CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
4 CANDIDATE/		C) C) STATE: ZIP CODE	RECEIVED
OFFICEHOLDER MAILING ADDRESS	AUDITEDS (TO BOA), WALLY BOILE #,	CITY; STATE; ZIP CODE	8EC 0 2 2019
Change of Address			CITY OF EDINBURG
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Flant Relivered by Date Posting Red
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	, MI	Receipt # Amount \$
NAME	NICKNAME LAST	De ruse	Date Processed
	"Dubbie" Gomez	SUFFIX	Date imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 2814 ANGUA ST. Edina	UITE #; CITY; 19539	STATE; ZIP CODE
(Residence or Business)		J.	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (GSQ) 219-5804	EXTENSION	
9 REPORT TYPE	January 15 30th day before ele	ection Kunoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sih day before elect	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10 / 28 / 10	THROUGH 12/	Day Year 2 / 2014
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	N/A	City Counc	cil Place 3
	GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE IDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUNSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFURES.	IT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	NONE	
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR BUTTONS OF SECTIONS HAD BUTTONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,72300
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 0
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 9,754.30
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 13,168.70
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 6
18 AFFIDAVIT			
ELIZA Notary P Comm.	BET RODRIGUEZ ublic, State of Texas Expires 03-14-2023 y ID 12848143-6	I swear, or affirm, under penalty of perjuntrue and correct and includes all informat under Title 15. Election Code. Signature of Candidate	ion required to be reported by me
AFFIX NOTARY STAME	P/SEALABOVE		
Sworn to and subscr day of <u>Decembe</u>	ibed before me, b	the said <u>Swart. Carcia</u> o certify which, witness my hand and seal of office.	, this the
Client Ory Signature of officer ac	Iministaring acth	Printed name of officer administering oath	Notary Public
organization of Office) at	anamatering can	randou name of officer administering oath	itle of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	<u></u>	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 22,723.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ O
4.	SCHEDULE E: LOANS		\$ -
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 9548.02
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 4
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$ -0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ <u>-</u>
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ 20-
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ ab
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	· 200.28
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$ <u>-</u>

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	"Johnny" Tomas Garcia	3 Filer ID (Ethics Commission Filers
4 Date	5 Full name of contributor out-of-state PAC (ID#) ANOTICE LOCE2 6 Contributor address; City; State; Zip Code 142 MS Rd Edubly TX 18539	7 Amount of contribution (\$)
8 Principal occi	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occu	Dation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) $\#30000$
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) # 1,000.06

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MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	"Johnny" Tomas Q	ırcia	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
11/9/19	6 Contributor address; City;	State; Zip Code	\$ 501.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor Qut-of-state PAC	(ID#:)	Amount of contribution (\$)
111119	Roman Gabriel Kochigue	State; Zip Code	\$ 400.00
	397 Quartz St. Eduna	NG 9X 78539	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
11/12/19	NOIC HESOVOOK III Contributor address; City;		#390.00
	HO.BOX 1850 Edunbung, 9x	98540	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
1114119	Contributor address; City;		\$100\o o
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES O	ETHIS SCHEDULE AS NE	-EDED

2 FILER NAME JUAN JUAN TOWAS ATTLE 4 Date 5 Full name of contributor out-of-state PAC (ID#:	
Juan "John J" Tomas Gyrcia 4 Date 5 Full name of contributor out-of-state PAC (ID#:	of contribution (\$)
5 Full name of contributor out-of-state PAC (ID#:),00
Date Full name of contributor out-of-state PAC (ID#:) Amount o	f contribution (fix)
Ray PON ROOM Schole Amount o	f oontelbuilt (th)
	of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor Out-of-state PAC (ID#:) Amount o Out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	f contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contributor address; City; State; Zip Code	f contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

MONE	TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
2 FILER NAME	ian "Johnny" Tomas	s Arcia	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Quit-of-state PAC (CONTYPYCS), GUTTPYPZ 6 Contributor address; City;		7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 111819	Full name of contributor out-of-state PAC (I A) Fonso Quuntani (C Contributor address; City;		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
11/18/19	Contributor address; City;	State; Zip Code	\$ 1,000°00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
11/18/19	Contributor address; City;	State; Zip Code	\$ 1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instruct	THIS SCHEDULE AS NE	EDED porting requirements.

