#### **CANDIDATE / OFFICEHOLDER** FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 33 CANDIDATE / MS/MRS/MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Richard NAME Date Received 1-15-19P01:22 RCVI **NICKNAME** LAST SUFFIX Molina CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked CITY; ZIP CODE OFFICEHOLDER MAILING Receipt # Amount **ADDRESS** Change of Address **Date Processed** Date Imaged CAMPAIGN MS/MRS/MR **FIRST** MI TREASURER NAME Richard NICKNAME LAST SUFFIX Molina CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE TREASURER **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 8 REPORT TYPE January 15 30th day before election 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD Day Year Month Day Year COVERED 07/01/2018 **THROUGH** 12/31/2018 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Primary Runoff Other 11/06/2018 General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) Mayor (City Of Edinburg)

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 22

13 C / OH NAME	Molina, Richard	14	Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures These expenditures may have been made without the of officeholders are required to report this information on	candidate's or officer	nolder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
) <del></del>	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS	TOTAL POLITIC LOANS, OR GUA	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ARANTEES OF LOANS), UNLESS ITEMIZED	N PLEDGES,	\$ 0.00
	(OTHER THAN I	AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 46,500.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED	\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 43,598.13
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST RIOD	DAY OF THE	<b>\$</b> 146,236.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF TING PERIOD	THE LAST DAY	\$ 0.00
17 AFFADAVIT				
ARY PUBLISHED TO SECURITY OF TAXABLE PROPERTY.	LETICIA RODRIGU Notary Public STATE OF TEXA My Comm. Exp. 04-26	S -2019	ormation required to	be reported by me
		Signature of Car	ndidate or Officehold	er
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subso	cribed before me, by the s	110101111111111111	, this the	day
11WC	, 20 <u>      ,</u> to ce	rtify which, witness my hand and seal of office.		
Signature of office	certagninistering	Printed name of officer administering	Title of officer	Administering oath
	(			U
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## SUBTOTALS - C/OH

## FORM C/OH **COVER SHEET PG 3**

			3 of 33
18 FILER NAME Molina, Richard	19 Filer ID		
20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE		SUBTO	TAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	46,500.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS		\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	s	\$	43,598.13
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	
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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/6 Rpt: 4/33 2 FILER NAME 3 Filer ID Molina, Richard Date Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/10/2018 Badiozzmani, Reza \$2,000.00 6 Contributor address; City; State; Zip Code 2820 Royal Palm Circle Mcallen, TX 78501 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Bus. Man Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2018 Border Health PAC \$10,000.00 Contributor address; City; State; Zip Code 612 W. Nolana McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2018 Cerda, Julio (Mr.) \$5,000.00 Contributor address; City; State; Zip Code 1602 Solar Dr Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2018 De Jesus, Ruben \$500.00 Contributor address; City; State; Zip Code 115 W Mc Intyre St Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2018 Del Angel, Juan \$1,000.00 Contributor address; City; State; Zip Code 2307 Silverado

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Bus. Man

Principal occupation / Job title (See Instructions)

Palmhurst, TX 78573

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Employer (See Instructions)

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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/6 Rpt: 5/33 2 FILER NAME 3 Filer ID Molina, Richard 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/10/2018 **Donna Crossing** \$1,000.00 6 Contributor address; City; State; Zip Code 317 South Main St Mcallen, TX 78501 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2018 Espericueta, Pat \$2,500.00 Contributor address; City; State; Zip Code 213 E Tom Landry Mission, TX 78572 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus. woman Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2018 Garza, Enrique \$500.00 Contributor address; City; State; Zip Code 1616 Woodland Dr. Weslaco, TX 78596 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus. Man Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2018 Gorena, Michael (Mr.) \$1,000.00 Contributor address; City; State; Zip Code 300 Tulip Ave Mc Allen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus. Man Self employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/25/2018 Haidar, Diana (Mrs.) \$500.00 Contributor address; City; State; Zip Code 333 Thunderbird Ave Mcallen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus.Owner

#### SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/6 Rpt: 6/33 2 FILER NAME 3 Filer ID Molina, Richard 4 Date Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/18/2018 Hi Starr Investments \$1,000.00 Contributor address; City; State; Zip Code P.O. Box 959 Edinburg, TX 78540 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2018 Los Lagos Development \$1,000.00 Contributor address; City; State; Zip Code 302 E Coma Ave Hidalgo, TX 78557 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2018 Macheska, Robert (Mr.) \$1,500.00 Contributor address; City; State; Zip Code 2608 Live Oak St Mission, TX 78574 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus. Man Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2018 Mateo, Leal \$2,500.00 Contributor address; City; State; Zip Code 6554 E Hwy 107 Edinburg, TX 78542 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus. man Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2018 Munoz, Nicolus (Mr.) \$1,000.00 Contributor address; City; State; Zip Code 2208 Robin Ave McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus. Man

MONETARY POLITICAL CONTRIBUTIONS

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/6 Rpt: 7/33 2 FILER NAME 3 Filer ID Molina, Richard 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/10/2018 Ochoa, Omar \$1,000.00 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2018 Oliver Salgado Properties \$1,000.00 Contributor address; City; State; Zip Code 1107 Wildflower Ct Katy, TX 77494 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2018 RBR Development & investments \$1,000.00 Contributor address; City; State; Zip Code 3229 Page Ave Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/25/2018 Raba-Kistner PAC \$1,500.00 Contributor address; City; State; Zip Code P.O.Box San Antonio, TX 78269 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 09/10/2018 Rhodes, Michael (Mr.) \$1,000.00 Contributor address; City; State; Zip Code 1020 Allen View Dr New Braunfels, TX 78132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus.Man Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.63dc5001

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/6 Rpt: 8/33 2 FILER NAME 3 Filer ID Molina, Richard Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/10/2018 Ricardo Gonzalez OXford&Gonzalez \$2,500.00 6 Contributor address; City; State; Zip Code PO Drawer 630 Edinburg, TX 78540 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2018 Rodriguez, Christopher (Mr.) \$1,500.00 Contributor address; City; State; Zip Code 19359 Reyes Rd Rio Hondo, TX 78583 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2018 Saenz, Nereyda \$2,500.00 Contributor address; City; State; Zip Code 1501 Makenzie dr. Weslaco, TX 78599 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Bus Woman** Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2018 Staudt, Thomas \$1,000.00 Contributor address; City; State; Zip Code 7525 FM 723Rd Richmond, TX 77405 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus. Man Date Full name of contributor X out-of-state PAC (ID#: C00457853 Amount of Contribution (\$) 09/10/2018 Terracon \$1,000,00 Contributor address; City; State; Zip Code 10641 S Ridgeview Road Olathe, KS 66061 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.63dc5001

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/33 2 FILER NAME 3 Filer ID Molina, Richard 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/10/2018 Union Design Developers \$1,000.00 6 Contributor address; City; State; Zip Code 4314 S Conway Ave Mission, TX 78572 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/10/2018 Vela, Emilio \$500.00 Contributor address; City; State; Zip Code 4106 Lula St Edinburg, TX 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bus. Man

### SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 1/24 Rpt: 10/33	Molina, Richard	
4 Date	5 Payee name	
08/31/2018	Academy Sports	
6 Amount (\$) \$168.83	7 Payee address; City; State; Zip C 651 E Trenton Rd, Edinburg, TX 78539	ode
8 PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Advertising Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Shirts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sort	ught Office held
Date	Payee name	
09/06/2018	Academy Sports	
Amount (\$) \$180.18	Payee address; City; State; Zip Ci 651 E Trenton Rd, Edinburg, TX 78539	ode
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Shirts
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soul	Lught Office held
Date	Payee name	
07/13/2018	Aguilars Meat Market	
Amount (\$) \$186.53	Payee address; City; State; Zip Co 1306 East University Edinburg, TX 78539	ode
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food (event)
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	l ught Office held
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#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees
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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 2/24 Rpt: 11/33	2 FILER NAME Molina, Richard  3 Filer ID
4	Date 08/22/2018	5 Payee name Aguilars Meat Market
6	Amount (\$) \$149.45	7 Payee address; City; State; Zip Code 1306 East University  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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food (meat)
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/15/2018	Aguilars Meat Market
	Amount (\$) \$67.10	Payee address; City; State; Zip Code 1306 East University
		Edinburg, TX 78539
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/14/2018	Antonio, Sam
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 2116 North Erika St  Pharr, TX 78577
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Design Work
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
-0:	rms provided by Texas F	thics Commission

## 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 3/24 Rpt: 12/33	Molina, Richard
4	Date	5 Payee name
100	10/05/2018	Antonio, Sam
6	Amount (\$)	
Ů	\$100.00	7 Payee address; City; State; Zip Code 2116 North Erika St
	Ψ100.00	ZIIO NOMI EMA ST
		Dharr TV 70577
_		Pharr, TX 78577
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
		Flyers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/24/2018	Avila, Ana
H	Amount (\$)	
	\$200.00	Payee address; City; State; Zip Code 1705 Oaks rd
	Ψ200.00	1705 Oaks Tu
ı		Ediahum TV 70500
L		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contract work
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/07/2018	Avila, Ana
H	Amount (\$)	MATTER COLOR STATE
	\$250.00	Payee address; City; State; Zip Code 1705 Oaks rd
	Ψ230.00	1703 Oaks Iu
		Ediaham TV 70500
_	N = 1280Y1 = 1778	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 work
		Solitate North
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID
Sch: 4/24 Rpt: 13/33	Molina, Richard
Date	5 Payee name
09/13/2018	Avila, Ana
Amount (\$) \$65.00	7 Payee address; City; State; Zip Code 1705 Oaks rd  Edinburg, TX 78539
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 work
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
Date	Payee name
09/18/2018	Avila, Ana
Amount (\$) \$42.00	Payee address; City; State; Zip Code 1705 Oaks rd Edinburg, TX 78539
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense printing invites
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
Date	Payee name
07/24/2018	Balderas, Michael
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2607 Denise Circle
	Edinburg, TX 78541
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contribution

#### 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

Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1 Total pages Schedule F1:	- A.E	3 Filer ID
Sch: 5/24 Rpt: 14/33	Molina, Richard	
4 Date	5 Payee name	
08/27/2018	Balderas, Michael	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	2607 Denise Circle	
	Edinburg, TX 78541	
8 PURPOSE		Description
OF	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
07/05/2018	Bank of America	
Amount (\$)	Payee address; City; State; Zip Code	
\$39.00	1500 W University	
	Edinburg, TX 78539	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Bank fees (checks)
		barn rees (errecks)
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	Н	
Date	Payee name	
08/31/2018	Brand Boosters	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,753.65	3607 S L Ln	
\$5,0.40 (a) (a) (a) (a)		
	McAllen, TX 78503	
PURPOSE		Description
OF	(a) Category (see Categories listed at the top of this schedule)  Advertising Expense	Description  Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE	Actioning Expense	Check if Austin, TX, officeholder living expense
		Signs
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
-Application to bolletic G/O	•	

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 6/24 Rpt: 15/33	Molina, Richard
4	Date	5 Payee name
	10/01/2018	Brand Boosters
6	Amount (\$) \$178.62	7 Payee address; City; State; Zip Code 3607 S L Ln  McAllen, TX 78503
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  Banners
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/02/2018	Buen Pastor Church
	Amount (\$) \$165.00	Payee address; City; State; Zip Code 705 E University Dr.
		Edinburg, TX 78539
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Youth Camp
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/14/2018	Cerda, Frank
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 34742 HWY 281
		Edinburg, TX 78542
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation (cook-off)
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	rms provided by Toyas E	

