CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gu	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS MRS / MR NICKNAME ACOST TOP	SUFFIX	OFFICE USE ONLY Date Roceived RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY: STATE; ZIP CODE	OCT 2 8 2019 CITY OF EDINBURG CITY MANAGER'S OFFICE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR PIRST NICKNAME LAST	SUFFIX	Date Processed
	(-012	22	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT AREA CODE PHONE NUMBER		ZIP CODE
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	9 /21 / 19	THROUGH 10	78/19
11 ELECTION	Month Day Year Prim	Description Peral Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF know Fairburg Court	Judge Judge
	GO 1	O PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	R. Ga	1770	15 Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
	SPECIFIC	COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
Additional Pages							
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1900.00				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 11 . SD						
	4. TOTAL POLITICAL EXPENDITURES \$ 4,309,53						
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 239.87						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1750.00						
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code. ADRIANA JIMENEZ Notary Public, State of Texas Comm. Expires 02-17-2023 Notary ID 125996895 ATKNOTANA STANDING A ARMS							
Sworn to and subsc	10	by the said Alma R. Garza to certify which, witness my hand and seal of office.	, this the October				
day of do 3	Jamine	to certify which, withess my hand and seal of office. Adriana Jimenez	Notary Public				
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME 20 Filer ID (Ethics Co	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1900.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 455.94
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 1758.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4399.53
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3.035,00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

LOANS

SCHEDULE E

The Instruction Guide explains how	1 Total pages Schedule E:	
FILER NAME A JUNIOR DZ	3 Filer ID (Ethics Commission Filers	
TOTAL OF UNITEMIZED LOANS		\$
Date of loan 7 Name of lender 200	out-of-state PAC (ID#	9 Loan Amount (S) 1000.00
Is lender a financial Institution?	City: State; Zip Code	10 thterest rate
Y (N)		11 Maturity date
Principal occupation / Job title (See Instructions) A Horney	13 Employer See Instruction	
Description of Collateral	15 Check if personal funds v account (See Instructions	
GUARANTOR 17 Name of guarantor INFORMATION		19 Amount Guaranteed (\$)
18 Guarantor address;	City; State; Zip Gode	
Principal Occupation (See Instructions)	21 Employer (See Instruction	(s)
Date of loan Name of lender	aut-of-state PAC (ID#) Loan Amount (\$)
10/15/19 alma K.E	Tarza	750,00
Is lender Lender address:	City: State: Zip Code	Interest rate
Institution? Y N		Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instruction	ns)
Description of Collateral	Check if personal funds was account (See instructions	vere deposited into political)
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)
Guarantor address,	City; State; Zip Code	
Principal Occupation (See Instructions)	Employer (See Instruction	ns)
	ONAL COPIES OF THIS SCHEDULE A	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#: Amount of contribution (\$) 100,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) 600,00 Contributor address: State; Zip Code Principal occupation / Job title (See Instructions Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this fo	orm. 1 Total pages Schedule A2:
2 FILER NAME ROYAL CAYA	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTE	* 455.94
5 Date 6 Full name of contributor out-of-state PAC (ID#: 7 Contributor address; City; State; Zip C 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas. Complete Schedule T.
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 contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor □ out-of-state PAC (ID#:	Amount of . In-kind contribution Contribution \$. description
Oily, State, 2ip o	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
,	
ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED on guide for additional reporting requirements.

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		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)
Significant aymon	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER MAME VY C R	-0156	3 Filer ID (Ethics Commission Filers)
4 Date 30 19	5 Payee name	Duite by	Namol
6 Amount (\$)	7 Payee address; City; State; Zit SOD W. Theu	ston RO. TK 78539	
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Event		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
	Other		
9 Complete ONLY if direct expenditure to benefit C/OF	Qandidate / Officeholder name	Office sought	micipal Court Judge
10/2/19	Payee name Privat	Shop	
Amount (\$) 575-80	Payee address; City: State; Zi	Code Stem.	
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	Expense		
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Date	Payee name		(=0
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	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

2000 A 30	EXPENDITURE CAT	TEGORIES FOR BOX 8(a)
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4 Date (\$)	5 Payee name 1 May 1	edia
1,200.85	7 Payee address; City; State; 37000	Zip Code Of Aug. TY 18542
8	(a) Category (See Categories listed at the top of the	schedule) (b) Description
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Gandidate Officeholder name	Office sought Office held Office held
10 3 Q	Payee name MC-Alleu D)igital Media
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	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS NEEDED

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EXPENDITURE CATEGORIES FOR BOX 8(a)						
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4	H	ma K. G	avra		3 Filer ID (Ethics Commission Filers)	
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services 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 G:	2 FILER NAME COURZA	3 Filer ID (Ethics Commission Filers)
4 Date /0/5/19	5 Payee name	
Amount (\$) Beimbursement from political contributions intended	7 Payee address; City; State; Zip Code 702.	()
8 PURPOSE OF EXPENDITURE	CONTAINED TO	side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/4	Candidate / Officeholder name CH CHURCH Edinburg W	unitipal Court Troop
Date 101719	Payee name TENOVO ROCKS	
240.00	Payee address; City; State; Zip Code Cook.	
Reimbursement from political contributions intended	Edinburg, TX 18542)
PURPOSE OF EXPENDITURE	l'act la talland	side of Texas. Complete Schedule T. TX, officeholder living expense
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Date 18/19	Payee name Pocha	
Amount (\$) Amount (\$) Reimbursement from	Payee address; City; State; Zip Code 3533 Cessona Que.	
political contributions intended	Edinous 1x 78543	
PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/G	OH AMA R. Carra Edulada Ma	Milital Court Jadge
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE	DED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Payee name

Payee address;

4

8

Date

Amount (\$)

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Contributions/Donations Made By Travel In District Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Date 5 Payee name Amount (\$) 7 Payee address; City; State; Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH

political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Comple Check if Austin, TX, officeholder liv	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
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Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held

City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED