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	2 Total pages filed: 32
3 CANDIDATE / MS / MRS / MR FIRST OFFICEHOLDER NAME Richard	MI	OFFICE USE ONLY
	SUFFIX	Wents 3.5 year
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address ADDRESS / PO BOX; APT / SUITE #;	CITY; ZIP COD	Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed
		Date Imaged
5 CAMPAIGN MS/MRS/MR FIRST TREASURER NAME RICHARD	MI	
NICKNAME LAST YOU!	SUFFIX 1A	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	E); APT / SUITE #; C	ITY; STATE; ZIP CODE
7 CAMPAIGN AREA CODE PHONE NUMBER PHONE PHONE	EXTENSION	
	efore election Runoff Runoff Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD Month Day Year COVERED 12/05/2021	Month D THROUGH 12/31/	ay Year 2021
10 ELECTION DATE Month Day Year 12/14/2021	ELECTION TYPE Primary General Special	E Other
11 OFFICE OFFICE HELD (if any) Mayor	12 OFFICE SOUR	Edinburg Nayor
	O TO PAGE 2	
Forms provided by Texas Ethics Commission www	w.ethics.state.tx.us	Version V1.1.ab979f02

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 32

				2 of 32					
13 C / OH NAME	Molina, Richard	14 Filer ID							
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures made by political contributions accepted or political expenditures made by political contributions are required to report this information only if they receive not	holder's kr	owledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
· • ·	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRESS							
16 CONTRIBUTION TOTALS		I IIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, ES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00					
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	17,200.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM	IIZED POLITICAL EXPENDITURES	\$	0.00					
		CAL EXPENDITURES	\$	41,237.44					
CONTRIBUTION BALANCE	REPORTING PI		\$	120,958.58					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY RTING PERIOD	\$	0.00					
17 AFFIDAVIT	ELIZABET RODRIGUEZ	I swear, or affirm, under penalty of perjury, that the acc true and correct and includes all information required t under Title 15, Election Code.	companyin o be repor	g report is ted by me					
OF CO	tary Public, State of Texa omm. Expires 03-14-2023 Notary ID 12848143-6 OTARY STAMP / SEAL AB	Signature of Candidate or Officehol	der						
Sworn to and sub		said Richard Molina, this the 14 the certify which, witness my hand and seal of office.	\	day					
Signature of of	elys ficer administering	Elizabet Rodriguez Notar Printed name of officer administering Title of officer	Pule r administe	olic ering oath					
			Y7	n V/1 1 ab070f0					

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 32 19 Filer ID 18 FILER NAME Molina, Richard 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 17,200.00 |X|SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 41,237.44 \$ \mathbf{X} SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 6. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS 7. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 9. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 10. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ TO FILER

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 4/32 FILER NAME Filer ID Molina, Richard Date 5 Full name of contributor out-of-state PAC (ID#; 7 Amount of Contribution (\$) 12/10/2021 Badiozzmani, Reza \$2,500.00 6 Contributor address; City; State; Zip Code 10100 N Bentsen Rd Mcallen, TX 78504 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Bus. Man Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 12/10/2021 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 Bus.Man Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/10/2021 Garza, Jacinto (Mr.) \$5,000.00 Contributor address; City; State; Zip Code 27304 South Bass Blvd Harlingen, TX 78552 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus. Man Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/10/2021 Hinojosa, Javier \$1,000.00 Contributor address; City; State; Zip Code 1308 Encanto Blvd Mission, TX 78574 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer out-of-state PAC (ID#: Date Full name of contributor Amount of Contribution (\$) 12/10/2021 Quintanilla, Alfonso (Mr.) \$250.00 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: 2/2 Rpt: 5/32 FILER NAME 3 Filer ID Molina, Richard 4 Date 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 12/10/2021 **RBR** Development & investments \$500.00 6 Contributor address; City; State; Zip Code 931 S McColl rd Edinburg, TX 78539 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 12/10/2021 \$800.00 St. Eulalia Holding LLC Contributor address; City; State; Zip Code 608 S 12th Street McAllen, TX 78501 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/10/2021 \$150.00 Vela. Pablo Contributor address; City; State; Zip Code 1709 Point West Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus. man Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$3,000.00 12/10/2021 Venser Contractors Contributor address; City; State; Zip Code 10620 Cibolo Dr. Edinburg, TX 78542 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date 12/11/2021 \$3,000,00 Villarreal, Macarena Contributor address; City; State; Zip Code 924 S. McColl Rd. Edinburg, TX 78539-8401 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Women**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out of District

Travel in District Printing Expense
Salaries/Wages/Contract Labor Contributions/ Donations Made By -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 F1: 2 FILER NAME 3 Filer ID Sch: 1/27 Rpt: 6/32 Molina, Richard 4 Date Payee name 12/06/2021 Los Pinos Payee address; City; State; Zip Code 6 Amount (\$) \$700.00 1445 W Monte Cristo Rd Edinburg, TX 78542 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense sandbags, lumber Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/29/2021 Academy Sports Amount (\$) Payee address; City; State; Zip Code \$151.52 651 E Trenton Rd, Edinburg, TX 78539 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Camp. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/06/2021 Best Buy Amount (\$) Payee address; City; State; Zip Code \$108.23 8012 N 10th Street Mcallen, TX 78503 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Camp Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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 Gift/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)

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	Salaries/\	Vages	s/Contract Labor OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID	
	Sch: 2/27 Rpt: 7/32	Molina, Ric	chard				
4	Date	5 Payee name	9			•	-
	12/06/2021	Brand Boo	sters				
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode		
ĺ	\$2,500.00	301 N Mc	Coll Rd Suite G				
İ		McAllen, T	X 78501				
8	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description	_
	OF	Advertising		or and soriedate)	Ì	Check if travel outside of Texas, Complete Schedule T.	
	EXPENDITURE	`	, ,			Check if Austin, TX, officeholder living expense	
						Signs	
L							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sou	ıght	Office held	
	experiulture to benefit C/Or	1					
Г	Date	Payee name	9				
l	12/12/2021	DeLeon, J	uan				
Г	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode		
l	\$100.00	1201 Tejas	s St				
1							
		Weslaco ,	TX 78596				
H	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)) Description	_
1	OF		ages/Contract Labor			Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		ŭ		1	Check if Austin, TX, officeholder living expense	
						Contract Labor	
L							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sou	ıght	Office held	
L	experience to benefit ever	,					
	Date	Payee nam	е				
	12/14/2021	DeLeon, J	uan				
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode		
	\$341.77	1201 Teja:	s St				
l		Weslaco,	TX 78596				
<u> </u>	PURPOSE	(a) Category	See Categories listed at the top	o of this schedule)	(b)) Description	_
	OF EXPENDITURE		/ages/Contract Labor			Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austin, TX, officeholder living expense	
1						Contract Labor	
_					<u> </u>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office so	ught	t Office held	
L		·····					
1							

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committe Credit Card Payment			Gift/Awa Legal S	everage Expense ards/Memorials Expens ervices astruction Guide ex	Salaries	Expens Wages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAM	1E	···				13	Filer ID	
	Sch: 3/27 Rpt: 8/32		Molina, Ri								
4	Date	5	Payee nam								
	12/15/2021	ľ	DeLeon, J		~						
<u>_</u>	Amount (\$)	7	Payee addr		City;	State; Zip C	'ode				
ľ	\$140.00	ľ	1201 Teja		City,	State, Zip C	oue				
١	Ψ140,00	1	1201 16,0	3 31							
			Weslaco,	TX 78	596						
8	PURPOSE	(a	Category (See Categ	gories listed at the top o	f this schedule)	(b)	Description			
ı	OF EXPENDITURE				Contract Labor			=		ide of Texas, Complete Schedule T,	
ı	EXI ENDITORE									, officeholder living expense	
ı		l						Contract Lak	or		
L		L.					<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/O	fficeholo	ler name	Office so	ught			Office held	
Г	Date	Π	Payee nam	е							
	12/16/2021	1	Deleon, Ja	ason							
Г	Amount (\$)	Г	Payee addr	ess;	City;	State; Zip C	ode				
1	\$250.00										
[PURPOSE	(a	Category	(See Cate	ories listed at the top o	f this schedule)	(b)	Description			
ı	OF EXPENDITURE	l	Polling Ex	pense				_		ide of Texas. Complete Schedule T.	
L		l						Polling Expe		, officeholder living expense	
1		ļ						Folling Expe	:1156	•	
\vdash	Committee ONII V # discort		0	46 1 1	f	0#				Office health	
ı	Complete ONLY if direct expenditure to benefit C/O		Candidate/O	псепок	ier name	Office so	ugnt			Office held	
L		_									
	Date		Payee nam	е							
	12/13/2021	l	Diana's M	exican	Cafe						
Г	Amount (\$)	T	Payee add	ess;	City;	State; Zip C	ode				
ı	\$353,65	l	3012 N C	osner E	Blvd						
1		l									
L		l	Edinburg,	TX 78	539						
\vdash	DUDDOOF	ļ.					1//->				
ı	PURPOSE OF	(a			gories listed at the top o	f this schedule)	(a)	Description Chack if traval	Loute	ide of Texas. Complete Schedule T.	
ı	EXPENDITURE		Food/Beve	erage E	-xpense			_		, officeholder living expense	
ı		l						food Camp.	,		
								,			
-	Complete ONLY if direct	_	Candidate/O	fficehold	ler name	Office so	.l uaht			Office held	
	expenditure to benefit C/O		-anadate/O		aci iluliic	Office 50	Jynt			Office field	
\vdash											

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donation

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services The Instruction			ages/	Contract Labor		THER (enter a category not listed above)
-	T-4-1	_	EILED MANAE		•		<u> </u>	T	2 [Tilor ID
1	Total pages Schedule F1: Sch: 4/27 Rpt: 9/32	2	Molina, Rich					ľ	3 F	Filer ID
4	Date	5	Payee name					<u>\</u>		
_	12/07/2021		Facebk Adv	ertising						
6	Amount (\$) \$600.00	7	Payee addre		State	e; Zip Co	de			
			Menlo Park	CA 94025						
8	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sc	hedule)	(b)	Description		
	OF EXPENDITURE		Advertising	Expense				느	TX, o	e of Texas. Complete Schedule T. officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name		Office sou	ght			Office held
Г	Date		Payee name							
	12/15/2021		Facebk Adv	ertising						
	Amount (\$) \$600.00		Payee addre	•	State	e; Zip Co	de			
:			Menlo Park	, CA 94025						
	PURPOSE OF EXPENDITURE	(a)	Category (s Advertising	ee Categories listed Expense	at the top of this so	chedule)	(b)	므	TX, c	e of Texas. Complete Schedule T. ifficeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder name		Office sou	ght			Office held
F	Date	Г	Payee name							
	12/06/2021		Flores, Mar	у						
	Amount (\$) \$316.00		Payee addre 724 W Caff	,	State	e; Zip Co	de			
			Pharr, TX 7	8577						
	PURPOSE OF EXPENDITURE	(a)		ee Categories listed ages/Contract		chedule)	(b)	ш	TX, c	e of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	ceholder name		Office sou	ght	*************************************		Office held
r										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	ū	w wategory flot flated above)
Total pages Schedule F1:	2 FILER NAME		3 Filer ID
Sch: 5/27 Rpt: 10/32	Molina, Richard		
Date	5 Payee name		
12/11/2021	Flores, Mary		
Amount (\$)	7 Payee address; City; State	; Zip Code	
\$632.00	724 W Caffery St		
	Pharr, TX 78577		
PURPOSE	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor		outside of Texas. Complete Schedule T.
		Contract Lak	n, TX, officeholder living expense
		Contract Lak	, o
Complete ONLY if direct	Candidate/Officeholder name	L Office sought	Office held
expenditure to benefit C/OF			
Date	Payee name		
12/15/2021	Flores, Mary		
Amount (\$)	Payee address; City; State	; Zip Code	
\$280.00	724 W Caffery St	·	
	Pharr, TX 78577		
PURPOSE	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if trave	outside of Texas, Complete Schedule T,
		Contract Lab	n, TX, officeholder living expense
		Oonado Eda	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
12/13/2021	Fuentes, Robin		
Amount (\$)	Payee address; City; State	; Zip Code	
\$100.00	1201 Tejas St		
	Weslaco, TX 78596		
PURPOSE	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel	outside of Texas. Complete Schedule T.
		Contract Lab	n, TX, officeholder living expense
		Contract Lat	3 01
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held

SCHEDULE F1

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
Gift/Awards/Memorials Expense

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)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Se	ards/Memorials Exper ervices struction Guide (Vages	/Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	
	Sch: 6/27 Rpt: 11/32		Molina, Ricl									
4	Date	5	Payee name									
	12/14/2021	L	Fuentes, Ro	obin								
6	Amount (\$)	7	Payee addre	ss;	City;	State;	Zip Co	ode	-			
	\$320.00		1201 Tejas	St								
L			Weslaco, T									
8	PURPOSE OF	(a)			ories listed at the top		edule)	(b)	Description	outci	de of Texas, Complete Schedule T.	
	EXPENDITURE		Salaries/Wa	ages/C	Contract Labor	•			<u></u>		officeholder living expense	
									Contract Lab			
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	icehold	ler name	C	Office sou	ıght			Office held	
L	experience to benefit 0/0											
	Date		Payee name									
L	12/15/2021		Fuentes, R	obin								
	Amount (\$)		Payee addre		City;	State;	; Zip C	ode				
	\$160.00		1201 Tejas	St								
			Weslaco, T	X 785	96							
	PURPOSE	(a	Category (S	iee Categ	ories listed at the top	of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wa	ages/C	Contract Labor	r					de of Texas. Complete Schedule T. officeholder living expense	
									Contract Lab		omoenolder living expense	
_	Complete ONLY if direct		Candidate/Off	icehold	ler name	(Office so	ıght			Office held	
	expenditure to benefit C/O	Η										
Г	Date		Payee name									
	12/15/2021		Garza, Iren	e (Mrs	s.)							
Г	Amount (\$)	T	Payee addre	ess;	City;	State	; Zip C	ode			· . · · · · · · · · · · · · · · · · · ·	
	\$3,900.00		1018 E. Mo	Intyre								
			Edinburg, 7	ΓX 785	39							
	PURPOSE	(a) Category (S	ee Categ	jories listed at the top	of this sch	nedule)	(b)	Description			-
	OF EXPENDITURE		Salaries/W	ages/0	Contract Labor	r					ide of Texas. Complete Schedule T. , officeholder living expense	
									Contract Lab		, onicendider itving expense	
									January Edb			
\vdash	Complete ONLY if direct	_	Candidate/Off	icehold	ler name		Office so	ı ught			Office held	
	expenditure to benefit C/O							J				
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/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.
-	Total pages Schedule F1:	
	Sch: 7/27 Rpt: 12/32	Molina, Richard
	Date	5 Payee name
	12/06/2021	Garza, Ramon (Mr.)
	Amount (\$)	7 Payee address; City; State; Zip Code
	\$582,00	813 S 21st
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EM EMBITORE	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	
=	Date	I Page years
	12/06/2021	Payee name Garza, Ramon (Mr.)
_		
	Amount (\$)	Payee address; City; State; Zip Code 813 S 21st
	\$1,000.00	813 5 2150
		F. F. Iv. v. T. V. 70500
_		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)H
	D-4-	
	Date	Payee name
	12/13/2021	Payee name Garza, Roxanne
_	12/13/2021	Garza, Roxanne Payee address; City; State; Zip Code
_	12/13/2021 Amount (\$)	Garza, Roxanne Payee address; City; State; Zip Code
_	12/13/2021 Amount (\$)	Garza, Roxanne Payee address; City; State; Zip Code
	12/13/2021 Amount (\$)	Garza, Roxanne Payee address; City; State; Zip Code 2817 N 30th Apt 7 McAllen, TX 78501
	12/13/2021 Amount (\$) \$290.00 PURPOSE OF	Garza, Roxanne Payee address; City; State; Zip Code 2817 N 30th Apt 7 McAllen, TX 78501 (a) Category (See Categories listed at the top of this schedule) (b) Description
	12/13/2021 Amount (\$) \$290.00	Garza, Roxanne Payee address; City; State; Zip Code 2817 N 30th Apt 7 McAllen, TX 78501 (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
	12/13/2021 Amount (\$) \$290.00 PURPOSE OF	Garza, Roxanne Payee address; City; State; Zip Code 2817 N 30th Apt 7 McAllen, TX 78501 (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.
_	12/13/2021 Amount (\$) \$290.00 PURPOSE OF EXPENDITURE	Garza, Roxanne Payee address; City; State; Zip Code 2817 N 30th Apt 7 McAllen, TX 78501 (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
_	12/13/2021 Amount (\$) \$290.00 PURPOSE OF	Garza, Roxanne Payee address; City; State; Zip Code 2817 N 30th Apt 7 McAllen, TX 78501 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought Office held

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 Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Le	ift/Awards/Memorials egal Services The Instruction Gu	•		ges	/Contract Labor	Travel Out of District OTHER (enter a category not lister	d above)
1	Total pages Schedule F1: Sch: 8/27 Rpt: 13/32	1	FILER NAME Molina, Richa	ard				3	Filer ID	
4	Date 12/15/2021	1	Payee name Garza, Roxar	nne				-	, , , , , , , , , , , , , , , , , , ,	
6	Amount (\$) \$100.00		Payee address 2817 N 30th McAllen, TX	Apt 7	State;	Zip Cod	е			
8	PURPOSE OF EXPENDITURE			Categories listed at the les/Contract La		edule) (b)	-	ide of Texas. Complete Schedule T. , officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Office	eholder name	0	Office soug	ht		Office held	
	Date 12/15/2021 Amount (\$) \$360.00		Payee name Garza, Roxar Payee address 2817 N 30th A	; City; Apt 7	State;	Zip Cod	е			
	PURPOSE OF EXPENDITURE	(a)	Category (See	Categories listed at the es/Contract La		edule) (b)	=	ide of Texas. Complete Schedule T., officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Office	eholder name	0	Office sough	ht		Office held	
	Date 12/13/2021		Payee name Garza, Vanes	ssa					150	
	Amount (\$) \$370.00		Payee address 16602 Palme		State;	Zip Cod	е			
			Edinburg , TX	78542						
	PURPOSE OF EXPENDITURE			Categories listed at the es/Contract La		edule) (I		—	de of Texas, Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Office	eholder name	0	ffice sough	ht		Office held	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Travel Out of District

Transportation Equipment & Related Expense Travel in District Printing Expense
Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 9/27 Rpt: 14/32 Molina, Richard 4 Date Payee name 12/15/2021 Garza, Vanessa City; State; Zip Code 6 Amount (\$) Payee address; \$100,00 16602 Palmera circle Edinburg, TX 78542 PURPOSE (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 12/15/2021 Garza, Vanessa Amount (\$) Payee address; City; State; Zip Code 14010 E Saint Jude Ave \$360.00 Mission, TX 78573 **PURPOSE** (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 Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12/13/2021 Gutierrez, Araceli Amount (\$) Payee address; City; State; Zip Code \$420.00 5608 Sugarland Edinburg, TX 78539 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Contract Labor Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	ense Printing	Expense Expenses/Wages		Travel in District Travel Out of District OTHER (enter a category not	listed above)
	Credit Card Payment		The Instruction Guide		_		, , , , , , , , , , , , , , , , , , ,	<u>, </u>
1	Total pages Schedule F1:	2 FILER NA	ME				3 Filer ID	
	Sch: 10/27 Rpt: 15/32	Molina, F	ichard					
4	Date	5 Payee nar	ne					
	12/13/2021	Hernande	ez, Brandon					
6	Amount (\$)	7 Payee add	fress; City;	State; Zip	Code			
ŀ	\$250.00	4009 Eas	t Curve Road					
	,							
		Edinburg	, TX 78542					
8	PURPOSE	(a) Category	(See Categories listed at the t	op of this schedule)	(b)	Description		
	OF EXPENDITURE	Salaries/	Wages/Contract Lab	or			utside of Texas. Complete Schedul TX, officeholder living expense	еТ.
						contract labor		
9	Complete ONLY if direct	L Candidate/	Officeholder name	Office s	ought		Office held	
	expenditure to benefit C/O	Н			Ū			
	Date	Payee nar	me					
	12/13/2021	I Shop R	GV					
	Amount (\$)	Payee add	iress; City;	State; Zip	Code	******		
	\$500.00	1919 Asł	ı Cir.					
		Edinburg	, TX 78539					
Г	PURPOSE	(a) Category	(See Categories listed at the t	op of this schedule)	(b)	Description		
	OF EXPENDITURE	Salaries/	Wages/Contract Lab	or		<u> </u>	outside of Texas. Complete Schedu TX, officeholder living expense	e T.
						Contract Labo		
H	Complete ONLY if direct	Candidate/	Officeholder name	Office s	ought		Office held	
	expenditure to benefit C/O	Н						
=	Date	Payee nar	ne					
	12/13/2021	Martinez	Oscar					
	Amount (\$)	Payee add	dress; City;	State; Zip	Code			
	\$280.00	1502 Ma	rbel St					
		Penitas,	TX 78576					
	PURPOSE	(a) Category	(See Categories listed at the t	op of this schedule)	(b)	Description		
	OF EXPENDITURE	Salaries/	Wages/Contract Lab	or		<u>-</u>	outside of Texas. Complete Schedu TX, officeholder living expense	le T.
					İ	Contract Labo		
\vdash	Complete ONLY if direct		Officeholder name	Office s	ought		Office held	
	expenditure to benefit C/O	Н						
一		· · · · · · · · · · · · · · · · · · ·	···	····		****		
1								