#### SCHEDULE F1

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

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

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

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#### SCHEDULE F1

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

Event Expense 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

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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: 2 FILER NAME 3 Filer ID Sch: 8/24 Rpt: 17/33 Molina, Richard Payee name 08/02/2018 **Edinburg High School** Amount (\$) Payee address; City; State; Zip Code \$60.00 2600 E Wisconsin RD Edinburg, TX 78542 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Candidate/Officeholder/Political Committee 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 12/10/2018 Edinburg Lions Club Amount (\$) Payee address; State; Zip Code \$225.00 3801 S Bus. Hwy 281 Edinburg, TX 78539 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense donation (walk) Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/12/2018 Edinburg Parks and Rec Amount (\$) Payee address; City; State; Zip Code \$200.00 315 E. Palm 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. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation (toy drive) Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## SCHEDULE F1

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

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/C

	Credit Card Payment			struction Guide	explains how to co		ete this form.	OTHER (enter a c	ategory not listed above)
1	Total pages Schedule F1: Sch: 9/24 Rpt: 18/33	35.07	220,000				Barana Parine debatin	Filer ID	
4	Date 08/06/2018		ayee name Sarcia , Leticia						
6	Amount (\$) \$5,000.00	<b>7</b> P	ayee address;	City;	State; Zip C	ode			
8	PURPOSE OF EXPENDITURE	C	ategory (See Categ Contributions/Doi Candidate/Officel	nations Made	Ву	(b)	Description Check if travel outsic Check if Austin, TX, Contribution		
9	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officehold	er name	Office so	ght		Office hel	d
	Date		ayee name						
	08/29/2018		Barcia , Leticia						
	Amount (\$) \$1,000.00	P	ayee address;	City;	State; Zip C	ode			
	PURPOSE OF EXPENDITURE	C	ategory (See Categ Contributions/Dor Candidate/Officel	nations Made	Ву	(b)	Description Check if travel outsin Check if Austin, TX, Contribution		
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officehold	er name	Office so	ght		Office held	d
	Date	Р	ayee name						
	10/12/2018	G	arcia , Leticia						
	Amount (\$) \$1,500.00	P	ayee address;	City;	State; Zip Ci	ode			
	PURPOSE OF EXPENDITURE	C	ategory (See Categ ontributions/Dor andidate/Officel	nations Made	Ву	(b)	Description Check if travel outsic Check if Austin, TX, Contribution		
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officehold	er name	Office sou	ight		Office held	d
For	ms provided by Tayas F	thian	Commission		othics state by				

## 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/C

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 10/24 Rpt: 19/33	Molina, Richard
4	Date	5 Payee name
	10/12/2018	Garcia , Leticia
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/30/2018	Garcia , Leticia
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/20/2018	Guerrero, Leonel (Mr.)
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 4815 Nevis Drive  Edinburg, TX 78539
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contribution
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Foi	ms provided by Texas E	thics Commission www.ethics.state.tx.us Version V1.1.63dc50

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

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/Political Committee Printing Expense Salaries/Wages/Contract Labor 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: 2 FILER NAME 3 Filer ID Sch: 11/24 Rpt: 20/33 Molina, Richard 4 Date 5 Payee name 08/24/2018 Guerrero, Leonel (Mr.) 6 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 4815 nevis Drive Edinburg, TX 78539 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 08/22/2018 H.E.B Amount (\$) Payee address; City; State; Zip Code \$60.51 1212 S Closner Blvd. 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. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense food Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/22/2018 HEB Amount (\$) Payee address; City; State; Zip Code \$31.86 1212 South Closner Edinburg, TX 78539 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense drinks, food Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 12/24 Rpt: 21/33 Molina, Richard 4 Date Payee name 11/15/2018 Hernandez, Edward (Mr.) Amount (\$) Payee address; City; State; Zip Code \$500.00 309 W Nolana Ave #1w, Mcallen, TX 78503 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/20/2018 Hidalgo County Dem.Party Amount (\$) Payee address; City; State; Zip Code \$1,000.00 3307 N. Mc Mcoll Rd 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. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/19/2018 Jimenez, Krystal Amount (\$) Payee address; City; State; Zip Code \$200.00 506 N La Qunta Dr Pharr, TX 78577 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. **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

