard 4 Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#; 10/04/2021 \$500.00 Texas Cordia 6 Contributor address; City; State; Zip Code 3149 A Center Point Drive Edinburg, TX 78539 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 10/21/2021 Torres, Fadi \$2,500.00 Contributor address; City; State; Zip Code 6900 N 10 th St McAllen, TX 78501 Principal occupation / Job title (See Instructions) Employer (See Instructions) DR Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/21/2021 \$1,000.00 Turley, Susan Contributor address; City; State; Zip Code 312 Thunderbird McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) DR. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/04/2021 Vera, Marco \$500.00 Contributor address; City; State; Zip Code 406 N Cesar Chavez Dr Edinburg, TX 78542 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus Man Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/04/2021 \$500.00 Vera, Marco Contributor address; City; State; Zip Code 406 N Cesar Chavez Dr Edinburg, TX 78542 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus Man

MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E <b>A1</b>	
The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 11/43	
FILER NAME Molina, Rich	ard		3	Filer ID	
Date  5 Full name of contributor out-of-state PAC (ID#:)  Villarreal, Carlos  6 Contributor address; City; State; Zip Code  11509 W El Rancho Blanco Rd  Pharr, TX 78577				Amount of Contribution (\$)	\$2,500.00
Principal occu Dr.	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
=-					
	The Instruction of the Instructi	The Instruction Guide explains how to complete this f  FILER NAME  Molina, Richard  Date  5 Full name of contributor out-of-state PAC (ID#:_ 10/21/2021 Villarreal, Carlos  6 Contributor address; City; State; Zip Code 11509 W El Rancho Blanco Rd  Pharr, TX 78577  Principal occupation / Job title (See Instructions)	Molina, Richard  Date   5    Full name of contributor	The Instruction Guide explains how to complete this form.  FILER NAME  Molina, Richard  Date 10/21/2021  S Full name of contributor out-of-state PAC (ID#:	The Instruction Guide explains how to complete this form.  FILER NAME  Molina, Richard  Date 10/21/2021  Occupation / Job title (See Instructions)  1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/43  3 Filer ID  7 Amount of Contribution (\$)  7 Amount of Contribution (\$)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

			-4-		
The Instru	action Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 12/43		
2 FILER NAME	=		3 Filer ID		
Molina, Rich			S FIIEI ID		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 10/01/2021	6 Full name of contributor out-of-state PAC (ID#: Bazan, Elias	)	8 Amount of 9 In-kind contribution contribution (\$) description		
	7 Contributor address; City; State; Zip Code 2620 W Freddy Gonzalez Dr,		\$250.00   Food		
	Edinburg, TX 78539		Check if travel outside of Texas. Complete Schedule T.		
<b>10</b> Principal occi Bus. Man	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
16 I) Continuator	is a critic, taw titti of parent(s) (if any) (FOR JODICIAL)				
Date 10/16/2021	Full name of contributor  ut-of-state PAC (ID#: Gallegos, Gilbert	)	Amount of In-kind contribution contribution (\$) description		
	Contributor address; City; State; Zip Code	***************************************	\$2,500.00 Food		
	3904 S L St		į		
	McAllen, TX 78503				
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  J-JUDICIAL) (See instructions)		
Bus.Man	apadon, con tale (control to b) (control to b)	Zinployer (Forthorn	( Cooperation of the cooperation		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		*****		
Date 10/16/2021	Full name of contributor out-of-state PAC (ID#: Salinas, Edwardo		Amount of In-kind contribution contribution (\$)		
	Contributor address; City; State; Zip Code 3512 Buenos Aires		\$150.00   food 		
	Edinburg, TX 78541		I I Check if travel outside of Texas, Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON			
Bus. Man	,				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>			

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Ma Candidate/Officeholder/F Credit Card Payment		Gift/Awards/Memorials Expense Legal Services  The Instruction Guide exp		ages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	)
Total pages Schedule	E1. I2 FILED NAM			inplote time formi	3 Filer ID	
, -					S FIIEI ID	
Sch: 1/31 Rpt: 13/-		***************************************				
4 Date	5 Payee nam	9				
10/12/2021	32 degree	5				
6 Amount (\$)	7 Payee addr	ess; City;	State; Zip Cod	de		
\$48		•				
·						
	TX					thus.
8 PURPOSE	(a) Category (	See Categories listed at the top of t	his schedule)	(b) Description		
OF EXPENDITURE	Advertising	g Expense			outside of Texas. Complete Schedule T.	
EXT EXPITORE					1, TX, officeholder living expense	
				shirts/online		
9 Complete ONLY if dire		ficeholder name	Office sou	jht	Office held	
expenditure to benefit	C/OH					
Date	Payee nam					
10/12/2021	Academy					
Amount (\$)	Payee addr	•	State; Zip Co	de		
\$124	.46 651 E Trei	nton Rd,				
	Edinburg,	TX 78539				
PURPOSE	(a) Catagony		Т.	(b) Description		
OF	1	See Categories listed at the top of t	his schedule)		outside of Texas. Complete Schedule T.	
EXPENDITURE	Advertising	) Expense		<u> </u>	n, TX, officeholder living expense	
				event		
			l			
Complete ONLY if dire	oct Candidate/O	ficeholder name	Office sou	tht	Office held	
expenditure to benefit		ncendider name	Office sout	Jr ic	Office field	
Date	Payee nam	Э				
10/15/2021	Academy	Sports				
Amount (\$)	Payee addr	ess; City;	State; Zip Co	de		
\$292			,			
, –		,				
	F-10-1	TV 70520				
	Edinburg,	IV 1809A				
PURPOSE		See Categories listed at the top of t	his schedule)	(b) Description		
OF EXPENDITURE	Event Exp	ense		<u> </u>	outside of Texas. Complete Schedule T.	
2011 211 211 211 2				_	n, TX, officeholder living expense	
				expense		
Complete ONLY if dire		ficeholder name	Office sou	jht	Office held	
expenditure to benefit	C/OH					
						,

#### SCHEDULE F1

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

Event Expense Loan Repa Fees Office Ove Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing Ex

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		bove)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 2/31 Rpt: 14/43	Molina, Richard	
4	Date	5 Payee name	
	09/27/2021	Aguilars Meat Market	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$158.44	1306 East University	
L		Edinburg, TX 78539	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		bbq event	
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	п	
	Date	Payee name	
	10/19/2021	Aguilars Meat Market	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,061.43	1306 East University	
	<b>+-,</b>		
		Edialous TV 70500	
L		Edinburg, TX 78539	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas, Complete Schedule T.	
		Check if Austin, TX, officeholder living expense food	
		1000	
_			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	oxperialitate to believe of el		
	Date	Payee name	
:	10/13/2021	Aguilars Meat Market	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$110.06	1306 East University	
		Edinburg, TX 78539	
L			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense	
		1 000	
┡	Complete ONLY if direct	Condidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			
1			
ш			