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor Explains how to complete this form.	
Total pages Schedule F1:	2 FILER NAME		3 Filer ID
Sch: 11/27 Rpt: 16/32	Molina, Richard		
Date	5 Payee name		
12/14/2021	Martinez, Oscar		
Amount (\$)	7 Payee address; City;	State; Zip Code	
\$350.00	1502 Marbel St		
	Penitas, TX 78576		
PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if tr	avel outside of Texas. Complete Schedule T.
LXI ENDITORE		-	ustin, TX, officeholder living expense
		Contract L	_abor
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
Date	Payee name		
12/15/2021	Martinez, Oscar		
Amount (\$)	Payee address; City;	State; Zip Code	· · · · · · · · ·
\$90.00	1502 Marbel St		
	Penitas, TX 78576		
PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor		avel outside of Texas, Complete Schedule T.
EXPENDITURE	_	-	ustin, TX, officeholder living expense
		Contract L	_abor
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
experience to benefit eve	•		
Date	Payee name		
12/13/2021	McAllen Digital Media		
Amount (\$)	Payee address; City;	State; Zip Code	
\$500.00	204 E Cano		
	Edinburg, TX 78541		
PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b) Description	
OF	Advertising Expense		avel outside of Texas. Complete Schedule T.
EXPENDITURE	, (0.0), 0.0.1.5	Check if A	ustin, TX, officeholder living expense
		Advertisin	g Expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	n		
		. 50 0000	

SCHEDULE F1

(CONTRIBUTION	NS	SCHEDOLE 1 1
_		and the second s	W-11.
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1: Sch: 12/27 Rpt: 17/32	FILER NAME Molina, Richard	3 Filer ID
4	Date 12/06/2021	5 Payee name Moonlight Cafe	
6	Amount (\$) \$51.95	7 Payee address; City; State; Zip Code 3911 S. Business, US 281 Edinburg, TX 78539	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 12/15/2021	Payee name Mundo Grocery n Meat	
	Amount (\$) \$48.39	Payee address; City; State; Zip Code 2510 East Monte Cristo Rd Edinburg, TX 78542	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date 12/13/2021	Payee name Nino, Luis (Mr.)	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 919 E Lovett St. Edinburg, TX 78541	
	PURPOSE OF EXPENDITURE	Jaianes/ Wages/Contract Eabor	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Abor
_	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	nmittee	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor					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: Sch: 13/27 Rpt: 18/32		FILER NAME Molina, Ricl					3	Filer ID	
Ļ										
4	Date 12/14/2021		Payee name Nino, Yolan							
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Cod	e			
	\$1,750.00		919 E Love	tt St.		·				
			Edinburg, T							
8	PURPOSE OF EXPENDITURE	(a)		ee Categories listed ages/Contract	at the top of this sch t Labor	nedule)	<u> </u>	stin, T)	side of Texas. Complete Schedule T. K, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder name	, (Office soug	ht		Office held	
Г	Date		Payee name							
l	12/16/2021		Ovalle, Jair	me						
r	Amount (\$)		Payee addre	ss; City;	State	; Zip Coo	e			
	\$700.00	1	502 Carlisle	e Ave., Apt. 1						
1				•						
			Edinburg, T	X 78539						
Г	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	heđule)	b) Description			
l	OF EXPENDITURE	١	Salaries/W	ages/Contrac	t Labor	1			side of Texas. Complete Schedule T.	
1							Contract L		X, officeholder living expense	
ŀ							Contract L	auui		
L		L				- · · ·	1.		0.00	·
	Complete ONLY if direct expenditure to benefit C/O		Jandidate/Off	iceholder name)	Office soug	nt		Office held	
Г	Date		Payee name							
	12/13/2021		Pena, Ana							
-	Amount (\$)		Payee addre	ess; City;	State	e; Zip Cod	le			
	\$363.00		222 N Pase	=						
	77									
l			Mission, T	/ 70572						
L										
	PURPOSE OF	(a)			at the top of this sch	hedule)	(b) Description		side of Texas. Complete Schedule T.	
ļ	EXPENDITURE	l	Salaries/W	ages/Contrac	t Labor				side of Texas. Complete Schedule T. X, officeholder living expense	
ĺ							Contract L			
]				
\vdash	Complete ONLY if direct	Щ,	andidata/Off	iceholder name	<u>, </u>	Office soug	ht		Office held	
1	expenditure to benefit C/O		Januluale/OII	icenduei name	,	Onice soul	i ic		Office field	
L										

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Gift/Awards/Memorials Exp Legal Services The Instruction Guide	pense Print Sala		e /Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NA	ME				3 Filer ID	
	Sch: 14/27 Rpt: 19/32	Molina, F	Richard					
4	Date	5 Payee nar	ne					
	12/14/2021	Pena, An	na					
6	Amount (\$)	7 Payee add	dress; City;	State; Zip	Code			
	\$238.00	222 N Pa	aseo De Rey					
ĺ		Mission,	TX 78572					
8	PURPOSE	(a) Category	(See Categories listed at the t	top of this schedule)	(b)	Description	***	
	OF EXPENDITURE		Wages/Contract Lab			=	outside of Texas. Complete Schedule T.	
	EXPENDITORE					_	, TX, officeholder living expense	
						Contract Lab	OI	
9	Complete ONLY if direct	Candidatel	Officeholder name	Office	sought		Office held	
ı,	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Officerrolder flame	Office	Sought		Office field	
	Date	Payee nar	me					
	12/31/2021	Pena, Ar	na					
	Amount (\$)	Payee add	dress; City;	State; Zip	Code			
l	\$114.00	222 N Pa	aseo De Rey					
		Mission,	TX 78572					
Γ	PURPOSE	(a) Category	(See Categories listed at the t	top of this schedule)	(b)	Description		
	OF EXPENDITURE	Salaries/	Wages/Contract Lab	or		_	outside of Texas. Complete Schedule T.	
						Contract Lab	r, TX, officeholder living expense	
						Contract Lab		
	Complete ONLY if direct	Candidate/	Officeholder name	Office	sought		Office held	
	expenditure to benefit C/OI			000	oong		555 1.5.2	
=	Date	Payee nai	me					
	12/13/2021	1 -	smeralda					
┝	Amount (\$)	Payee ad		State; Ziņ	Code			
	\$600.00	3303 Cir		Otato, Zip	oouc			
	4000100							
		Palmviev	v, TX 78572					
	PURPOSE		(See Categories listed at the t		(b)	Description		
	OF EXPENDITURE	Salaries/	Wages/Contract Lab	or		Lance de la constant	outside of Texas. Complete Schedule T. ı, TX, officeholder living expense	
						Contract Lab		
\vdash	Complete ONLY if direct	Candidate/	Officeholder name	Office	sought		Office held	
1	expenditure to benefit C/O			•	J			
\vdash								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Event Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: FILER NAME 3 Filer ID Sch: 15/27 Rpt: 20/32 Molina, Richard Date Payee name 12/15/2021 Perez, Esmeralda Payee address; City; State; Zip Code 6 Amount (\$) \$90.00 3303 Ciruelos St Palmview, TX 78572 **PURPOSE** (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 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/15/2021 Perez, Esmeralda Amount (\$) Payee address; City; State; Zip Code 3303 Ciruelos St \$335,00 Palmview, TX 78572 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Contract Labor Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 12/15/2021 Point Blank Political Amount (\$) Payee address; State; Zip Code \$300.00 238 Wilshirt Blvd., #155 Casselberry, FL 32707 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense ads Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