#### **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)

	Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID
	Sch: 13/24 Rpt: 22/33	Molina, Richard	
4	Date	5 Payee name	
	10/01/2018	Jimenez, Perla	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00	506 W. La Qunta	
		Pharr, TX 78577	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
			Contract work
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	office held
	expenditure to benefit C/O		. Office field
-	Date	Payee name	
ı	10/01/2018	La Mexicana Bakery	
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	
ı	\$120.00	723 E Sprague St,	
ı			
		Edinburg, TX 78539	
H	PURPOSE		D) Description
	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EVDENDITUDE	1 Journal of the state of the s	
	EXPENDITURE	1 oou/beverage Expense	Check if Austin, TX, officeholder living expense
	EXPENDITURE	1 oourbeverage Expense	
			Check if Austin, TX, officeholder living expense Food (bread)
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	Check if Austin, TX, officeholder living expense Food (bread)
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	Check if Austin, TX, officeholder living expense Food (bread)
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	Check if Austin, TX, officeholder living expense Food (bread)
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H Payee name La Palma	Check if Austin, TX, officeholder living expense Food (bread)  office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Payee name La Palma  Payee address; City; State; Zip Code	Check if Austin, TX, officeholder living expense Food (bread)  office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H Payee name La Palma	Check if Austin, TX, officeholder living expense Food (bread)  office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Payee name La Palma  Payee address; City; State; Zip Code 1215 S Ih 69C	Check if Austin, TX, officeholder living expense Food (bread)  office held
	Complete ONLY if direct expenditure to benefit C/O  Date 10/18/2018  Amount (\$) \$70.00	Candidate/Officeholder name  Payee name La Palma  Payee address; City; State; Zip Code 1215 S Ih 69C  Edinburg, TX 78539	Check if Austin, TX, officeholder living expense Food (bread)  office held
	Complete ONLY if direct expenditure to benefit C/O  Date 10/18/2018  Amount (\$)  PURPOSE OF	Candidate/Officeholder name  Payee name La Palma  Payee address; City; State; Zip Code 1215 S Ih 69C  Edinburg, TX 78539  (a) Category (See Categories listed at the top of this schedule)	Check if Austin, TX, officeholder living expense Food (bread)  Office held  Description
	Complete ONLY if direct expenditure to benefit C/O  Date 10/18/2018  Amount (\$) \$70.00	Candidate/Officeholder name  Payee name La Palma  Payee address; City; State; Zip Code 1215 S Ih 69C  Edinburg, TX 78539	Check if Austin, TX, officeholder living expense Food (bread)  office held
	Complete ONLY if direct expenditure to benefit C/O  Date 10/18/2018  Amount (\$)  PURPOSE OF	Candidate/Officeholder name  Payee name La Palma  Payee address; City; State; Zip Code 1215 S Ih 69C  Edinburg, TX 78539  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	Check if Austin, TX, officeholder living expense Food (bread)  Office held  Description Check if travel outside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/O  Date 10/18/2018  Amount (\$) \$70.00  PURPOSE OF EXPENDITURE	Candidate/Officeholder name  Payee name La Palma  Payee address; City; State; Zip Code 1215 S Ih 69C  Edinburg, TX 78539  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Food (bread)  Office held  Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation
	Complete ONLY if direct expenditure to benefit C/O  Date 10/18/2018  Amount (\$)  PURPOSE OF	Candidate/Officeholder name  Payee name La Palma  Payee address; City; State; Zip Code 1215 S Ih 69C  Edinburg, TX 78539  (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Food (bread)  Office held  Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation
	Complete ONLY if direct expenditure to benefit C/O  Date 10/18/2018  Amount (\$) \$70.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Candidate/Officeholder name  Payee name La Palma  Payee address; City; State; Zip Code 1215 S Ih 69C  Edinburg, TX 78539  (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Food (bread)  Office held  Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense donation
	Complete ONLY if direct expenditure to benefit C/O  Date 10/18/2018  Amount (\$) \$70.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Candidate/Officeholder name  Payee name La Palma  Payee address; City; State; Zip Code 1215 S Ih 69C  Edinburg, TX 78539  (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Food (bread)  Office held  Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense donation
	Complete ONLY if direct expenditure to benefit C/O  Date 10/18/2018  Amount (\$) \$70.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Candidate/Officeholder name  Payee name La Palma  Payee address; City; State; Zip Code 1215 S Ih 69C  Edinburg, TX 78539  (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Office sough	Check if Austin, TX, officeholder living expense Food (bread)  Office held  Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense donation