#### SCHEDULE F1

Advertising Expense

Event Expense

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

:	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling E: Printing E	xpense Expens			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
	Credit Card Fayment		The Instruction Guide expla	ins how to co	omple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAM	E			***	3	Filer ID	
	Sch: 3/31 Rpt: 15/43	Molina, Ri	chard						
4	Date	5 Payee nam	Δ			***************************************	<u> </u>		
	10/18/2021	Alaniz, Le							
_									
6	Amount (\$)	7 Payee addr	•	ate; Zip C	ode				
	\$450.00	320 Round	d Up Cir.						
		Edinburg,	TX 78539						
8	PURPOSE	(a) Category	See Categories listed at the top of this	s schedule)	(b)	Description	·		
	OF	•	/ages/Contract Labor	, , , , , , , , , , , , , , , , , , , ,			outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austir	ı, TX	, officeholder living expense	
ĺ						Contract Lab	or		
9	Complete ONLY if direct		ficeholder name	Office sou	ught			Office held	
	expenditure to benefit C/OI	Н							
H	Date	Payee nam	<u> </u>						
	10/18/2021	Beltran, R							
<u> </u>		·	,						
	Amount (\$)	Payee addr		ate; Zip C	ode				
	\$1,500.00	1741 N 83	rd st						
ĺ		Edinburg,	TX 78542						
	PURPOSE	(a) Category	See Categories listed at the top of this	s schedule)	(b)	Description			
	ÖF EVERNELLERE	Event Exp		001100010)		_ `	outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE	•				Check if Austin	ı, TX	, officeholder living expense	
						Music			
	Complete ONLY if direct		ficeholder name	Office sou	ught			Office held	
	expenditure to benefit C/OI	H							
<b>-</b>	Date	Payee nam	e						_
	10/01/2021	Best Buy	~						
┝		Payee addr	ess; City; St	ate; Zip Co	odo				
	Amount (\$)	_		ate, Zip Ci	oue				
	\$216.49	8012 N 10	ui Street						
		Mcallen, T	X 78503						
	PURPOSE	(a) Category	See Categories listed at the top of this	s schedule)	(b)	Description			
	OF EXPENDITURE	Event Exp				Check if travel	outs	ide of Texas. Complete Schedule T.	
,	EXPENDITORE	Ì				Check if Austin	ı, TX	, officeholder living expense	
						mics			
L									
Γ	Complete ONLY if direct		ficeholder name	Office sou	ught			Office held	
	expenditure to benefit C/OI	H							
Г	***************************************		·	·				****	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Lahor

Contributions/ Donations Made By Candidate/Officeholder/Politics	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 4/31 Rpt: 16/43	Molina, Richard
4 Date	5 Payee name
09/27/2021	Brand Boosters
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	301 N McColl Rd Suite G
	McAllen, TX 78501
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
10/08/2021	Brand Boosters
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	301 N McColl Rd Suite G
	McAllen, TX 78501
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	signs
1	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
10/15/2021	Brand Boosters
Amount (\$)	Payee address; City; State; Zip Code
\$6,332.10	301 N McColl Rd Suite G
	McAllen, TX 78501
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Signs
Commission CNU ACCUSE.	Constitute (Office helder some
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
,	

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services	Salaries/\	Expense Wages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
		1	The Instruction Guide e	xplains now to co	omplete this form.		
1	Total pages Schedule F1: Sch: 5/31 Rpt: 17/43	2 FILER NAM Molina, Ri				3	Filer ID
4	Date	5 Payee nam	 P				
	09/27/2021		ngs and Rings				
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	nde		
	\$630,38	1727 W T	=	2.p 0.			
	Φ00,000		omon ra,				
		Edinburg,	TX 78539				
8	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b) Description		
	OF EXPENDITURE	Event Exp			l <u>!!</u>		de of Texas. Complete Schedule T,
	LXI LINDITORL					stin, TX,	officeholder living expense
					Food		
٦	Complete ONLY if direct	Candidata/O	fficeholder name	Office sou	l vaht		Office hold
9	expenditure to benefit C/OI		пісеної дег патіе	Office soc	18tif		Office held
	Date	Payee nam	е				
	09/27/2021	Buffalos V	Vings and Rings				
	Amount (\$)	Payee addı	ess; City;	State; Zip Co	ode		
	\$1,008.46	1727 W T	renton Rd,				
		Edinbura.	TX 78539				
⊢	PURPOSE				(b) Description		
	OF	Event Exp	See Categories listed at the top	of this schedule)	I — :	vel outsi	de of Texas. Complete Schedule T.
	EXPENDITURE	LVCIR EXP	CHSC		ı <b>=</b>		officeholder living expense
					Food		
	j						
Г	Complete ONLY if direct		fficeholder name	Office sou	ught		Office held
	expenditure to benefit C/OI	H					
F	Date	Payee nam	e				
ĺ	10/08/2021	Carmona,	Carolina				
-	Amount (\$)	Payee addi	ress; City;	State; Zip Co	ode		
	\$120.00	421 City F					
		Pharr, TX	78577				
┝	PURPOSE	<b></b>			(b) Description		· 3/400
	OF		(See Categories listed at the top Vages/Contract Labor	of this schedule)	1	vel outsi	de of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/V	vages/Contract Labor		, —		officeholder living expense
					contract la	bor	
	Complete ONLY if direct		fficeholder name	Office sou	ught		Office held
	expenditure to benefit C/O	H					
					···		