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME Juan "Johnny" Toma Parcia	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
Principal occupation / Job title (See instructions) 9 Employer (See Instruc	l tions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) $\#500$
Principal occupation / Job title (See Instructions) Employer (See Instruc	lions)
Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$) 4750 .
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)

Date S	Date Date 5 Full name of contributor Out-of-state PAC (IDE: Amount of contribution (\$)	Date 5 Full name of contributor out-of-state PAC (ID#	
Date Full name of contributor Contributor address: City: State: City: Contributor address: City: City: Contributor address: City: City:	Date Full name of contributor Contributor address; City: State: Zip Code Amount of contribution (8) Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code Amount of contribution (8) Amount of contribution (8) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (9) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (9) Principal occupation / Job title (See Instructions) City: State: Zip Code Amount of contribution (9) Amount of contribution (9) Amount of contribution (9) Contributor address: City: State: Zip Code Amount of contribution (9) Amount of contribution (9) Amount of contribution (9) Contributor address: City: State: Zip Code Amount of contribution (9) Amount of contribution (9) Amount of contribution (9) Contributor address: City: State: Zip Code Amount of contribution (9) Amount of contribution (9) Amount of contribution (9) Contributor address: City: State: Zip Code Amount of contribution (9)	6 Contributor address; Contributor Contributor address; Contributor Cont	7 Amount of contribution (\$)
Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Amount of contribution (\$) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address: City: State: Zip Code P.O. BOX 34000 Edunation (X) Amount of contribution (\$)	Date Full name of contributor out-of-state PAC (ID#:	Delicated account for A. Leit 1911 - 100 - 1	# 2,520.00
Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City: State: Zip Code Amount of contribution (\$) Contributor address; City: State: Zip Code Amount of contribution (\$)	Amount of contribution (\$) Date	9 Employer (See Instructions)	structions)
Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)	Date Full name of contributor cut-of-state PAC (ID#:	The state of the s	
Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Contributor address; City; State; Zip Code P.O. Box 3400 Edunally 1x 1854	Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State: Zin Code # 3, 500 Amount of contribution (\$) Amount of contribution (\$) CST 67040 Contributor address; City: State: Zin Code P.O. BOX 3440 Edunation X 18540	Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)
Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 11 2014 Contributor address; City; State; ZIp Code P.O. BOX 3400 Edinially 7x 1854	Date Full name of contributor out-of-state PAC (ID#:	19919 Contributor address: City: State: Zin Code	
Contributor address; City; State; Zip Code P.O. BOX 31000 Edinially 7x 1854	Contributor address; City; State; Zip Code P.O. BOX 3100 Edunally TX 7854	Principal occupation / Job title (See Instructions) Employer (See Ins	structions)
·		CST 6004 City; State; Zip Code P.O. BOX 3100 Edinally TX 185	# 5 00.00 18

MONE	TARY POLITICAL CONTRIBU	TIONS SCHEDULE A1
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	in "Johnny" Tomas E	3 Filer ID (Ethics Commission Filers)
11/20/19	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occu	upation / Job title (See Instructions) 9 Em	mployer (See Instructions)
Date 11 70 19	Contributor address; City: State PAC (ID#:	ENNYA Dela Ganza e; zip code \$175.00
Principal occup	pation / Job title (See Instructions) Em	nployer (See Instructions)
Date 11/2/9/10	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) Zip Code Amount of contribution (\$)
Principal occup	Dation / Job title (See Instructions) Em	nployer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Emp	ployer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A 2

_	The Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAM	Juan "Johnny" Tomas O	arcia	3 Filer ID (Ethics Commission Filers)
·			
5 Date	6 Full name of contributor		8 Amount of . 9 In-kind contribution Contribution \$. description
	7 Contributor address; City; State;	Zip Code	Chack if translated at Town County of
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Check if travel outside of Texas. Complete Schedule Ter (FOR NON-JUDICIAL)(See Instructions)
12 Contributor'	s principal occupation (FOR JUDICIAL)	13 Contribu	ntor'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 contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor)	Amount of . In-kind contribution Contribution \$. description
	Contributor address; City; State;	Zip Code	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	/		
	,		