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
Gift/Awards/Memorials Expense

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)

Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 16/27 Rpt: 21/32 Molina, Richard Date Payee name 12/06/2021 Quintanilla, Mireya 6 Amount (\$) Payee address; City; State; Zip Code \$300.00 1017 Sundance Edinburg, TX 78541 **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 12/06/2021 Radio United Amount (\$) Payee address; City; State; Zip Code \$289.00 1201 N. Jackson Rd., Suite 900 McAllen, TX 78501 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Ad Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/13/2021 Ramos, Aimee Amount (\$) Payee address; City; State; Zip Code \$1,420.00 902 S. 19th Ave. 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

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 17/27 Rpt: 22/32	Molina, Richard
4	Date	5 Payee name
	12/06/2021	Regalado, Javier
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	909 S 19 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
l		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	12/13/2021	Rios, Ruben
	Amount (\$)	Payee address; City; State; Zip Code
	\$265.00	213 A 24th
		Mcallen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF 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 expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
l	12/16/2021	Rios, Ruben
	Amount (\$)	Payee address; City; State; Zip Code
	\$240.00	213 A 24th
		Mcallen, TX 78501
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
ĺ		Check if Austin, TX, officeholder living expense Contract Labor
		John Labor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	<u> </u>	

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 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	Il Committee Legal Services Salaries	Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to c	· · · · · · · · · · · · · · · · · · ·
Total pages Schedule F1: Sch: 18/27 Rpt: 23/32	2 FILER NAME Molina, Richard	3 Filer ID
4 Date 12/16/2021	5 Payee name Rios, Ruben	•
6 Amount (\$) \$90.00	7 Payee address; City; State; Zip C 213 A 24th Mcallen, TX 78501	Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so	ought Office held
Date	Payee name	
12/13/2021	Rios, Victoria	
Amount (\$) \$162.10	Payee address; City; State; Zip C 213 A 24th	Code
	Mcallen, TX 78501	
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/OF	Candidate/Officeholder name Office so	ought Office held
Date 12/16/2021	Payee name Rios, Victoria	
Amount (\$) \$230.00	Payee address; City; State; Zip C 213 A 24th	Code
	Mcallen, TX 78501	
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/OI	Candidate/Officeholder name Office so	ught Office held
See Assessment		

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expens Printing Expen	ense Travel Out of District ges/Contract Labor OTHER (enter a category not listed above)					
	Credit Card Payment		The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1: Sch: 19/27 Rpt: 24/32	2 FILER NAM Molina, Ri			3	Filer ID				
4	Date 12/16/2021	5 Payee nam Rios, Vict								
6	Amount (\$) \$90.00	7 Payee add 213 A 24t	h	ate; Zip Code	10.000					
8	PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of thi Vages/Contract Labor	s schedule) (b)		side of Texas. Complete Schedule T. K, officeholder living expense				
9	Complete ONLY if direct expenditure to benefit C/Ol		officeholder name	Office sought		Office held				
	Date	Payee nan	ne							
	12/13/2021	•	z, Brenda (Mrs.)							
	Amount (\$) \$480.00	Payee add 5608 Sug Edinburg,	-	tate; Zip Code						
	PURPOSE OF EXPENDITURE		(See Categories listed at the top of thi Nages/Contract Labor	s schedule) (b)	=	side of Texas. Complete Schedule T. X, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office sought		Office held				
	Date 12/24/2021	Payee nar Rodrigue	ne z, Rosendo (Mr.)							
	Amount (\$) \$480.00	Payee add 5608 Sug	arLand	tate; Zip Code						
		Edinburg	, TX 78539							
	PURPOSE OF EXPENDITURE		(See Categories listed at the top of th Nages/Contract Labor	is schedule) (b		tside of Texas. Complete Schedule T. X, officeholder living expense				
•	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office sought		Office held				
_										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Bankling
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Devreant

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/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: 20/27 Rpt: 25/32	2 FILER NAME Molina, Richard 3 Filer ID
4 Date 12/15/2021	5 Payee name Salazar, Gabriel
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 7123 Thrush View Lane San Antonio, TX 78209
8 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
Date 12/21/2021	Payee name Salazar, Gabriel
Amount (\$) \$195.00	Payee address; City; State; Zip Code 7123 Thrush View Lane San Antonio, TX 78209
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
Date 12/07/2021	Payee name Siempre Natural
Amount (\$) \$124.57	Payee address; City; State; Zip Code 239 E Trenton Rd,
	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 Camp.
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