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
Sch: 6/31 Rpt: 18/43	Molina, Richard	
Date		
10/18/2021	Carmona, Carolina	
Amount (\$)	7 Payee address; City; State; Zip Code	_
\$20.00	421 City Rd	
	Pharr, TX 78577	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Salarios, Wagos, Corra dot Labor	
	Contract Labor	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
Date	Pavee name	=
09/29/2021	Carrera, Maria	
Amount (\$)	·	
	2510 Sunset Blvd	1
·		
	Mission, TX 78572	
PURPOSE	Mission, TX 78572  (a) Category (co. Categor	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas, Complete Schedule T.	
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense food	
OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense food  Candidate/Officeholder name  Office sought  Office held	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense food  Candidate/Officeholder name  Office sought  Office held	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food  Candidate/Officeholder name  Office sought  Payee name	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh	(a) Category (See Categories listed at the top of this schedule)  Event Expense  Candidate/Officeholder name  Carrera, Maria  (b) Description  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense food  Office sought  Office held	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh Date 10/04/2021  Amount (\$)	(a) Category (See Categories listed at the top of this schedule)  Event Expense  Candidate/Officeholder name  Carrera, Maria  Payee address; City; State; Zip Code  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food  Office sought  Office held	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OHD Date  10/04/2021	(a) Category (See Categories listed at the top of this schedule)  Event Expense  Candidate/Officeholder name  Carrera, Maria  (b) Description  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense food  Office sought  Office held	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh Date 10/04/2021  Amount (\$)	(a) Category (See Categories listed at the top of this schedule)  Event Expense  Candidate/Officeholder name  Carrera, Maria  Payee address; City; State; Zip Code  2510 Sunset Blvd	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date 10/04/2021  Amount (\$) \$323.75	(a) Category (See Categories listed at the top of this schedule) Event Expense  Candidate/Officeholder name  Candidate/Officeholder name  Carrera, Maria  Payee address; City; State; Zip Code  2510 Sunset Blvd  Mission, TX 78572	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 10/04/2021  Amount (\$) \$323.75	(a) Category (See Categories listed at the top of this schedule)  Event Expense  Candidate/Officeholder name  Candidate/Officeholder name  Carrera, Maria  Payee address; City; State; Zip Code  2510 Sunset Blvd  Mission, TX 78572  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food  Office held  Office held  Description  (b) Description	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date 10/04/2021  Amount (\$) \$323.75	(a) Category (See Categories listed at the top of this schedule)  Event Expense  Candidate/Officeholder name  Office sought  Payee name  Carrera, Maria  Payee address; City; State; Zip Code  2510 Sunset Blvd  Mission, TX 78572  (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 10/04/2021  Amount (\$) \$323.75  PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  Candidate/Officeholder name  Candidate/Officeholder name  Carrera, Maria  Payee address; City; State; Zip Code  2510 Sunset Blvd  Mission, TX 78572  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food  Office held  Office held  Description  (b) Description	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 10/04/2021  Amount (\$) \$323.75  PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  Candidate/Officeholder name Office sought Office held  Payee name Carrera, Maria  Payee address; City; State; Zip Code 2510 Sunset Blvd  Mission, TX 78572  (a) Category (See Categories listed at the top of this schedule) Event Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 10/04/2021  Amount (\$) \$323.75  PURPOSE OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Event Expense  Candidate/Officeholder name  Cardidate/Officeholder name  Office sought  Office held  Payee name  Carrera, Maria  Payee address; City; State; Zip Code  2510 Sunset Blvd  Mission, TX 78572  (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if Austin, TX, officeholder living expense  (b) Description  Check if Austin, TX, officeholder living expense  Food  Check if Austin, TX, officeholder living expense  Food  Candidate/Officeholder name  Office sought  Office held	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date 10/04/2021  Amount (\$)  \$323.75  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  Candidate/Officeholder name  Cardidate/Officeholder name  Office sought  Office held  Payee name  Carrera, Maria  Payee address; City; State; Zip Code  2510 Sunset Blvd  Mission, TX 78572  (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if Austin, TX, officeholder living expense  (b) Description  Check if Austin, TX, officeholder living expense  Food  Check if Austin, TX, officeholder living expense  Food  Candidate/Officeholder name  Office sought  Office held	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 10/04/2021  Amount (\$) \$323.75  PURPOSE OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Event Expense  Candidate/Officeholder name  Cardidate/Officeholder name  Office sought  Office held  Payee name  Carrera, Maria  Payee address; City; State; Zip Code  2510 Sunset Blvd  Mission, TX 78572  (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if Austin, TX, officeholder living expense  (b) Description  Check if Austin, TX, officeholder living expense  Food  Check if Austin, TX, officeholder living expense  Food  Candidate/Officeholder name  Office sought  Office held	
1 : 1	Candidate/Officeholder/Politica Credit Card Payment  Total pages Schedule F1: Sch: 6/31 Rpt: 18/43  Date 10/18/2021  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form.  Total pages Schedule F1: Sch: 6/31 Rpt: 18/43 Date 10/18/2021 Amount (\$) Pharr, TX 78577  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate/Officeholder name Cardidate/Officeholder name Cardina  Payee name Candidate/Officeholder name Cardidate/Officeholder name Cardidate/Officeholder name Cardina  Payee name Cardidate/Officeholder name Cardidate/Officeholder name Cardidate/State; Zip Code  Payee name Cardidate/Officeholder name Cardina  Payee name Cardidate/Officeholder name Cardidate/Officehold

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donation

Event Expense

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

Fees
Food/Beverage Expense
Giff/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Political Credit Card Payment		:
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 7/31 Rpt: 19/43	Molina, Richard	
4	Date	5 Payee name	
	10/04/2021	Carrera, Maria	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$161.00	2510 Sunset Blvd	
		Mission, TX 78572	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		food	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
-	Date	Payee name	
	09/27/2021	Chick-Fil-A	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$88.49	1201 W. University Dr.	
	455.115		
		Edinburg, TX 78539	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas, Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
	!	1 000	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	H	
⊨	Date	Davies name	
	09/30/2021	Payee name Chick-Fil-A	
L	<del></del>		-
	Amount (\$)	Payee address; City; State; Zip Code	
	\$134.17	1201 W. University Dr.	
L		Edinburg, TX 78539	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
l		Food	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
$\vdash$			

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Lahor

	Candidate/Officeholder/Politica Credit Card Payment		category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 8/31 Rpt: 20/43	Molina, Richard	
4	Date	5 Payee name	
	10/04/2021	City of Edinburg	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$525.00	415 West University Drive	
		Edinburg, TX 78539	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Com	
l		Check if Austin, TX, officeholder living Park rental	expense
		Tarkientai	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office he	ald
	expenditure to benefit C/OI		na –
	Date	Payee name	
	10/12/2021	De leon, Christian	
<u> </u>	Amount (\$)	Payee address; City; State; Zip Code	
<b>l</b> '	\$200.00	2611 Windsor St.	
	Ψ200.00	2011 Williador Gu	
		Ediabura TV 70544	
		Edinburg, TX 78541	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Chapter it reveal extends of Toyan Camp	nlata Cahadula T
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Com Check if Austin, TX, officeholder living	
ļ		Donation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office he	eld
	expenditure to benefit C/OI		
	Date	Payee name	
l	10/08/2021	Engrave Solutions	
<u> </u>	Amount (\$)	Payee address; City; State; Zip Code	
l '	\$23.80	220 S State highway	
	Ψ23.00	220 0 State Highway	
		Edinburg TV 70541	
		Edinburg, TX 78541	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Chapter if travel outside of Taxon Com-	nlata Sahadula T
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Com	
		ad	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office he	eld
	expenditure to benefit C/Ol		
$\vdash$	<u>.</u>		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donati

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services  The Instruction Guide	Salari	_	/Contract Labor		OTHER (enter a category not listed al	bove)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	
	Sch: 9/31 Rpt: 21/43	Molina, Ric	chard						
4	Date	5 Payee name	•						
	10/01/2021	Facebk Ad	vertising						
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip	Code				
	\$375.39	1 Hacker w	<i>ı</i> ay						
		Menlo Parl	k, CA 94025						
8	PURPOSE OF	1	See Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE	Advertising	j Expense		Į	<b>=</b>		de of Texas. Complete Schedule T. officeholder living expense	
					İ	Ads	.,,	omeonada irring orponee	
9	Complete ONLY if direct		ficeholder name	Office :	sought	<del></del>		Office held	
	expenditure to benefit C/OI	Н							
	Date	Payee name	9						
	10/18/2021	Fiscal, Edit	th						
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$340.00	918 E Van	Week St						
		Edinburg,	TX 78539						
	PURPOSE OF	(a) Category (	See Categories listed at the t	op of this schedule)	(b)	Description			
	EXPENDITURE	Event Expe	ense		j	_		de of Texas. Complete Schedule T. officeholder living expense	
						Food	1, 17,	officerolder living expense	
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office	sought			Office held	
	expenditure to benefit C/O	Н							
	Date	Payee name	9						
	10/18/2021	Flying J							
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$60.00	1305 E Mc	onte Cristo Rd,						
		Edinburg,	TX 78539						
	PURPOSE	(a) Category (	See Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beve	rage Expense					de of Texas. Complete Schedule T.	
ı						Food Check if Austin	1, TX,	officeholder living expense	
						1 000			
$\vdash$	Complete ONLY if direct	Candidate/Of	ficeholder name	Office	l sought			Office held	
	expenditure to benefit C/O				-				
H									