7 Pledgor address: City: State: Zip Code Check if travel outside of Texas. Complete Sche Principal occupation / Job title (See Instructions) Date Full name of pledgor				
Date Date 6 Full name of pledgor	The Instruction Guide explains how to complete this	form.	Total pages Sched	dule B;
Date City: State: Zip Code Check if travel outside of Texas. Complete Sche		Carcia 3	Filer ID (Ethics C	Commission Filers)
T Pledgor address: City: State; Zip Code Check if travel outside of Texas. Complete Sche City: State; Zip Code Check if travel outside of Texas. Complete Sche City: State; Zip Code Check if travel outside of Texas. Complete Sche Che		, v	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Date Full name of pledgor out-of-state PAC (ID#:	J NON E			adittibation
Principal occupation / Job title (See Instructions)			Shoote le transit and a	i i i i i i i i i i i i i i i i i i i
Principal occupation / Job title (See Instructions) Date Full name of pledgor out-of-state PAC (ID#: Zip Code Check if travel outside of Texas. Complete Sche Principal occupation / Job title (See Instructions) Date Full name of pledgor out-of-state PAC (ID#: Zip Code Check if travel outside of Texas. Complete Sche Principal occupation / Job title (See Instructions) Employer (See Instructions) Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Scher Out-of-state PAC (ID#: Zip Code Check if travel outside of Texas. Complete Scher Out-of-state PAC (ID#: Zip Code Check if travel outside of Texas. Complete Scher Out-of-state PAC (ID#: Zip Code Check if travel outside of Texas. Complete Scher Check if travel outside of Texas. Complete Scher	Principal occupation / Job title (See Instructions)			de of lexas. Complete Schedu
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of Pledge \$ In-kind contribution description Pledgor address; Clity; State; Zip Code Check if travel outside of Texas. Complete Scheel Check if travel outside of Texas.	Date Full name of pledgor out-of-state PAC (ID#:			In-kind contribution description
Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Pledge \$ In-kind contribution description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Scheme Scheme State PAC (ID#:	Pledgor address; City; Stat	e; Zip Code		· ·
Date Full name of pledgor			heck if travel outsi	de of Texas, Complete Schedul
Full name of pledgor out-of-state PAC (ID#:	Principal occupation / Job title (See Instructions)			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgorout-of-state PAC (ID#:				. In-kind contribution description
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (ID#:	Pledgor address; City; State	e; Zip Code		•
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor		□c	heck if travel outsic	de of Texas, Complete Schedule
Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Scheo	Principal occupation / Job title (See Instructions)			
Check if travel outside of Texas. Complete Scheo	Date Full name of pledgor out-of-state PAC (ID#:			In-kind contribution description
	Pledgor address; City; State;	Zip Code		•
		□ cı	neck if travel outsid	le of Texas. Complete Schedule
	Principal occupation / Job title (See Instructions)			

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LOANS			SCHEDULE E
The	nstruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
FILER NAME	"Johnny" Torr	nas Garcia	3 Filer ID (Ethics Commission Filers)
		The state of the s	
Date of loan	7 Name of lender	e PAC (ID#:)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
-			11 Maturity date
Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	
Description of Co	lateral	15 Check if personal fun	ids were deposited into political
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	•
Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor	Д.	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
Principal Occupation	on (See Instructions)		
- inivipal Occupation	on (see instructions)	Employer (See Instructions)	

Forms provided by Texas Ethics Commission

		EXPENDITURE C	ATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expens Legal Services The Instruction Guide e:	Office Ove Polling Ex se Printing Ex Salaries/M	xpense Vages/Contract Labor	Solicitation/Fundrals Transportation Equip Travel in District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule F1;	Juc	<u>in "donnny"</u>	Tomas	Carcia	3 Filer ID (Ethica	s Commission Fiters)
4 Date	5 Payee na	mis Club				
6 Amount (\$) # 29.98	7 Payee ad	dress;		City;	State;	Zip Code
8	(a) Categor	y (See Categories listed at the top	of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DIOV	it typerass	Of the sortoward	(b) besonpaen		
	(c)	Check if travel outside of Texas. Com	plete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-		ate / Officeholder name		Office sought		Office held
Date	Payeena	me				
11/7/19	Veter	ran's Day	Parade	, That th	Hry Fee	<u> </u>
Amount (\$)	Payee ad	dress; J		City;	State;	Zip Code
\$30°	1900	S. Clasher	Blvd.	Eduiburg	TX 785	34
PURPOSE OF Expenditure	Category	(See Categories listed at the top of	f this schedule)	Description		
	. 🔲 (Check if travel outside of Texas. Comp	plete Schedule T.	Check if Austin	ı, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ite / Officeholder name		Office sought	(Office held
Date	Payee na	me				
11/19/19	The	Print Shop	at Shun	oing Depot	in the second se	
H2,789.49	Payee ado	!ress;	r	J city; ↓	State;	Zip Code
PURPOSE OF Expenditure	Category	(See Categories listed at the top of	this schedule)	Description	·	
		Check if travel outside of Texas. Compl	lete Schedule T.	Check if Austin,	TX, officeholder living e	∍xpense
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COP	IES OF THIS S	CHEDULE AS NEEL	DED .	

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Retated Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Oreal ayrion	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME TOOM I	Tomas Para	3 Filer ID (Ethics Commission Filers)
4 Pate 9 19	5 Payee name	vare	
6 Amount (\$) \$53.98	7 Payee address: J 715 E. UNIVERST:	ty Edinbur	State; Zip Code THE SHIP State; Zip Code
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE OF Expenditure		i .	
······	(C) Check if travel outside of Texas. Complete Sci	nedule T. Check if Austin	n, TX, officeholder living expense
 Complete ONLY if direct expenditure to benefit C/OF 	Candidate / Officeholder name	Office sought	Office held
Date	Payeename		
	Dalor Tree		
Amount (\$) \$4.33	1009 S. Cusher Bl	id Edunaling	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this sol	nedule) Description	
OF Expenditure			
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
Date	Payee name		
1111119	HEB		
Amount (\$)	Payee address;	City;	State; Zip Code
1199.14	1219 S. Closher t	dubung TX r	78539
	Category (See Categories listed at the top of this sch	edule) Description	,
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Scho	edule T. Check if Austin.	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEET	DED

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	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica CreditCard Payment	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Balaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains	how to complete this form.	
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4 Date 11 11	5 Payge name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
43050	1606 W. Univers	ity Dr. Edu	nburg tx 78539
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	2
PURPOSE OF Expenditure			
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date į	Payee name		
11/11/19	The Print Shop of	Japping Da	
Amount (\$)	Payee address;	City;	State; Zip Code
\$913,03	901 N. AVOSOlo Ste	E foo Granc	te City TX Nesses
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PURPOSE			
OF EXPENDITURE			
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	Category (See Calegories listed at the top of this sched	(Jule) Description	
PURPOSE OF Expenditure			
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollin Y GIff/Awards/Memorials Expense Printi	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense les/Wages/Contract Labor to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME "JOHNNU" TOYY	as Caraa	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
203.75	2106 E Richards Rd.	Edunburg	TX 178542
8	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF Expenditure			
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/15/19	Beverly's Hardware	,	
Amount (\$)	Payee address;	City;	State; Zip Code
53,57	P.O. Box 116 Edunburg.	X 78540	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/9/19	Echo Hotel Confer	ence On	tel
Amount (\$)	Payee address;	City;	State; Zip Code
1400.17	1903 South Clost	er blvd t	Edunburg TV 7853
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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SCHEDULE F1

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

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount (\$) 7 Payee address; City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name City; Zip Code (See Categories listed at the top of this schedule) Description PURPOSE ΩF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee address; City; State; Zip Code Description. PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

		EXPENDITURE CATE	GORIES FO	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhe Polling Exper Printing Expe		Travel In District Travel Out Of Distri	pment & Related Expense
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6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
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PURPOSE OF Expenditure	EVer	t Expense				
	(c)	Check if travel outside of Texas, Complete S	Schedule T.	Check if Austin	ı, TX, officeholder living	axpense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date 11 9 1 9	Payee na	the Caesa	Y5			
Amount (\$) 43. 99	Payee ad	dress;		City;	State;	Zip Code
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF Expenditure	ford	Beverage EX,	pense			
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	-	Office held
Date	Payee na	me				
11/24/19	Uppe	r Valley Ma	1/ Se	envices		
Amount (\$)	Payee ado	dress;	Name of P	City;	State;	Zip Code
41,350,00	1418	Beach Ave	#109	MAHER.	17/1/12	70/
1	Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE						
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought	· · · · · · · · · · · · · · · · · · ·	Office held
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		EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
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Credit Card Payment		The Instruction Guide	e explains how to	complete this form.	-	
1 Total pages Schedule F1:	2 FILER N	AME "Tohn	ny "Thy	nas Gar	3 Filer ID (Eth	nics Commission Filers)
4 Date 30 10	5 Payee na	er hull	ha		-AV	
6 Amount (\$)	7 Payee ac	ldress;		City;	State;	Zip Code
714.45	300) E. Inh	erstale	2 Dult	t Man	rtx noso,
8	(a) Categor	y (See Categories listed at the	top of this schedule)	(b) Description		
PURPOSE OF Expenditure	Pour	tung Ex	pense			
	(c)	Check if travel outside of Texas.	Complete Schedule T.	Check If A	Austin, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me		N _a .		
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# (35.00	Payee ad	dress; the Land Exp	repise	/ Oity;/	! State;	Zip Code
PURPOSE	Category	(See Categories listed at the to	op of this schedule)	Description		
OF EXPENDITURE	i					
		Check if travel outside of Texas. C	Complete Schedule T.	Check if A	ustin, TX, officeholder (ivi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
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Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the to	op of this schedule)	Description		
		Check if travel outside of Texas, Co	complete Schedule T.	Check if Au	ustin, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	l	Office sought		Office held
	ATT	ACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS NI	EEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/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	Wages/ContractLabor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME TONORY TON		3 Filer 1D (Ethics Commission Filers)
4 Date	Falle LOZANO		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	^ 11
PURPOSE OF Expenditure	Hood	dessert	for Weld
97	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name 네	Office sought	Office held
Date 18219	Payee name TAKHOOK DOUST		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Calegories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	COUEDIII E AR NEEF	·Fh

UNPAID INCURRED OBLIGATIONS

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		EXPEN Event Expense Fees	DITURE CATI					
Accounting/Banking Consulting Expense Contributions/Donations Made			•	Long Done				
	By cal Committee	Food/Beverage Gift/Awards/Me Logal Services	unorials Expense	Office Ove Polling Ex Printing Ex Salaries/W	pense ages/Contrac	Expense Tr Tr Tr Labor A Or	averin District avel Out Of Distric	ment & Related Expens
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5 Date	6 Payee	name		1.				
/ Amount (\$)	8 Payeo	address;	Àſ	M		îty;	State;	Zip Code
TYPE OF EXPENDITURE		Political	$-\!$	Non-Poli	ical			
O PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories	listed at the top of thi	is schedule)	(b) Descri	otion	,	
	(c)	Check if travel outsid	le of Texas. Complete	Schedule T.	Cr	eck if Austin, TX,	officeholder living s	eznense
1 Complete ONLY if direct expenditure to benefit C/OF	Cand	idate / Officer	oldo: name	Off	ice sought		Office he	ld
Amount (\$)	Payee e	ddress;			Ci	y;	State;	Zip Code
TYPE OF EXPENDITURE	[P ₍	plitical		Non-Politi	cal			
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Complete ONLY if direct expenditure to benefit C/OH	Candi	date / Officeho	older name	Offic	e sought	The state of the s	Office held	
			***				A CONTRACTOR OF THE CONTRACTOR	