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Ser	ds/Memorials Expe vices truction Guide			Vages	/Contract Labor		Travel Out of District OTHER (enter a category not listed above	·)
1	Total pages Schedule F1:	2	EII ED NAMI							13	Filer ID	
_	Sch: 21/27 Rpt: 26/32	_	Molina, Ric								Ther is	
4	Date	5	Payee name									
	12/13/2021		Silvas, Ran	nero								
6	Amount (\$)	7	Payee addre	ess;	City;	State;	Zip Co	de				
	\$363.00		222 N Pase		•	•	•					
	4000.00				, _,							
			Mission, T	< 78572	2							
8	PURPOSE	(a	Category (s	See Catego	ries listed at the to	n of this sch	edule)	(b)	Description			
	OF				ontract Labo		oudic)		`	outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE			3					Check if Austin	ı, TX	, officeholder living expense	
									Contract Lab	or		
		ŀ										
9	Complete ONLY if direct	-	Candidate/Off	iceholde	er name	C	Office sou	ght			Office held	
	expenditure to benefit C/O	Н										
Г	Date	1	Payee name	;								
	12/14/2021		Silvas, Rar									
Н	Amount (\$)	┝	Payee addre	, ec.	City;	State:	Zip Co	nde				
	\$505.40		222 N Pase		•	State,	Zip Cc	,uc				
	φουσ.40		222 N Past	eo De F	key Di							
			Mission, T	X 78572	2							
	PURPOSE	(a	Category (S	See Catego	ries listed at the to	p of this sch	edule)	(b)	Description			
	OF EXPENDITURE				ontract Labo				Check if travel	outs	ide of Texas, Complete Schedule T.	
	EXPENDITORE	1						ŀ			, officeholder living expense	
									Contract Lab	or		
	Complete ONLY if direct		Candidate/Off	ficeholde	er name	C	Office sou	ıght			Office held	
	expenditure to benefit C/O	Н										
Г	Date		Payee name)								
	12/13/2021		Solis, Roel									
	Amount (\$)	H	Payee addre	522.	City;	State:	Zip Co	nde				
	\$1,200.00		P.O.Box 26		Oity,	Olalo,	2.p 00	,				
	Ψ1,200.00		1 .O.DOX 20	,, <u>T</u>								
		L	Edinburg, 1	ΓX 7854	10							
	PURPOSE	(a	Category (S	See Catego	ries listed at the to	p of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Salaries/W	ages/C	ontract Labo	r			_		ide of Texas. Complete Schedule T.	
									_		, officeholder living expense	
									Contract Lab	or		
	7-7 W. A HANAR						·····					
	Complete ONLY if direct		Candidate/Off	ficeholde	er name	C	Office sou	ght			Office held	
Ĺ	expenditure to benefit C/O	П										

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
:	Sch: 22/27 Rpt: 27/32	Molina, Rìchard
. 1	Date	5 Payee name
:	12/14/2021	Solis, Roel
,	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	P.O.Box 2671
		Edinburg, TX 78540
3	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF 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/OI	
_	Date	Payee name
	12/20/2021	Solis, Roel
,	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O.Box 2671
		Edinburg, TX 78540
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF 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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
1		
1	expenditure to benefit C/OI	DH
	expenditure to benefit C/Ol	Payee name
	expenditure to benefit C/Ol Date 12/20/2021	Payee name Solis, Roel Payee address; City; State; Zip Code
	expenditure to benefit C/Ol Date 12/20/2021 Amount (\$)	Payee name Solis, Roel Payee address; City; State; Zip Code
	expenditure to benefit C/Ol Date 12/20/2021 Amount (\$)	Payee name Solis, Roel Payee address; City; State; Zip Code
	expenditure to benefit C/Ol Date 12/20/2021 Amount (\$)	Payee name Solis, Roel Payee address; City; State; Zip Code P.O.Box 2671 Edinburg, TX 78540
	expenditure to benefit C/Ol Date 12/20/2021 Amount (\$) \$500.00 PURPOSE OF	Payee name Solis, Roel Payee address; City; State; Zip Code P.O.Box 2671 Edinburg, TX 78540 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	expenditure to benefit C/Ol Date 12/20/2021 Amount (\$) \$500.00	Payee name Solis, Roel Payee address; City; State; Zip Code P.O.Box 2671 Edinburg, TX 78540 (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
	expenditure to benefit C/Ol Date 12/20/2021 Amount (\$) \$500.00 PURPOSE OF	Payee name Solis, Roel Payee address; City; State; Zip Code P.O.Box 2671 Edinburg, TX 78540 (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.
1	expenditure to benefit C/Ol Date 12/20/2021 Amount (\$) \$500.00 PURPOSE OF	Payee name Solis, Roel Payee address; City; State; Zip Code P.O.Box 2671 Edinburg, TX 78540 (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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Food/Beverage Expense Gift/Awards/Memorials Expen pmmittee Legal Services	Office Pollin se Printi	g Expens ng Expen	d/Rental Expense Transportation Equipment & Related in Travel in District Travel Out of District OTHER (enter a category not listed all			
	Credit Card Payment		The Instruction Guide e	explains how to	comp	ete this form.		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID
	Sch: 23/27 Rpt: 28/32		Molina, Richard					
4	Date	5	Payee name					
	12/13/2021		Sosa, Maria Elena					
6	Amount (\$)	7	Payee address; City;	State; Zip	Code			
	\$500.00		10731 Hernandez Dr.					
			Edinburg, TX 78539					
8	PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE	`	Salaries/Wages/Contract Labor		``		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE	1	-			_		, officeholder living expense
						Contract Labo	or	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office	sought			Office held
	experience to benefit 6/6	.,						
	Date		Payee name					
	12/06/2021		Stripes					
	Amount (\$)		Payee address; City;	State; Zip	Code			
	\$24.74		1606 E. Richardson Rd.					
			Edinburg, TX 78539					
	PURPOSE	(a	A) Category (See Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE		Polling Expense			<u></u>		ide of Texas, Complete Schedule T,
	EXI ENDITORE	l					, TX	, officeholder living expense
		1				Ice, drinks		
_		<u> </u>		0.00				000 1 11
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office	sought	•		Office held
	<u>'</u>							
	Date		Payee name					
	12/14/2021		Stripes					
	Amount (\$)		Payee address; City;	State; Zip	Code			
	\$27.57		1606 E. Richardson Rd.					
			Edinburg, TX 78539					
-	PURPOSE	(a	a) Category (See Categories listed at the top	of this schedule)	(b)	Description		
	OF		Food/Beverage Expense	,				ide of Texas. Complete Schedule T.
	EXPENDITURE				ĺ	l-card		, officeholder living expense
						drinks ice bag	gs	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office	sought	•		Office held
	experience to beliefit 0/0							