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manas/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 10/31 Rpt: 22/43	Molina, Richard
4	Date	5 Payee name
	10/22/2021	Garza, Carmina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	4028 South 28 th
		Edinburg, TX 78541
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
		Contract Labor
_	Consolists ONLY if diseast	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/20/2021	Garza, Irene (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1018 E. McIntyre
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contact Labor
		Contact Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	
	10/13/2021	Payee name Garza, Ramon (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	813 S 21st
	4	Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
		Solidade Eabol
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ī	expenditure to benefit C/OI	

### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense P		ens ages	se Travel Out of District 6/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	· · · · · · · · · · · · · · · · · · ·			3 Filer ID
L	Sch: 11/31 Rpt: 23/43		Molina, Richard			
4	Date	5	Payee name			
	10/20/2021		Garza, Ramon (Mr.)			
6	Amount (\$)	7	Payee address; City; State; 2	Zip Cod	le	
	\$1,000.00		813 S 21st			
			Edinburg, TX 78539			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	(b)	Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel outside of Texas. Complete Schedule T.
		l				Check if Austin, TX, officeholder living expense Contract Labor
				1		Contract Labor
Ļ	Complete ONLY if divest	Ц	Candidata/Officabalday nama Offi	ioo oou	h+	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Offi	ice soug	ΙΠΣ	Office held
_		_			_	
	Date		Payee name			
	10/21/2021	L	Garza, Ramon (Mr.)			
	Amount (\$)		Payee address; City; State; Z	Zip Coo	le	
	\$500.00		813 S 21st			
L		L	Edinburg, TX 78539			
l	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedu	ule)	(b)	Description
	EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense
						Contract Labor
┝	Complete ONLY if direct	Ь,	Candidate/Officeholder name Offi	ice soug	ht	Office held
	expenditure to benefit C/OI	Н				
H	Date	<u> </u>	Payee name			
	09/27/2021		Gomez, Carmen			
┢	Amount (\$)	┢	Payee address; City; State; 2	Zip Cod	le	
	\$250.00		305 Tenaza Dr.	•		
			Edinburg, TX 78589			
<u> </u>	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	(b)	Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor	,		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin, TX, officeholder living expense
						contract labor
$\vdash$	On the ONE CONTROL OF		2		r	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Offi	ice soug	nt	Office held
$ldsymbol{f eta}$	,					
L						

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Lahor

	Candidate/Officeholder/Politica Credit Card Payment		nittee	Legal Services The Instruction G	•		ages	/Contract Labor			enter a category not listed ab	ove)
1	Total pages Schedule F1:	2 F	ILER NAME	Ξ				1	3	Filer ID		
	Sch: 12/31 Rpt: 24/43	N	/lolina, Ric	hard								
4	Date	5 P	ayee name	•								
	10/06/2021	G	Sonzalez, I	Iris								
6	Amount (\$)	7 P	ayee addre	ess; City;	State;	; Zip Coc	le					
l	\$400.00	6	05 Eastwo	ood Lane								
1												
		E	Edinburg, T	X 78542								
8	PURPOSE	(a) C	Category (S	ee Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	S	Salaries/Wa	ages/Contract L	.abor						s. Complete Schedule T, er living expense	
1								Contract Lab		omcendide	er living expense	
								Contract Lab	101			
Ļ	Complete ONLY if direct		ndidata/Off	icobolder verse		Office soug	-b+			0#	ing hold	
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Oii	iceholder name	(	πice soug	ınt			Om	ice held	
H	Date	-	Pavos nom -				_					
l	10/22/2021	ł	Payee name Hello RGV									
L							_					
1	Amount (\$)	l	Payee addre	•	State	; Zip Coc	ie					
l	\$600.00	3	3413 N 22r	nd								
l												
l		V	Acallen, T	K 78501								
Γ	PURPOSE	(a) (	Category (S	See Categories (isted at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		\dvertising			ŀ		<u></u>			s. Complete Schedule T.	
l	LX LIDITORL							_		officeholde	er living expense	
								Facebook ad	1			
L	O LA CARLACTE	Ļ	1.1 + 10.1	2 1 11		255				0.11		
	Complete ONLY if direct expenditure to benefit C/O		andidate/Off	iceholder name	(	Office soug	int			Offi	ice held	
L							_					
l	Date	1	Payee name									
l	09/30/2021		Hernandez	, Brandon								
	Amount (\$)	F	ayee addre	ess; City;	State	; Zip Coc	le					
l	\$200.00	4	1009 East	Curve Road								
l												
l		E	Edinburg, T	ΓX 78542								
H	PURPOSE	(a) (	Category (s	See Categories listed at	the top of this sch	(aluba)	(b)	Description				
l	OF			ages/Contract L	•	loudie)	•		outsi	de of Texas	s. Complete Schedule T.	
l	EXPENDITURE			3				Check if Austin	ı, TX,	officeholde	er living expense	
l								contract labo	r			
L												
	Complete ONLY if direct		andidate/Off	iceholder name	(	Office soug	ht			Offi	ice held	
L	expenditure to benefit C/O	H 										
Г											·	

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Lahor

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 13/31 Rpt: 25/43	2 FILER NAME Molina, Richard 3 Filer ID
4 Date 10/07/2021	5 Payee name Hernandez, Fabian
6 Amount (\$) \$140.00	7 Payee address; City; State; Zip Code 530 Steamboat Dr Edinburg, TX 78541
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 10/08/2021	Payee name Herrera, Arath
Amount (\$) \$30.00	Payee address; City; State; Zip Code  1815 W Chapin St  Edinburg, TX 78539
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 09/30/2021	Payee name I Shop RGV
Amount (\$) \$1,300.00	Payee address; City; State; Zip Code 1919 Ash Cir. Edinburg, TX 78539
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense contract labor
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbur

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1.	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 14/31 Rpt: 26/43	Molina, Richard
4	Date	5 Payee name
	10/01/2021	I Shop RGV
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	1919 Ash Cir.
		Edinburg, TX 78539
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/18/2021	lhop
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$188.73	2716 W University Dr
	,	<u></u>
		Edinburg, TX 78539
┡		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	<del>-</del>
F	Date	Payee name
	10/04/2021	Jason's Deli
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code
	\$139.51	1604 W. University Dr.
1	Ψ105.51	accition controlly bit
		Edinburg TV 70520
ldash	DUDDOS-	Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Food/Reverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г		
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### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Glft/Awards/Memorials Expense Printing Expense pmmittee Legal Services Salaries/Wages/Contract Labo  The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule F1:		3 Filer ID
	Sch: 15/31 Rpt: 27/43	Molina, Richard	
4	Date 10/19/2021	Payee name Jasso, Yolanda (Ms.)	
6	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1412 Samano St.  Edinburg, TX 78539	
8	PURPOSE OF EXPENDITURE	Calaries, Wages, Contract Eabor	ravel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
Γ	Date	Payee name	
1	10/12/2021	La Olla Mexican Rest.	
	Amount (\$) \$202.48	Payee address; City; State; Zip Code 424 E University  Edinburg, TX 78539	
Г	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Food/Beverage Expense	ravel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/18/2021	Payee name Lara, Frank	
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 1101 W Samano	
		Edinburg, TX 78539	
	PURPOSE OF EXPENDITURE	Salaries Wages Contract Eabor	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Salaries/\	xpens Vages	Contract Labor OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	IE			3 Filer ID	
	Sch: 16/31 Rpt: 28/43	Molina, Ri					
4		5 Payee nam					
L	10/04/2021	Little Ceas	ar				
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	de		
	\$81.19	1410 Sout	h Closner				
ĺ							
		Edinburg,	TX 78539				
8	PURPOSE OF		See Categories listed at the	top of this schedule)	(b)	Description	
	EXPENDITURE	Food/Beve	erage Expense		ĺ	Check if travel outside of Texas. Comp. Check if Austin, TX, officeholder living	
						Food	
9	Complete ONLY if direct		fficeholder name	Office sou	ght	Office he	ld
L	expenditure to benefit C/OI	<del> </del>					
Г	Date	Payee nam	e				
	10/05/2021	Little Ceas	sar				
Г	Amount (\$)	Payee addr	ess; City;	State; Zip Co	de		
	\$64.95	1410 Sout	h Closner				
		Edinburg,	TX 78539				
	PURPOSE	(a) Category	See Categories listed at the	top of this schedule)	(b)	Description	V 500-11
1	OF EXPENDITURE	Food/Beve	erage Expense			Check if travel outside of Texas, Comp	
						Check if Austin, TX, officeholder living	experise
						. 553	
-	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	i <u>.</u> Iaht	Office he	ld
	expenditure to benefit C/OI			555 500	J	200 110	
H	Date	Payee nam	e				
	09/28/2021	1	e Golf Club & Putter	's Grill			
$\vdash$	Amount (\$)		ess; City;	State; Zip Co	nde		· · · · · · · · · · · · · · · · · · ·
	\$79.32		aul Longoria Rd	State, Zip Ct	,uc		
	ψ10.0 <u>2</u>	1.200.10	Longona ra				
		Edinburg,	TX 78542				
$\vdash$	PURPOSE	_	See Categories listed at the	and of this and a state.	(b)	Description	. ,
	OF		See Categories listed at the erage Expense	top of this schedule)	"	Check if travel outside of Texas. Comp	olete Schedule T.
	EXPENDITURE	. 554,250				Check if Austin, TX, officeholder living	
						Food	
L					<u> </u>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Office sou	ght	Office he	ld .
L	Superior de Delleir O/OI	-					
L							

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memorials Legal Services The Instruction G			ages	/Contract Labor	Travel Out of District OTHER (enter a category not listed above	ve)
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	
L	Sch: 17/31 Rpt: 29/43		Molina, Ric	nard						
4	Date	5	Payee name							
l	09/27/2021		Lowe's							
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de			
	\$1,050.33		2802 W Un	iversity Dr						
			Edinburg, T	X 78539						
8	PURPOSE	(a)	Category (S	ee Categories listed at t	the top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Advertising	Expense				<u> </u>	ide of Texas. Complete Schedule T.	
								lumber	, officeholder living expense	
								lumber		
Ļ	On white ONE YEAR	L_	Samultal or Jerre			O#:	l. ?		Office healt	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Off	ceholder name	(	Office sou	ght		Office held	
L	The second section of the second seco									
	Date		Payee name							
	10/05/2021		Martinez, V	eronica						
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de			
	\$3,500.00		4420 Twin	Circle						
			Edinburg, T	X 78539						
	PURPOSE	(a)	Category (S	ee Categories listed at t	the top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Advertising	Expense				<b>=</b>	ide of Texas. Complete Schedule T.	
								Banners	, officeholder living expense	
								Danners		
_	On the ONLY Control	L_	2 - 1' 1 - 1 - 10''						0#*1-11	
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Oπ	ceholder name	(	Office sou	gnt		Office held	
L	1									
	Date		Payee name							
	10/07/2021	l	Martinez , \	vette/						
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de			
l	\$1,795.00		914 S 3rd							
			Edinburg, T	X 78541						
Г	PURPOSE	(a)	Category (s	ee Categories listed at	the top of this sch	nedule)	(b)	Description		
l	OF EXPENDITURE			ages/Contract L					ide of Texas. Complete Schedule T.	
l	EXPENDITORE							_	, officeholder living expense	
1								Contract Labor		
L										
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	ceholder name	(	Office sou	ght		Office held	
L	experiorare to benefit C/OI	17								
1										
L										