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 14/24 Rpt: 23/33	Molina, Richard
4	Date	5 Payee name
	09/10/2018	Los Mismos Tacos
6	Amount (\$) \$383.14	7 Payee address; City; State; Zip Code 4830 S Jackson Rd 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 travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/27/2018	Memorial Event Center
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 208 E Canton Rd
	PURPOSE	Edinburg, TX 78539
	OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event hall
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/14/2018	Mesquite Grill
	Amount (\$) \$126.19	Payee address; City; State; Zip Code 2113 W 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 event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
For	ms provided by Texas E	thics Commission www.ethics.state.tv.us.

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Co Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.  OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 15/24 Rpt: 24/33	Molina, Richard
4	Date	5 Payee name
	11/05/2018	Mundo Grocery n Meat
6	Amount (\$) \$31.69	7 Payee address; City; State; Zip Code 2510 East Monte Cristo Rd  Edinburg, TX 78542
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food (tacos)
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/01/2018	NAJVAR LAW FIRM, PLLC
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 2180 North Loop West, Ste. 255
		Houston, TX 77018
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Legal Services  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Legal Service
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	10/31/2018	Pizza Hut
	Amount (\$) \$44.55	Payee address; City; State; Zip Code  1802 South Closner  Edinburg, TX 78539
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
For	ms provided by Texas E	thics Commission www.ethics.state.tv.us

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 16/24 Rpt: 25/33	Molina, Richard
4	Date	5 Payee name
	09/20/2018	Reyes, Joel (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	2202 Gary Lane
		Edinburg, TX 78542
8	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 (DJ)
		Contract tabol (50)
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to belieff 6/01	
	Date	Payee name
	11/08/2018	Robert Vela High School
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	801 E. Canton
		Edinburg, TX 78539
r	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
ı	EXPENDITURE	Candidate/Officeholder/Political Committee
l		Donation (Drama)
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	07/20/2018	Sacred Heart Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.00	215 N 16th Ave,
		Edinburg, TX 78541
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
ı	EXPENDITORE	Candidate/Officeholder/Political Committee
		Retreat
L	0	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Ci	ibutions/ Donations Made By andidate/Officeholder/Politica t Card Payment	I Committee L	ift/Awards/Memorials Exper egal Services The Instruction Guide e	Salaries/W	/ages/	Contract Labor		el Out of District ER (enter a category not listed above)
	pages Schedule F1: 17/24 Rpt: 26/33	2 FILER NAME Molina, Richa	ard				3 Filer	ID
4 Date 09/1	0/2018	5 Payee name Sacred Hear	t Church					
6 Amou	s500.00 \$500.00	7 Payee address 215 N 16th A Edinburg, TX	ve,	State; Zip Co	de			
	URPOSE OF ENDITURE	Contributions	categories listed at the top s/Donations Made I fficeholder/Political	Ву	9 - 101-10		TX, officel	exas. Complete Schedule T. nolder living expense
	plete <u>ONLY</u> if direct inditure to benefit C/O	Candidate/Offic	eholder name	Office sou	ght			Office held
Date 07/1	1/2018	Payee name Sams						
Amou	unt (\$) \$262.62	Payee address 7601 N 10th McAllen, TX	St	State; Zip Co	de			
	URPOSE OF PENDITURE	(a) Category (See Food/Bevera	Categories listed at the top ge Expense	of this schedule)		_		exas, Complete Schedule T.  nolder living expense
100000000000000000000000000000000000000	olete <u>ONLY</u> if direct nditure to benefit C/O	Candidate/Offic	eholder name	Office sou	ght			Office held
Date 07/1	6/2018	Payee name Sams						
Amou	unt (\$) \$333.24	Payee address 7601 N 10th		State; Zip Co	ode			
		McAllen, TX	78504					
	URPOSE OF PENDITURE	(a) Category (See Food/Bevera	Categories listed at the top ge Expense	of this schedule)			TX, officel	exas. Complete Schedule T. nolder living expense
	olete <u>ONLY</u> if direct inditure to benefit C/O	Candidate/Offic	eholder name	Office sou	ght			Office held
	royidad by Toyas E							

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guid			Contract Labor	OTHE	R (enter a category not listed above)
1	Total pages Schedule F1:	***************************************					3 Filer	ID
	Sch: 18/24 Rpt: 27/33	Molina, Rich	nard					
4	Date	5 Payee name						
	07/16/2018	Sams						
6	Amount (\$) \$54.10	7 Payee addres 7601 N 10th McAllen, TX	n St	State; Zip C	ode			
8	PURPOSE OF EXPENDITURE		ee Categories listed at the age Expense	top of this schedule)	(b)			exas, Complete Schedule T. nolder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offi H	ceholder name	Office so	ught			Office held
	Date	Payee name						
	08/22/2018	Sams						
	Amount (\$) \$449.06	Payee addres	189. Sil	State; Zip C	ode			
		McAllen, TX	( 78504					
	PURPOSE OF EXPENDITURE	(a) Category (Se Event Expe	ee Categories listed at the NSE	top of this schedule)	(b)			exas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office held
	Date	Payee name		T				
	09/17/2018	Sams						
	Amount (\$) \$72.44	Payee addres	5.5	State; Zip C	ode			
		McAllen, TX	78504					
	PURPOSE OF EXPENDITURE		ee Categories listed at the age Expense	top of this schedule)	(b)			exas. Complete Schedule T. nolder living expense
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office held
En	rms provided by Texas F	thice Commission		nu athice state tv				Vorsion VI 1 624-5001

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Le	egal Services The Instruction Guide ex	Salaries/Wa	ges/	Contract Labor			R (enter a category not listed above)
1	Total pages Schedule F1:	COSTA CONTRIBUTION OF THE CASE OF THE COSTA	ard				3	Filer	ID
	Sch: 19/24 Rpt: 28/33	Molina, Richa	ai u						
4	Date 08/08/2018	5 Payee name Sanchez, Joh	nn (Mr.)						
6	Amount (\$) \$1,000.00	7 Payee address 121 Northen Edinburg, TX	Dancer	State; Zip Code	е				
8	PURPOSE OF EXPENDITURE	(a) Category (See Printing Expe	Categories listed at the top of	this schedule)			TX,		exas. Complete Schedule T. older living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office H	eholder name	Office sough	ht				Office held
Γ	Date	Payee name							
	08/31/2018	Sanchez, Joh	nn (Mr.)						
	Amount (\$) \$1,000.00	Payee address 121 Northen Edinburg, TX	Dancer	State; Zip Cod	е				
	PURPOSE OF EXPENDITURE		Categories listed at the top of ges/Contract Labor	this schedule) (					exas, Complete Schedule T. older living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office H	eholder name	Office sough	ht				Office held
	Date	Payee name		N	_				
	10/12/2018	Sanchez, Jol	nn (Mr.)						
	Amount (\$) \$1,000.00	Payee address 121 Northen		State; Zip Code	е				
		Edinburg, TX	78539						
	PURPOSE OF EXPENDITURE		Categories listed at the top of ges/Contract Labor	this schedule)		_	, TX,		exas. Complete Schedule T. older living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office H	eholder name	Office sough	ht				Office held

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 20/24 Rpt: 29/33	Molina, Richard
4	Date	5 Payee name
	09/17/2018	Segura, Alejandra
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 217 E Kelley Ave Pharr, TX 78577
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense dep. food truck
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/17/2018	Segura, Alejandra
	Amount (\$)	Payee address; City; State; Zip Code
	\$700.00	217 E Kelley Ave
		Pharr, TX 78577
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food truck
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/20/2018	Solis, Roel (Mr.)
	Amount (\$) \$270.00	Payee address; City; State; Zip Code P.O. Box 2671
		Edinburg, TX 78540
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Labor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
For	rms provided by Texas F	thics Commission www.ethics state ty us

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 21/24 Rpt: 30/33	Molina, Richard
4 Date	5 Payee name
09/04/2018	Solis, Roel (Mr.)
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code P.O. Box 2671  Edinburg, TX 78540
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/01/2018	South Middle School
Amount (\$) \$50.00	Payee address; City; State; Zip Code 601 W Freddy Gonzalez Edinburg, TX 78539
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/29/2018	St. Theresa Faysville Church
Amount (\$) \$250.00	Payee address; City; State; Zip Code 205 Jefferson Ave
	Edinburg, TX 78542
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense donation
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Forms provided by Texas F	thics Commission www.ethics state ty us Vorsion V1.1.62deE003

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 22/24 Rpt: 31/33	Molina, Richard
4	Date	5 Payee name
	07/26/2018	Tafolla, Jerry
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	255 S. Kansas Ave
		Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/OI	
	Date	Payee name
	10/22/2018	Payee name Taqueria Campos
_		10 10 10 10 10 10 10 10 10 10 10 10 10 1
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 8301 Humprey St
	\$1,500.00	6501 Humprey St
		Ediphuse TV 70542
		Edinburg, TX 78542
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food (taco truck)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	07/23/2018	The Monitor
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,725.00	1400 E Nolana Ave,
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Marketing ADs
	C	
	Complete ONLY if direct expenditure to benefit C/O	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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orders explanary and listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 23/24 Rpt: 32/33	Molina, Richard
4	Date	5 Payee name
	08/10/2018	Torres, Jamie
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1220 Montemajor lane Edinburg, TX 78541
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense T-ball Donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/21/2018	Vela, Dominga
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/12/2018	Vela, Dominga
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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
Gitt/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 Contracts a set opposed by listed above)

Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1 Total pages Schedule F1:	200 0000 PARIODISAN PROPERTY AND PROPERTY AN
Sch: 24/24 Rpt: 33/33	Molina, Richard
4 Date 09/13/2018	5 Payee name Victors Trailers
6 Amount (\$) \$3,600.00	7 Payee address; City; State; Zip Code 101 East Owassa Rd Edinburg, TX 78541
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Trailers(signs)
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/14/2018	Whataburger
Amount (\$) \$60.37	Payee address; City; State; Zip Code 1717 East University Dr  Edinburg, TX 78541
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/02/2018	Wix.com
Amount (\$) \$168.00	Payee address; City; State; Zip Code
	TX
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense ad page
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held