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

	1 Total pages Schedule F3:
	the instruction duide explains now to complete this form.
2 FILER NAME	uan "Johnny" Tomas Gaill
4 Date	5 Name of person from whom investment is purchased
	6 Address of person from whom investment is purchased; City; State; Zip Code
	7 Description of investment
	8 Amount of investment (\$)
Date	Name of person from whom investment is purchased
	Address of person from whom investment is purchased; City; State; Zip Code
	Description of investment
ſ	Amount of investment (\$)
	, ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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 Salaries/Wages/Contract Labor

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Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F4:	2 FILER NAME "Johnny" For	MA CAICA 3 Filer ID (Ethics Commission Filer
4		
5 Date	6 Payee name NONE	1
7 Amount (\$)	8 Payee address;	City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Po	'olitical
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name O	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Po	olitical
PURPOSE OF Expenditure	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Of	Office sought Office held
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***************************************	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel in District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payeename 6 Amount (\$) 7 Payee address; State: Zip Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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 Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a patenny not listed shove)

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City; State;	
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e Schedule T. Check if Austin, TX, officeholder living expense)
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City; State; Z	Zip Code
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Schedule T. Check if Austin, TX, officeholder living expense	
Office sought Office	held
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Schedule T. Check if Austin, TX, officeholder living expense	
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4 Date 11000	5 Rayee name					
6 Amount (\$)	7 Payee addrèss;	City	State Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	Instructions regarding type of information			
Date	Payee name					
Amount (\$)	Payee address;	City	State Zip Code			
PURPOSE OF Expenditure	Category (See Instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of information			
Date	Payee name		٧,			
Amount (\$)	Payee address;	City	State Zip Code			
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of information			
Date	Payee name					
Amount (\$)	Payee address;	City	State Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	Instructions regarding type of information			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

		*				
The	1 Total pages Schedule K:					
2 FILER NAME	"Johnny" Torras Carrill	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Name of person from whom amount is received	8 Amount (\$)				
	6 Address of person from whom amount is received; City; Stat	te; Zip Code				
	7 Purpose for which amount is received Check if p	political contribution returned to filer				
Date	Name of person from whom amount is received	Amount (\$)				
	Address of person from whom amount is received; Clty; Sta					
	Purpose for which amount is received Check if p	political contribution returned to filer				
Date	Name of person from whom amount is received	Amount (\$)				
	Address of person from whom amount is received; City; State	e; Zip Code				
	Purpose for which amount is received Check if p	political contribution returned to filer				
Date	Name of person from whom amount is received	Amount (\$)				
	Address of person from whom amount is received; City; Stat	te; Zip Code				
	Purpose for which amount is received Check if p	political contribution returned to filer				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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					1 Total pages Schedule To	
The Instr	ruction Guld	e explain	s how to complete	this form.	1 Total pages Schedule T:	
2 FILER NAME CON ITTIMONUI TOMUS MYN			avoid	3 Filer ID (Ethics Commis	ssion Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expend	diture reporte	d on:		1.01		
Schedule A2		edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
6 Dates of travel	7 Name	of person(s) traveling			
	8 Departe	re city or r	ame of departure loc	ation		
	9 Destina	tion city or	name of destination	ocation		
10 Means of transportat		Taa n				
TO Weans of nansportar	JON	11 Purpo	ose of travel (including	g name of conference	, seminar, or other event)	
Name of Contributor	/ Corporation	or Labor (rganization / Pledgo	·/Рауее		
Contribution / Expend	diture reporte	d on:				
Schedule A2		edule B	Schedule B(J)	Schedule C2	Schedule D	
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule F1 Schedule B-SS
Dates of travel	Name o	f person(s	traveling			
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expend	iture reported	on:				
Schedule A2	Schedu	ıle B [Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Sched	ıle F4 [Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel Name of person(s) traveling						
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportati	on	Purpo	se of travel (including	name of conference	, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

L			
1		The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••	
,			
3	SIGNA	TURE	
	ing a re	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designate port as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign utions or make any campaign expenditures without a campaign treasurer appointment on file.	
4	FILER Com	WHO IS NOTAN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	k only one:	
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.	
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.	
	В.	ASSETS	
	Check	only one:	
		I do not retain assets purchased with political contributions or interest or other income from political contributions.	
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.	
			·
		HOLDER plete this section only if you are an officeholder ••	
	•	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.	