#### SCHEDULE F1

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

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

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
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID
_	Sch: 18/31 Rpt: 30/43	Molina, Richard	
4		5 Payee name	
-	10/14/2021	McAllen Digital Media	
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode
	\$1,000.00	204 E Cano	
	1	i	
_	(1	Edinburg, TX 78541	
8	PURPOSE OF	Control of the contro	(b) Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		i -	Check if Austin, TX, officeholder living expense  Videos
	I	i -	viueos
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	Office hold
চ	expenditure to benefit C/OF		ight Office held
<b>—</b>	•		
	Date	Payee name	
_	09/27/2021	Mundo Grocery n Meat	· .
<b>-</b>	Amount (\$)	Payee address; City; State; Zip Co	ode
	\$33.26	2510 East Monte Cristo Rd	
	!	i	
_		Edinburg, TX 78542	
	PURPOSE		(b) Description
,	<b>^</b> ⊑		<del></del>
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas, Complete Schedule T.  Check if Austin TX officeholder living expense
	OF j	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
	OF j	Food/Beverage Expense	
	OF EXPENDITURE		Check if Austin, TX, officeholder living expense food
	OF j	Candidate/Officeholder name Office sou	Check if Austin, TX, officeholder living expense food
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office soud	Check if Austin, TX, officeholder living expense food
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OFDate	Candidate/Officeholder name Office soud	Check if Austin, TX, officeholder living expense food
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OFDate 10/01/2021	Candidate/Officeholder name Office south Payee name Nancy's Restaurant	Check if Austin, TX, officeholder living expense food  ght Office held
	Complete ONLY if direct expenditure to benefit C/OFDate 10/01/2021 Amount (\$)	Candidate/Officeholder name Office soud Payee name Nancy's Restaurant Payee address; City; State; Zip Cor	Check if Austin, TX, officeholder living expense food  ght Office held
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OFDate 10/01/2021	Candidate/Officeholder name Office south Payee name Nancy's Restaurant	Check if Austin, TX, officeholder living expense food  ght Office held
	Complete ONLY if direct expenditure to benefit C/OFDate 10/01/2021 Amount (\$)	Candidate/Officeholder name Office soud Payee name Nancy's Restaurant Payee address; City; State; Zip Cor	Check if Austin, TX, officeholder living expense food  ght Office held
	Complete ONLY if direct expenditure to benefit C/OFDate 10/01/2021 Amount (\$)	Candidate/Officeholder name Office soud Payee name Nancy's Restaurant Payee address; City; State; Zip Cor	Check if Austin, TX, officeholder living expense food  ght Office held
	Complete ONLY if direct expenditure to benefit C/OPDate 10/01/2021 Amount (\$) \$31.91	Candidate/Officeholder name  Payee name Nancy's Restaurant  Payee address; City; State; Zip Cor 1004 N Closner Blvd  Edinburg, TX 78541	Check if Austin, TX, officeholder living expense food  ght Office held
	Complete ONLY if direct expenditure to benefit C/OFDate 10/01/2021 Amount (\$) \$31.91	Candidate/Officeholder name  Payee name Nancy's Restaurant  Payee address; City; State; Zip Cor 1004 N Closner Blvd  Edinburg, TX 78541	Check if Austin, TX, officeholder living expense food  Tight Office held
	Complete ONLY if direct expenditure to benefit C/OPDate 10/01/2021 Amount (\$) \$31.91	Candidate/Officeholder name  Payee name Nancy's Restaurant  Payee address; City; State; Zip Cor 1004 N Closner Blvd  Edinburg, TX 78541  (a) Category (See Categories listed at the top of this schedule)	Check if Austin, TX, officeholder living expense food  Office held  Office held  Ode  (b) 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/OFDate 10/01/2021 Amount (\$) \$31.91	Candidate/Officeholder name  Payee name Nancy's Restaurant  Payee address; City; State; Zip Cor 1004 N Closner Blvd  Edinburg, TX 78541  (a) Category (See Categories listed at the top of this schedule)	Check if Austin, TX, officeholder living expense food  ght Office held  de  (b) Description Check if travel outside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/OPDate 10/01/2021 Amount (\$) \$31.91  PURPOSE OF EXPENDITURE	Candidate/Officeholder name  Payee name Nancy's Restaurant  Payee address; City; State; Zip Cor 1004 N Closner Blvd  Edinburg, TX 78541  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Check if Austin, TX, officeholder living expense food  ght Office held  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food
	Complete ONLY if direct expenditure to benefit C/OPDate 10/01/2021  Amount (\$) \$31.91  PURPOSE OF EXPENDITURE	Candidate/Officeholder name  Payee name Nancy's Restaurant  Payee address; City; State; Zip Cor 1004 N Closner Blvd  Edinburg, TX 78541  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate/Officeholder name  Office sour	Check if Austin, TX, officeholder living expense food  ght Office held  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food
	Complete ONLY if direct expenditure to benefit C/OPDate 10/01/2021 Amount (\$) \$31.91  PURPOSE OF EXPENDITURE	Candidate/Officeholder name  Payee name Nancy's Restaurant  Payee address; City; State; Zip Cor 1004 N Closner Blvd  Edinburg, TX 78541  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate/Officeholder name  Office sour	Check if Austin, TX, officeholder living expense food  ght Office held  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food
	Complete ONLY if direct expenditure to benefit C/OPDate 10/01/2021  Amount (\$) \$31.91  PURPOSE OF EXPENDITURE	Candidate/Officeholder name  Payee name Nancy's Restaurant  Payee address; City; State; Zip Cor 1004 N Closner Blvd  Edinburg, TX 78541  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate/Officeholder name  Office sour	Check if Austin, TX, officeholder living expense food  ght Office held  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias Wagns/Contract Labor

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 19/31 Rpt: 31/43	Molina, Richard
4	Date	5 Payee name
	10/19/2021	Nino, Yolanda (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$1,500.00	919 E Lovett St.
l		
		Edinburg, TX 78541
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor
İ	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract Labor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/08/2021	Orth, Donald
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$126.90	2510 W Sprague St
	<b>Q120.00</b>	2010 W Optugue Ct
		Fallinkows TV 70F00
L		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		contract labor
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		
	Date	Payee name
	10/20/2021	Orth, Donald
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	2510 W Sprague St
l		Edinburg, TX 78539
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract Labor
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	Н
H		
1		

#### SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a) Expense Event Expense Loan Repayment/Reimbu

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orters or people pet listed above)

	Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services  The Instruction Guide	Salarie	-	s/Contract Labor		OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	
	Sch: 20/31 Rpt: 32/43	Molina, Ric	chard						
4	Date	<b>5</b> Payee name	9						
	10/01/2021	Ovalle, Jai	me						
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip	Code				
	\$700.00	502 Carlisl	e Ave., Apt. 1						
		Edinburg,	TX 78539						
8	PURPOSE OF		See Categories listed at the t		(b)	Description			
	EXPENDITURE	Salaries/W	ages/Contract Lab	or				de of Texas. Complete Schedule T. officeholder living expense	
						Contract labor		omeender aving expense	
9	Complete ONLY if direct		ficeholder name	Office s	ought			Office held	
	expenditure to benefit C/OI	Н							
	Date	Payee name	e						
	10/19/2021	Point Blan	k Political						
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				***************************************
	\$360.00	238 Wilshi	rt Blvd., #155						
		Casselber	y, FL 32707						
	PURPOSE OF		See Categories listed at the t	op of this schedule)	(b)	Description			
	EXPENDITURE	Advertisino	g Expense		ŀ	=		de of Texas. Complete Schedule T. officeholder living expense	
						advertising	I, I.A.,	onicenduel hving expense	
						3			
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office s	ought			Office held	
	expenditure to benefit C/OI	Н							
	Date	Payee name	<del></del>					-	
	10/20/2021	Point Blan	k Political						
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$350.00	238 Wilshi	rt Blvd., #155						
		Casselber	y, FL 32707						
	PURPOSE	(a) Category (	See Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertisino	g Expense					de of Texas. Complete Schedule T.	
						Ad Check if Austin	ı, TX,	officeholder living expense	
						, w			
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office s	ought			Office held	
	expenditure to benefit C/OI				5				
	*****								
L_									

#### SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expe Gift/Awards/Memoria Legal Services  The Instruction	als Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed a	bove)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	
	Sch: 21/31 Rpt: 33/43		Molina, Richard								
4	Date	5	Payee name								
	10/13/2021		Ramirez, Je	sus							
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	ode			···	
	\$250.00		3610 Shado	w wood							
			Edinburg, T	X 78539							
8	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this sc	hedule)	(b)	Description			
	OF EXPENDITURE	ŀ	Event Expe					<b>=</b>		e of Texas, Complete Schedule T,	
		ŀ						Check if Austin,	, TX, 0	officeholder living expense	
								1000			
9	Complete ONLY if direct	Ц,	Candidate/Offi	ceholder name		Office sou	aht			Office held	
ľ	expenditure to benefit C/OI			ocholder hame		011100 300	gin			Office field	
F	Date	T	Payee name								
	10/17/2021		Ramos, Ain	nee							
H	Amount (\$)	H	Payee addre	ss; City;	State	e; Zip Co	ode				-
	\$625.00		902 S. 19th	-		, ,					
	:										
			Edinburg, T	X 78539							
H	PURPOSE	(a	Category (S	ee Categories listed a	t the top of this so	hedule)	(b)	Description			
	OF EXPENDITURE			ages/Contract		neddio)			outsid	e of Texas. Complete Schedule T,	
	EXPENDITORE							_		officeholder living expense	
	:							Contract Labo	or		
$\vdash$	Complete ONLY if direct	L	^andidate/Offi	ceholder name		Office sou	abt			Office held	
	expenditure to benefit C/OI		oandidate/Om	cenoidei name		Office 300	igni			Office field	
⊨	Date	1	Davis - 11-11-1			<del></del>					
	10/19/2021		Payee name Regalado, J	lavier							
<u> </u>		┝	<u> </u>		Ctoto	y Zin Co	da				
	Amount (\$) \$500.00		Payee addres		State	e; Zip Co	ue				
	Ψ500.00		303 3 13 (1)								
			Edinburg, T	Y 78541							
-	PURPOSE	(0)					(b)	D			
	OF	la.		ee Categories listed a ages/Contract		hedule)	(D)	Description Check if travel of	outsid	e of Texas. Complete Schedule T.	
	EXPENDITURE		Salatics, we	igcs/Contract	Labor			<u> </u>		officeholder living expense	
								Contract Labo	or		
L	-	L				:					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	4	Office sou	ght			Office held	
<u> </u>		'									
L											

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 22/31 Rpt: 34/43	2 FILER NAME Molina, Richard 3 Filer ID
	Date 10/05/2021	5 Payee name Rios, Irene
6	Amount (\$) \$190.00	7 Payee address; City; State; Zip Code 119 N 13th Street Edinburg, TX 78539
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense decorations
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date 10/18/2021	Payee name Rodriguez, Lupe (Mr.)
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 906 W. Puente St  Edinburg, TX 78541
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Labor
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
	Date 10/19/2021	Payee name Rodriguez, Randy (Mr.)
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code  13708 N 29th St
		Mc Allen, TX 78504
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Labor
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H

#### SCHEDULE F1

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

Event Expense Loan Repaymer
Fees Office Overheat
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expens

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarise/Magas/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 23/31 Rpt: 35/43	2 FILER NAME Molina, Richard  3 Filer ID
4 Date 09/27/2021	5 Payee name Saenz, Ruben
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 1914 Mesa Drive Edinburg, TX 78539
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Music
	Widalo
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/30/2021	Salazar, Jose
Amount (\$) \$350.00	Payee address; City; State; Zip Code 616 Anchor Ave
PUPPOSE	Edinburg, TX 78542
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  food
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 10/11/2021	Payee name Salinas, Pedro
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2318 Dinastia Dorada
	Edinburg, TX 78541
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Forms provided by Toyas F	thics Commission Warry othics state by us

### SCHEDULE F1

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

Event Expense
Fees
Food/Reverage Expense

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 24/31 Rpt: 36/43	Molina, Richard
4	Date	5 Payee name
	10/15/2021	Salinas, Renae
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	801 E beech Street
		Pharr, TX 78577
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ĺ	OF EXPENDITURE	Salaries/Wages/Contract Labor
l		Contract Lohor
		Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder page Office cought
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
⊨	Data	
	Date	Payee name
	10/13/2021	Sams
	Amount (\$)	Payee address; City; State; Zip Code
	\$715.70	7601 N 10th St
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		drinks
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
<b>—</b>	Data	
	Date 09/27/2021	Payee name
L		Sanchez, John (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	121 Northen Dancer
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  design
		uesign
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		
L		

### SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagns/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	
	Sch: 25/31 Rpt: 37/43	Molina, Rich	nard						
4	Date	5 Payee name							
	10/04/2021	Shipleys							
6	Amount (\$)	7 Payee addres	ss; City;	State; Zip C	ode				
	\$52.44	1900 W Uni	versity						
		Edinburg, T	X 78539				···		
8	PURPOSE OF	(a) Category (Se	ee Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	Food/Bever	age Expense		-	<b>=</b>		de of Texas. Complete Schedule T. officeholder living expense	
						Food	, 17,	onicerolider living expense	
9	Complete ONLY if direct	Candidate/Offi	 ceholder name	Office so	napt			Office held	
Ĭ	expenditure to benefit C/O		scholder hame	Office 30	ugnt			Office field	
_	D. I.								
	Date	Payee name							
	10/04/2021	Solis, Roel							
	Amount (\$)	Payee addre	•	State; Zip C	ode				
	\$500.00	P.O.Box 26	71						
		Edinburg, T	X 78540						
	PURPOSE	(a) Category (Se	ee Categories listed at the top	o of this schedule)	(b)	Description			
	OF EXPENDITURE		ges/Contract Labor			Check if travel	outsio	de of Texas. Complete Schedule T.	
	EXPENDITORE					_		officeholder living expense	
						Contract Lab	or		
					<u> </u>				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offi -	ceholder name	Office so	ught			Office held	
	Date	Payee name							
	10/15/2021	Solis, Roel							
	Amount (\$)	Payee addres	ss; City;	State; Zip C	ode				
	\$200.00	P.O.Box 26	71						
		Edinburg, T	X 78540						
	PURPOSE	(a) Category (Se	ee Categories listed at the top	of this schedule)	(b)	Description		ii.	
	OF EXPENDITURE		ges/Contract Labor				outsio	de of Texas. Complete Schedule T.	
	EXPENDITORE					_		officeholder living expense	
						Contract Lab	or		
L									
ŀ	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office held	
	experience to belief C/O	•							

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Event Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Polling Expense Travel Out of District
OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 26/31 Rpt: 38/43 Molina, Richard 4 Date Payee name 10/02/2021 StrongBlue State; Zip Code 6 Amount (\$) Payee address; City; \$500.00 700 West Cano Edinburg, TX 78539 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Contract Labor Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 10/12/2021 StrongBlue Amount (\$) Payee address; City; State; Zip Code \$1,000.00 700 West Cano Edinburg, TX 78539 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Contract labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/27/2021 Sunoco Amount (\$) Payee address; City; State; Zip Code \$60.17 1606 East Richardson Edinburg, TX 78541 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense ICE/ Drinks Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

 Fees
 Offic

 Food/Beverage Expense
 Poll

 Gift/Awards/Memorials Expense
 Prin

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide explains		iges/Contract Labor	OTHER (enter a category not li	isted above)
1	Total pages Schedule F1:	2 FILER NAM	ИЕ			3 Filer ID	
L	Sch: 27/31 Rpt: 39/43	Molina, Ri					
4	Date	5 Payee nam	ie	<u> </u>			
	09/28/2021	Sunoco					
6	Amount (\$)	7 Payee addr	ress; City; State	e; Zip Cod	е		
	\$72.27	1606 East	t Richardson				
	I	1					
		Edinburg,	TX 78541				
8	PURPOSE		(See Categories listed at the top of this so	chedule)	b) Description	<del></del>	
	OF EXPENDITURE		erage Expense			outside of Texas. Complete Schedule	э Т.
	I	1		1	cokes, waters	n, TX, officeholder living expense	
	I	1			V,		
9			fficeholder name	Office sough	ht	Office held	
L	expenditure to benefit C/OI	л 					
	Date	Payee nam	ie				
_	09/28/2021	Sunoco					
Γ	Amount (\$)	Payee addr	•	e; Zip Cod	е		
	\$38.02	1606 East	t Richardson				
	I	1					
		Edinburg,	TX 78541				
Γ	PURPOSE	(a) Category	(See Categories listed at the top of this so	chedule)	b) Description		
	OF EXPENDITURE	Food/Beve	erage Expense			outside of Texas. Complete Schedule 1, TX, officeholder living expense	∍ T.
	I	1			ICE/ Food	1, TX, officendider living expense	
	ļ						
<del> </del>	Complete ONLY if direct	Candidate/O	fficeholder name	Office sough	ht	Office held	***
	expenditure to benefit C/OI	. <del></del>					
厂	Date	Payee nam	ie				
	10/04/2021	Sunoco					
一	Amount (\$)	Payee addr	ress; City; State	e; Zip Cod	e		
	\$75.77	1606 East	t Richardson				
	1						
	1	Edinburg,	TX 78541				
	PURPOSE	(a) Category	(See Categories listed at the top of this so	chedule) (	b) Description	*****	**
	OF EXPENDITURE	Food/Beve	erage Expense		<b>₩</b>	outside of Texas. Complete Schedule	∍T.
	,			]	Check if Austin	1, TX, officeholder living expense	
		1			1 000		
	Complete ONLY if direct	Candidate/O	fficeholder name	Office sough	 ht	Office held	
	expenditure to benefit C/O			000 3		550	
一							

#### SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense
Fees
Conflice Overhead/Rental Expense
Cift/Awards/Memorials Expense
Polling Expense
Printing Expense

$\Big _{_{-}}$	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Salaries/	Expens Wages	s/Contract Labor	Travel Out of District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E	-		3	Filer ID	
L	Sch: 28/31 Rpt: 40/43	Molina, Ric						
4	Date	5 Payee name	;					
$\mathbf{I}_{-}$	10/07/2021	Sunoco						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode			
	\$73.58	1606 East	Richardson					
	!							
L		Edinburg,	TX 78541					
8			See Categories listed at the top	p of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beve	rage Expense			=	ide of Texas. Complete Schedule T.	
	!					Food	, officeholder living expense	
	!					F-0-0-0		
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	':cht		Office hold	
3	expenditure to benefit C/O			Office so	ugni		Office held	
Г	Date	Payee name	)					
	10/18/2021	Sunoco						
<del> </del>	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode			
	\$58.79		Richardson	-				
	1							
	!	Edinburg, <sup>-</sup>	TY 785 <u>4</u> 1					
┡	PURPOSE				Tob			
	OF	E .	See Categories listed at the top	p of this schedule)	(n)	Description  Check if travel outsi	ide of Texas, Complete Schedule T.	
	EXPENDITURE	F00u/Deve	rage Expense			<b>-</b>	, officeholder living expense	
	!					Ice/ food	· - ·	
	!							
一	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	ught		Office held	
	expenditure to benefit C/OI	H			-			
F	Date	Payee name				<del></del>		
	10/18/2021	Sunoco	<b>:</b>					
dash			City !	Ct-t-, Zin C	1 -a		NA.	
	Amount (\$)		ess; City;	State; Zip C	oae			
	\$39.60	1000 ⊏d2(	Richardson					
	,							
L		Edinburg, <sup>-</sup>	ΓX 78541 ———————					
Γ	PURPOSE	(a) Category (s	See Categories listed at the top	p of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beve	rage Expense			_	ide of Texas. Complete Schedule T,	
						Check if Austin, TX, Ice/drinks	, officeholder living expense	
	,					ice/arinks		
L	- 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	- "' \ 101	,		<u> </u>			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ficeholder name	Office so	ught		Office held	
L		'						
l								

#### SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Printing Expense Salaries/Wages/Contract Labor Legal Services The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID

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

	Sch: 29/31 Rpt: 41/43	Molina, Richard	
4	Date 10/01/2021	5 Payee name Switcher Studio	
6	Amount (\$) \$45.00	7 Payee address; City; State; Zip Code 1302 Clear Springs Trace Louisville, KY 40223	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense video app	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date 09/29/2021	Payee name Taco Ole	
	Amount (\$) \$52.75	Payee address; City; State; Zip Code 2620 W Freddy Gonzalez Dr Edinburg, TX 78539	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Food	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Food  Candidate/Officeholder name Office sought Office held	
		Food  Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held Payee name	
	expenditure to benefit C/OFDate 10/08/2021 Amount (\$)	Candidate/Officeholder name Office sought Office held  Payee name The Print Shop  Payee address; City; State; Zip Code 3906 S. Jackson Rd.	

#### SCHEDULE F1

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

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

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 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 !D					
L	Sch: 30/31 Rpt: 42/43	Molina, Richard					
4	Date	5 Payee name					
	10/07/2021	Trevino, David					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$250.00	1602 N Armagoten Dr					
	!						
		Edinburg, TX 78541					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
	<b>L/</b>	Candidate/Officeholder/Political Committee					
	!	Contribution					
L							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H					
$\models$	-	T T T T T T T T T T T T T T T T T T T					
	Date	Payee name					
L	10/15/2021	Victors Trailers					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$200.00	101 East Owassa Rd					
	,						
	·	Edinburg, TX 78541					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense					
	!	trailers					
<u> </u>	CANAL Manage						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held					
_	ON POTALLE I						
	Date	Payee name					
_	09/27/2021	Whataburger					
Γ	Amount (\$)	Payee address; City; State; Zip Code					
	\$131.19	1717 East University Dr					
	,						
	!	Edinburg, TX 78541					
$\vdash$	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
	!	Food					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
l	expenditure to benefit C/OF	1					
I							
1							

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Lahor

Candidate/Officeholder/Politic Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 31/31 Rpt: 43/43	Molina, Richard
4 Date	5 Payee name
10/05/2021	Whataburger
6 Amount (\$) \$134.01	7 Payee address; City; State; Zip Code 1717 East University Dr
	Edinburg, TX 78541
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date	Payee name
10/15/2021	Whataburger
Amount (\$) \$124.57	Payee address; City; State; Zip Code 1717 East University Dr
	Edinburg, TX 78541
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/12/2021	Wolfe, Tiffany
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3605 Hawthorne Ave
	Edinburg, TX 78539
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held