SCHEDULE F1

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

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

Credit Card Payment	Committee Legal Services Salaries/N The Instruction Guide explains how to co	ages/Contract Labor OTHER (enter a category not listed above) mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 24/27 Rpt: 29/32	Molina, Richard	
4 Date	5 Payee name	
12/16/2021	Stripes	
5 Amount (\$) \$12.12	7 Payee address; City; State; Zip Co 1606 E. Richardson Rd. Edinburg, TX 78539	de
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 ice bags, drinks
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sou	ght Office held
Date	Payee name	
12/08/2021	Sunoco	
Amount (\$) \$74.00	Payee address; City; State; Zip Co 1606 East Richardson Edinburg, TX 78541	de
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 Drinks, ice
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sou	ght Office held
Date	Payee name	
12/15/2021	Sunoco	
Amount (\$) \$132.05	Payee address; City; State; Zip Co 1606 East Richardson Edinburg, TX 78541	de
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 Drinks waters and ice bags
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	ense Printing Salarie	-	se s/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed a	bove)
1	Total pages Schedule F1:	2 FILER NAM	лЕ				3 Filer ID	* ******
	Sch: 25/27 Rpt: 30/32	Molina, R						
4	Date	5 Payee nam	ne					
	12/14/2021	The Moni	tor					
6	Amount (\$)	7 Payee add	ress; City;	State; Zip	Code			
	\$2,584.00	1400 E N		·				
		McAllen ,	TX 78502					
8	PURPOSE	(a) Category	(See Categories listed at the to	pp of this schedule)	(b)	Description		
	OF EXPENDITURE		g Expense				outside of Texas. Complete Schedule T. , TX, officeholder living expense Expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		Officeholder name	Office s	ought		Office held	
Г	Date	Payee nan	пе					
	12/09/2021	Upper Va	lley Mail Services					
_	Amount (\$)	Payee add	ress; City;	State; Zip	Code			
	\$2,056.15	1418 Be	ech Ave # 109,					
		Mcallen,		-11-71				
	PURPOSE OF		(See Categories listed at the to	op of this schedule)	(b)	Description		
	EXPENDITURE	Advertisir	ng Expense		ļ		outside of Texas. Complete Schedule T. , TX, officeholder living expense	
l						mail service	, , , , , , , , , , , , , , , , , , ,	
ı								
	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office s	ought		Office held	
F	Date	Payee nar	ne					
	12/09/2021	1 -	lley Mail Services					
H	Amount (\$)	Payee add	lress; City;	State; Zip	Code			
	\$1,820.81	1 1	ech Ave # 109,	- Julius, - Jp				
ĺ	\$2,020.02	1,10,00						
		Mcallen,	TX 78504					
	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description	· · ·	
	OF EXPENDITURE		ng Expense	,		Check if travel	outside of Texas. Complete Schedule T.	
l	EXPENDITORE						n, TX, officeholder living expense	
						mail out		
L								
	Complete ONLY if direct		Officeholder name	Office s	ought		Office held	
	expenditure to benefit C/O	'Л 						
1								

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 26/27 Rpt: 31/32	Molina, Richard
4		5 Payee name
	12/09/2021	Upper Valley Mail Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,090.60	1418 Beech Ave # 109,
	!	
L		Mcallen, TX 78504
8	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
ĺ	!	mail out service
l	!	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oł	н
	Date	Payee name
l	12/14/2021	Villalon, Brenda
	Amount (\$)	Payee address; City; State; Zip Code
	\$280.00	407 Hawk st
	!	
	l	Sullivan , TX 78595
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	!	Check if Austin, TX, officeholder living expense Contract Labor
	l	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	12/14/2021	Villalon, Brenda
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$310.00	407 Hawk st
	Į	
	l	Sullivan , TX 78595
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas, Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	Į	Contract Labor
_	Complete ONLY if direct	Office held
	Complete ONLY if direct expenditure to benefit C/OH	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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising Expense Travel Out of District

Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 27/27 Rpt: 32/32 Molina, Richard 4 Date Payee name 12/13/2021 Villegas, Jazmin Payee address; City; State; Zip Code 6 Amount (\$) \$350.00 1410 E Saint Jude Ave Mission, TX 78573 **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 Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 12/13/2021 Whataburger Payee address; Amount (\$) City; State; Zip Code \$149.15 1717 East University Dr Edinburg, TX 78541 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Camp. Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Payee name 12/06/2021 Willie B's BBQ Payee address; City; State; Zip Code Amount (\$) \$146.67 114 E Loeb St 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 camp. Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH