FORM C/OH **CANDIDATE / OFFICEHOLDER COVER SHEET PG 1** CAMPAIGN FINANCE REPORT Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS/MRS/MR FIRST CANDIDATE / MI **OFFICE USE ONLY** OFFICEHOLDER Richard NAME **SUFFIX** NICKNAME LAST Molina Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE CANDIDATE / 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 Runoff 15th day after campaign treasurer X appointment (officeholder only) Final Report (Attach C/OH-FR) 8th day before election Exceeded \$500 limit July 15 Month Day Year PERIOD Month Day Year COVERED **THROUGH** 12/31/2019 07/01/2019 **ELECTION DATE ELECTION TYPE** 10 ELECTION Month Day Year Primary Runoff Other 11/07/2017 X General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) Place MAYOR Hidalgo None City of Edinburg **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH COVER SHEET PG 2

SUPPORT	& IUIALS				2 of 23
13 C / OH NAME	Molina, Richard		14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political ex These expenditures may have been made w d officeholders are required to report this info	vithout the candidate's or office	eholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER N	AME		
		COMMITTEE CAMPAIGN TREASURER A	DDRESS		
16 CONTRIBUTION TOTALS	TOTAL POLITIC LOANS, OR GU.	AL CONTRIBUTIONS OF \$50 OR LESS (O' ARANTEES OF LOANS), UNLESS ITEMIZE	THER THAN PLEDGES, ED	\$	0.00
	(OTHER THAN	CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF		\$	1,000.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, U	NLESS ITEMIZED	\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$	64,839.59
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF ERIOD	THE LAST DAY OF THE	\$	175,420.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOA RTING PERIOD	NS AS OF THE LAST DAY	\$	0.00
17 AFFADAVIT	ELIZABET RODRIGUE: otary Public, State of Te Comm. Expires 03-14-20 Notary ID 12848143-6	true and correct and inc under Title 15, Election z xas 23	penalty of perjury, that the acludes all information required to Code. Atture of Cardidate or Officeho	to be report	g report is ted by me
	STARY STAMP / SEAL AB	Did I Malian	, this the $_{\it LS}$	<u> </u>	day
Signature of off	icer administering	Elizabet Rodriguez Printed name of officer admidistering	Title of office	y Pul Tadministe	o//C ering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				COVERS	1 1 han 1	3 of 23
	ER NAM lina, Ric		19 Filer ID			
		E SUBTOTALS SCHEDULE		SUB	TOTAL AM	IOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$		1,000.00
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 CONTRIBUTION	S	\$		64,839.59
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.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		204.00

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/23	
2	FILER NAME Molina, Rich	ard	3	B Filer ID	
4	Date 07/12/2019	 5 Full name of contributor out-of-state PAC (ID#:	7	7 Amount of Contribution (\$)	\$1,000.00
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See	Instructions)		

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

	Accounting/Bankling Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	nse Pi Si	olling Experinting Exp alaries/Wa	ense cense ages/0	Contract Labor		Transportation Equipment & R Travel in District Travel Out of District OTHER (enter a category not	
L	Cieul Caiu Payment			The Instruction Guide	explains hov	w to com	nplet	e this form.			
1	Total pages Schedule F1:	2	FILER NAME	.					3	Filer ID	
	Sch: 1/18 Rpt: 5/23		Molina, Rich	hard							
4	Date	5	Payee name								
	08/23/2019		Aguilars Me	eat Market							
6	Amount (\$)	7	Payee addre	ss; City;	State; Z	Zip Cod	le e				
	\$193,69		1306 East l	•							
				·							
			Edinburg, T	X 78539							
8	PURPOSE	(a)		ee Categories listed at the top	of this schedu	ıle) ((b)	Description		de attavas cometic citi s	lo T
	OF EXPENDITURE		Event Expe	nse			ļ	_		de of Texas, Complete Schedul officeholder living expense	le i,
								Food	.,	The state of the s	
9	Complete ONLY if direct	۲	Candidate/Offi	iceholder name	Offi	ce soug	ht			Office held	
Ĺ	expenditure to benefit C/OI										
	Date		Payee name								
	08/26/2019		Aguilars Me	eat Market							
	Amount (\$)		Payee addre	ess; City;	State; 2	Zip Cod	de				
	\$51.66		1306 East \	University							
			Edinburg, T	X 78539							
Г	PURPOSE	(a)	Category (s	ee Categories listed at the top	of this schedu	ule)	(b)	Description			
	OF EXPENDITURE		Event Expe	ense						de of Texas, Complete Schedu	le T.
1								Check if Austin	1, TX,	, officeholder living expense	
1								, 00u			
_	Complete ONLY if direct	Ц	Candidata/Off	iceholder name	Offi	ice soug	tht:			Office held	
1	Complete ONLY if direct expenditure to benefit C/O		candidate/OII	iocholdel Hallle	Oill	ioo adul	gi IL			Omoo Hold	
<u> </u>		_									
	Date		Payee name								
L	08/29/2019	┡	Aguilars Me		<u> </u>	7 ! ^	al c				
	Amount (\$)		Payee addre	•	State; 2	∠ıp Coo	ue				
	\$46.24	1	1306 East	University							
			Edinburg, T	TX 78539							
Г	PURPOSE	(a	Category (s	See Categories listed at the top	p of this schedu	ule)	(b)	Description			
	OF EXPENDITURE		Event Expe	ense						ide of Texas. Complete Schedu , officeholder living expense	ue I.
								Food	η ΙΛ	omocronic name expense	
<u> </u>	Complete ONLY if direct		Candidate/∩ff	iceholder name	Offi	ice soug	aht			Office held	
	expenditure to benefit C/O		Canadaco, On		3111		٠٠٠٠				
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Glit/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Over Polling Exp Printing Ex Salaries/W	head ense pens ages	e /Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
_		_		HOW to COI	пріє	te this form.	12	Files ID	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	
	Sch: 2/18 Rpt: 6/23		Molina, Richard						
4	Date	5	Payee name						
	10/07/2019		Alma Garza Campaign						
6	Amount (\$)	7	Payee address; City; State	e; Zip Coo	de				
	\$1,000.00								
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By			<u></u>		de of Texas, Complete Schedule T.	
			Candidate/Officeholder/Political Comr	nittee		Donation	1, 1 ,,	officeholder living expense	
						Donation			
L								Office hold	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	gnt			Office held	
Γ	Date		Payee name						
	11/14/2019		Alvarez, Joshua (Mr.)						
H	Amount (\$)	T	Payee address; City; State	e; Zip Co	de				
	\$500.00		1128 South 4th #8						
١									
			Edinburg, TX 78539						
	PURPOSE	(a	Category (See Categories listed at the top of this so	chedule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor			<u></u>		de of Texas. Complete Schedule T. officeholder living expense	
						Contract labor		officeriolider fiving expense	
						Contractian	.		
L			On dideta (Office holder name	Office sou	abt			Office held	
Ì	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ynt			Office field	
L									
	Date		Payee name						
	09/06/2019		Antonio, Sam						
Г	Amount (\$)	Π	Payee address; City; State	e; Zip Co	de				
	\$200.00		2116 North Erika St						
			Pharr, TX 78577						
\vdash	PURPOSE	1/2			(h)	Description			
	OF	۱۱۳	Category (See Categories listed at the top of this so Printing Expense	cneaule)	\~ <i>/</i>		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE	l	Filliting Expense			Check if Austin	n, TX	officeholder living expense	
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\vdash	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght			Office held	
	expenditure to benefit C/O	Н							
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SCHEDULE F1

Advertising Expense Accounting/Banking

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	- Committee	Food/Beverage Expense Glft/Awards/Memorials Expens Legal Services The Instruction Guide ex	Salaries/	Expense Wages	e :/Contract Labor	Travel Out of District OTHER (enter a category not listed abo	ove)
1	Total pages Schedule F1:	2 FILER NAME	-				3 Filer ID	
	Sch: 3/18 Rpt: 7/23	Molina, Ric	hard					
4	Date	5 Payee name						
	11/13/2019	Antonio, Sa	ım					
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode			
	\$200.00	2116 North	Erika St					
		Pharr, TX 7	8577					
8	PURPOSE	(a) Category (s	see Categories listed at the top o	of this schedule)	(b)	Description		
	OF EXPENDITURE	Advertising				<u></u>	outside of Texas. Complete Schedule T.	
	EVERINDLICKE					Check if Austin, design	TX, officeholder living expense	
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		0	iocholder nem-	O#1	llab*		Office held	
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ugnt		Onice nela	
	Date	Payee name						
	12/04/2019	Balleza, Ca	ırla					
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode			
	\$100.00	2624 April						
		Edinburg, 7	ΓX 78541				and the second s	
	PURPOSE		See Categories listed at the top		(b)	Description	suiteide of Toyae, Complete C-h-d-1- T	
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		Candidate/	Onicenolaer/Political	Committee		Donation	, ., sinig inpone	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ought		Office held	
=	Date	Payee name	;					
	08/26/2019	DKolors						
<u> </u>	Amount (\$)	Payee addre	ess; City;	State; Zip C	Code			
	\$57.00	1 '	isconsin Rd					
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		Edinburg,	TX 78539					
	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description		 _
	OF EXPENDITURE	Printing Ex		•			outside of Texas, Complete Schedule T.	
l	LAFENDITURE					<u></u>	, TX, officeholder living expense	
						design		
<u> </u>	Complete ONI V if Pro-	Candidat- /Cf	ficeholder name	Office so	Juant		Office held	
	Complete ONLY if direct expenditure to benefit C/O		псеновен папте	Office 20	ougnit		Office field	
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SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Com	Gift/.	d/Beverage Expense Awards/Memorials Expense al Services	Pri	ling Expens nting Exper aries/Wage		Travel in District Travel Out of District OTHER (enter a categ	ory not listed above)
	Credit Card Payment			e Instruction Guide exp	lains how	to comp	ete this form.		
1	Total pages Schedule F1: Sch: 4/18 Rpt: 8/23		FILER NAME Molina, Richard	d				3 Filer ID	
4	Date	5	Payee name						
	09/20/2019	ı	David Torres C	ampaign					
6	Amount (\$)	7	Payee address;	City;	State; Zi	ip Code			
	\$1,000.00		3901 W. Schur	nior St					
			Edinburg, TX 7	8541		La			
8	PURPOSE OF	•		ategories listed at the top of		e) (b)	Description Check if trave	l outside of Texas. Complete	Schedule T.
	EXPENDITURE			Donations Made By ceholder/Political C		e	<u></u>	in, TX, officeholder living expe	
			Ourraidator Omi				Donation		
						İ			
9	Complete ONLY if direct expenditure to benefit C/Ol		andidate/Officeh	older name	Offic	e sough		Office held	
 -	Date	T	Payee name						
	09/12/2019	ı	•	guez Campaign					
H	Amount (\$)		Payee address;	City;	State; Z	ip Code			
	\$500.00		1802 Point We	st Dr.					
1		l							
			Edinburg, TX 7	'8539					
	PURPOSE	(a)	Category (See C	ategories listed at the top of	this schedule	_{e)} (b) Description		
	OF EXPENDITURE		Contributions/[Donations Made By	/			el outside of Texas. Complete	
	EXPENDITORE		Candidate/Offi	ceholder/Political C	Committe	e	Check if Austi Donation	in, TX, officeholder living expe	ense
							Donation		
_	Complete ONLY if direct	<u></u>	andidate/Officeh	oolder name	Offic	e sough	.	Office held	
	expenditure to benefit C/O	_	andidate/Officer	loider Harrie	Onic	c sough	•	Cinco noid	
-	Data	T			***				
	Date 11/18/2019		Payee name Deanna Domir	nguez Campaign					
_	Amount (\$)	┼	Payee address;		State: Z	in Code			
l	\$2,500.00		1802 Point We		Oldie, 2	пр Обас			
	Ψ2,000.00		1002 1 0111 110						
			Edinburg, TX 7	78539					
Г	PURPOSE	(a)		ategories listed at the top of		e) (b) Description		
l	OF EXPENDITURE			Donations Made By				el outside of Texas. Complete tin, TX, officeholder living exp	
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	expenditure to benefit C/O								
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SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gilt/Awards/Memorials Expense Printing Expense Travel Out of District Committee 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: 5/18 Rpt: 9/23	Molina, Richard
4 Date	5 Payee name
12/10/2019	Deanna Dominguez Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	1802 Point West Dr.
	Edinburg, TX 78539
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LIIDITOIL	Candidate/Officeholder/Political Committee
	dentation
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
•	
Date	Payee name
11/21/2019	Edinburg Cares food drive
Amount (\$) \$250.00	Payee address; City; State; Zip Code 315 E palm Dr
φ230.00	313 E pain Di
	Edinburg, TX 78539
DUDDOOL	100
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
experience to settem ere	
Date	Payee name
07/01/2019	Facebk Advertising
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	1 Hacker way
	Menlo Park, CA 94025
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
	facebook
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
	Vorcion V1 1 22622F7

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertusing Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Office Overhea Polling Expens Printing Expens Salaries/Wage	se s/Contract Labor	Transportation Equipment & Related Exp Travel in District Travel Out of District OTHER (enter a category not listed abov	
┰	Total pages Schedule F1:		•		B Filer ID	
	Sch: 6/18 Rpt: 10/23	Molina, Richard				
4	Date	5 Payee name				
	08/01/2019	Facebk Advertising				
6	Amount (\$)	7 Payee address; City; State;	Zip Code			
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		Menlo Park, CA 94025				
8	PURPOSE	(a) Category (See Categories listed at the top of this sche	edule) (b)	Description		
	OF EXPENDITURE	Advertising Expense		<u></u>	itside of Texas, Complete Schedule T.	
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9	Complete ONLY if direct	Candidate/Officeholder name O	Office sought		Office held	
	expenditure to benefit C/O		illoo oougii			
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	09/03/2019	Facebk Advertising				
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		Menlo Park, CA 94025				
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	EXPENDITURE			lI	TX, officeholder living expense	
				facebook		
L			\(\(\)		Office held	
	Complete ONLY if direct expenditure to benefit C/O		Office sough		Office neid	
	Date	Payee name				
	10/01/2019	Facebk Advertising				
	Amount (\$)	Payee address; City; State;	Zip Code			
	\$23.35	1 Hacker way				
		Menlo Park, CA 94025				
	PURPOSE	(a) Category (See Categories listed at the top of this sche	edule) (b	Description		
	OF EXPENDITURE	Advertising Expense		<u></u>	utside of Texas. Complete Schedule T.	
	EXPENDITORE				TX, officeholder living expense	
				Facebook		
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	Complete ONLY if direct expenditure to benefit C/O		zince adugit	•	Office field	
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		thing of the contract of the c	***** *** * * * * * * * * * * * * * *		Vorcion V1 1	

SCHEDULE F1

Advertising Expense

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

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services	Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out of District OTHER (enter a category not listed above)	
			The Instruction Guide expla	ains how to com	plete this form.		
1	Total pages Schedule F1:					3 Filer ID	
	Sch: 7/18 Rpt: 11/23	Molina, Ric	hard				
4	Date	5 Payee name					
	11/01/2019	Facebk Adv	vertising				
6	Amount (\$)	7 Payee addre	ss; City; S	tate; Zip Cod	е		
	\$100.00	1 Hacker w	ay				
		Menlo Park	, CA 94025				
8	PURPOSE	(a) Category (s	ee Categories listed at the top of th	is schedule) (b) Description		
-	OF	Advertising		is deficacie;		outside of Texas, Complete Schedule T.	
	EXPENDITURE	J	•			n, TX, officeholder living expense	
					facebook		
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office soug	ht	Office held	
	Date	Payee name					
	08/29/2019	Garza, Mig	uel (Mr.)				
Т	Amount (\$)	Payee addre	ess; City; S	tate; Zip Cod	е		
	\$1,000.00	700 West C	Cano				
		Edinburg, 7	X 78539				
┝	PURPOSE	(a) Category (s	ee Categories listed at the top of th	is schedule)	b) Description		
	OF EXPENDITURE		ages/Contract Labor		<u> </u>	outside of Texas. Complete Schedule T.	
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	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office soug	ht	Office held	
	Date	Payee name					
	11/15/2019	Garza, Mig	uel (Mr.)				
	Amount (\$)	Payee addre	ess; City; S	tate; Zip Cod	le		
	\$500.00	700 West 0	Cano				
		Edinburg, 7	TX 78539				
Г	PURPOSE	(a) Category (s	See Categories listed at the top of th	is schedule)	b) Description		
	OF EXPENDITURE		ages/Contract Labor			outside of Texas. Complete Schedule T.	
	EXPENDITORE					n, TX, officeholder living expense	
ĺ					Contract lab	OI .	
<u> </u>	0	04:4-4-75	i a halder nor	Office corre	ht	Office hold	
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office soug	111	Office held	
<u> </u>							
				,		Version V1.1.2e6e	- (7

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By			Food/Beverage Expense Gift/Awards/Memorials Exp	pense	Polling Exp Printing Ex	ense pense	е		Travel in District Travel Out of District OTHER (enter a category not listed above	(a)
	Candidate/Officeholder/Political Credit Card Payment	Con	nmittee	Legal Services The Instruction Guide	e explains h		-	/Contract Labor te this form.		OTHER (enter a category not used abo	vu,
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	
_	Sch: 8/18 Rpt: 12/23		Molina, Ricl								
4	•		Payee name						<u> </u>		
	12/03/2019		Garza, Migi								
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	de				
	\$500.00		700 West C								
			Edinburg, T	TX 78539							
8	PURPOSE	(a)	Category (s	See Categories listed at the t	top of this sche	∍dule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wa	ages/Contract Lab	or			<u></u>		ide of Texas, Complete Schedule T., officeholder living expense	
								Contract labor			
9	Complete ONLY if direct		andidate/Off	ficeholder name	C	Office sou	ght			Office held	
	expenditure to benefit C/O	Η									
	Date		Payee name)							
	11/08/2019		Gomez, Ca	ırmen							
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de				
	\$200.00		305 Tenaza	a Dr.							
			Edinburg, T	TX 78589	****						
	PURPOSE OF	(a)		See Categories listed at the		edule)	(b)	Description	01.45	ide of Tayan Complete Schoolule T	
	EXPENDITURE			ns/Donations Mad Officeholder/Politic		ittee		<u></u>		ide of Texas. Complete Schedule T, , officeholder living expense	
			Candidate/	Omconolació olitic	Jai Commi			Donation		·	
	Complete ONLY if direct		Candidate/Off	ficeholder name	C	Office sou	ght			Office held	
L	expenditure to benefit C/OI	H									
	Date		Payee name	?							
	09/30/2019		H.E.B								
_	Amount (\$)	Γ	Payee addre	ess; City;	State;	; Zip Co	de				
	\$65.93		1212 S Cl	osner Blvd,							
			Edinburg, 7	TX 78539							
	PURPOSE	(a)		See Categories listed at the	top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Food/Beve	rage Expense						ide of Texas. Complete Schedule T. , officeholder living expense	
								Drinks	., .,	, amountain and superior	
	Complete ONLY if direct		Candidate/Off	ficeholder name	C	Office sou	ght			Office held	
	expenditure to benefit C/O										
 											
ᆫ				·						Version VI 1	0-017

SCHEDULE F1

Advertising Expense

Event Expense

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

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	-	reed Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	pense Pr	olling Expens rinting Expen		Travel in District Travel Out of District OTHER (enter a category not listed a	oove)
Credit Card Payment		The Instruction Guide	e explains hov	v to compl	ete this form.		
Total pages Schedule F1: Sch: 9/18 Rpt: 13/23	2 FILER NAME Molina, Rich					3 Filer ID	
Date	5 Payee name						
10/23/2019	Igrafxmedia						
Amount (\$)	7 Payee addres	•	State; Z	Zip Code			
\$1,000.00	121 Norther						
	Edinburg, T			(/5)	D		
PURPOSE OF EXPENDITURE	(a) Category (se	e Categories listed at the to	op of this schedul	le) (b)	<u></u>	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Sign	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offi H	ceholder name	Offic	ce sought		Office held	
Date	Payee name						
09/03/2019	La Olla Mex	ican Rest.					
Amount (\$) \$104.00	Payee addres	· ·	State; 2	Zip Code			
	Edinburg, T	X 78539					
PURPOSE OF EXPENDITURE	•	ee Calegories listed at the t age Expense	op of this schedu	(b)	<u> </u>	l outside of Texas, Complete Schedule T. n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offi H	ceholder name	Offi	ce sought		Office held	
Date	Payee name						
09/11/2019	Lamar						
Amount (\$) \$978.57	Payee addre		State; 2	Zip Code			
	Baton Roug	e, LA 70896					
PURPOSE OF EXPENDITURE	(a) Category (se Advertising	ee Categories listed at the t Expense	top of this schedu	ile) (b)		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O		ceholder name	Offi	ice sought		Office held	
						A THE STATE OF THE	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 how to complete this form. 3 Filer ID 1 Total pages Schedule F1: 2 FILER NAME Sch: 10/18 Rpt: 14/23 Molina, Richard Date Payee name 09/11/2019 Lamar 6 Amount (\$) Payee address; City; State; Zip Code P.O. Box 96030 \$978.57 Baton Rouge, LA 70896 8 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Billboard Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Law office of Carlos Garcia 07/09/2019 Payee address; State; Zip Code Amount (\$) City: \$40,000.00 1305 E Griffin Pkwy Mission, TX 78572 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. **Legal Services EXPENDITURE** Check if Austin, TX, officeholder living expense Legal fees Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 08/07/2019 Law office of Sergio Munoz Jr. Amount (\$) Payee address; City; State; Zip Code \$1,000.00 1110 S Closner Blvd, Edinburg, TX 78539 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Legal Services EXPENDITURE** Check if Austin, TX, officeholder living expense Legal fees Complete ONLY if direct Office sought Office held Candidate/Officeholder name 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/Politica Credit Card Payment	Event Expense Loan Repayment/Relimbursement Fees Office Overhead/Rental Expense Polling Expense Offit/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID						
	Sch: 11/18 Rpt: 15/23	Molina, Richard							
4	Date	Payee name							
l	10/11/2019	Law office of Sergio Munoz Jr.							
6	Amount (\$)	Payee address; City; State; Zip Code							
ľ	\$1,000.00	1110 S Closner Blvd,							
	, _, _ , _ ,	·							
		Edinburg, TX 78539							
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Legal Services	utside of Texas. Complete Schedule T.						
	EXPENDITORE	 	TX, officeholder living expense						
		Legal Fees							
Ļ		0/5	Office held						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office field						
	•								
	Date	Payee name							
L	10/11/2019	Law office of Sergio Munoz Jr.							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	1110 S Closner Blvd,							
		Edinburg, TX 78539							
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Legal Services	outside of Texas. Complete Schedule T. TX, officeholder living expense						
		Legal fee	TA, officerodes wing expense						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/O	·							
⊨	Date	Payee name							
l	12/06/2019	Law office of Sergio Munoz Jr.							
H	Amount (\$)	Payee address; City; State; Zip Code							
l	\$1,000.00	1110 S Closner Blvd,							
	42,000100	1110 0 01001101 111111							
		Edinburg, TX 78539							
L									
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel of	outside of Texas. Complete Schedule T.						
	EXPENDITURE	Legal Services	TX, officeholder living expense						
		Legal fee							
r	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/O								
1									

SCHEDULE F1

Solicitation/Fundraising Expense

Advertising Expense

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

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense	Polling Exp Printing Ex Salaries/M	pense (pens /ages	e /Contract Labor		Transportation Equipment & Related Expense Travel In District Travel Out of District OTHER (enter a category not listed above)
_	Total pages Cabadula F4:	12		OVV (O CO	uhit		3	Filer ID
	Total pages Schedule F1: Sch: 12/18 Rpt: 16/23		Molina, Richard				J	רווסו וט
4	Date 07/16/2019	5	Payee name NAJVAR LAW FIRM, PLLC					
_	Amount (\$)	7		Zip Co	de			
	\$2,278.15		2180 North Loop West, Ste. 255	2,5 00	uo			
_			Houston, TX 77018	7				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedules Legal Services	dule)	(b)	lunual .		ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name O	ffice sou	ght			Office held
T	Date		Payee name					
	09/24/2019		PSJA Education foundation					
	Amount (\$)			Zip Co	de			
	\$500.00		601 East Kelly					
			Pharr, TX 78577					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b)	Description		
	OF EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commi	ttee		<u></u>		ide of Texas. Complete Schedule T, , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	ffice sou	ght			Office held
Г	Date	Π	Payee name					
	11/27/2019		Rodriguez, Letty (Mrs.)					
	Amount (\$) \$500.00		Payee address; City; State;	Zip Co	ode			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)	(b)	ш	тх	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name O	ffice sou	ght			Office held
	And Address							

SCHEDULE F1

Advertising Expense

Loan Repayment/Reimbursement Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Consulting Expense Contributions/ Donations Made By 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: Sch: 13/18 Rpt: 17/23	2 FILER NAME Molina, Richard 3 Filer ID
4 Date 12/10/2019	5 Payee name Ruiz, Rene
	7 Payee address; City; State; Zip Code
6 Amount (\$) \$200.00	3201 Princeton Ave
	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 Donation
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/27/2019	Salazar, Jose
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	616 Anchor Ave
	Edinburg, TX 78542
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 Food expen.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
10/01/2019	Salazar, Jose
Amount (\$) \$300.00	Payee address; City; State; Zip Code 616 Anchor Ave
	Edinburg, TX 78542
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/Food
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/- al Co	mmittee	Gift/Award Legal Serv		,		xpens Vages			Travel in District Travel Out of District OTHER (enter a category not listed abov	e)
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	
	Sch: 14/18 Rpt: 18/23		Molina, Ric									
4	Date	5	Payee name	9								
	08/26/2019		Sams									
6	Amount (\$)	7	Payee addre	ess; C	City;	State;	Zip Co	de				
	\$97.44		7601 N 10	th St								
			McAllen, T	X 78504								
8	PURPOSE	(a)	Category (See Categori	es listed at the t	top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Food/Beve	rage Exp	oense						ide of Texas, Complete Schedule T. , officeholder living expense	
									Summer P/R		, uniceriolder living expense	
9	Complete ONLY if direct	Ц,	Candidate/Of	ficeholder	name	C	Office sou	L ight			Office held	
	expenditure to benefit C/O	Н										
	Date		Payee name	9								
	08/26/2019		Sams									
	Amount (\$)		Payee addr	ess; C	City;	State;	Zip Co	ode				
	\$287.57		7601 N 10	th St								
			McAllen, T	X 78504								
	PURPOSE	(a)	Category (See Categori	es listed at the t	top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Food/Beve	rage Ex	pense				<u></u>		ilde of Texas. Complete Schedule T.	
									summer P/R		i, officeholder living expense	
									odilliloi i ii v			
┝	Complete ONLY if direct		Candidate/Of	ficeholder	name	C	Office sou	ıght			Office held	
	expenditure to benefit C/O	Н										
	Date	Π	Payee nam	9								
	12/13/2019		Sixtum									
Г	Amount (\$)	T	Payee addr	ess; (City;	State;	Zip Co	ode				
	\$300.00											
			McAllen, T	X 78504								
	PURPOSE	(a	Category (See Categori	ies listed at the t	top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Advertising	g Expens	se				<u> </u>		side of Texas. Complete Schedule T.	
									ad Check if Austir	1, 1X	t, officeholder living expense	
	Complete ONLY if direct	_	Candidate/O	ficeholde	r name	0	Office sou	ı <u> </u>			Office held	
	expenditure to benefit C/O	Н						-				
-					,							
l												

SCHEDULE F1

Advertising Expense

Event Expense Loan Repayment/Reimbursement

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Service	Memorials Expens	nse P	olling Exp rinting Ex alaries/W	ense pens ages	e /Contract Labor		Travel in Distr Travel Out of		·
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1	Total pages Schedule F1: Sch: 15/18 Rpt: 19/23	2	FILER NAME Molina, Rich							3	Filer ID		
4	Date 09/03/2019	5	Payee name Solis, Roel	(Mr.)									
Ļ		<u> </u>				Ctata: "	7in 0-	da					
6	Amount (\$) \$100.00	'	Payee address P.O. Box 26	571	y;	State; 2	zip Co	ue					
		<u> </u>	Edinburg, T	x /8540									
8	PURPOSE OF EXPENDITURE	(a)	Category _{(Se} Salaries/Wa				ıle)	(b)	Description Check if travel Check if Austin	1, TX,		omplete Schedule T. ving expense	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder n	ame	Offi	ce sou	ght			Office	held	
	Date		Payee name									- Wilder	
	09/26/2019		Solis, Roel	(Mr.)									
Г	Amount (\$)		Payee addre	ss; Cit	y;	State; 2	Zip Co	de					
	\$75.00		P.O. Box 26	671									
			Edinburg, T	X 78540			_		4444-55				
	PURPOSE OF EXPENDITURE	(a)	Category _{(S}	· -	· ·		ıle)	(b)	Check if Austir	n, TX		omplete Schedule T. ving expense	
									Contract Lab)UI			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder n	name	Offi	ice sou	ght			Office	held	
	Date 12/26/2019		Payee name Solis, Roel										
	Amount (\$) \$125.00		Payee addre P.O. Box 26	671	у;	State; 2	Zip Co	de					
L			Edinburg, T	X 78540									
	PURPOSE OF EXPENDITURE	(a)) Category _{(S} Salaries/Wa	-			ule)	(b)	Description Check if travel Check if Austir Contract labor	n, TX		omplete Schedule T. ving expense	
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offi	iceholder r	name	Offi	ice sou	ght			Office	held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fe Fo Gif nmittee Le	od/Beverage Expense t/Awards/Memorials Expen gal Services	Office C Polling I se Printing Salaries	everhea Expens Expens Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out of District OTHER (enter a category not listed above)	
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1	Total pages Schedule F1: Sch: 16/18 Rpt: 20/23	1	FILER NAME Molina, Richa	rd				3	Filer ID	
Ļ		 	•							
4	Date 10/16/2019	1	Payee name University dra	ft house						
Ļ			Payee address;		State: Zin C	`odo				
ľ	Amount (\$) \$497.98	1	2405 W Unive		State; Zip C	oue				
			Edinburg, TX	78539						
8	PURPOSE	(a)	Category (See (Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE		Food/Beverag				<u></u>		ide of Texas, Complete Schedule T,	
						ŀ	Food/event	, I X	, officeholder living expense	
							. oodrovon			
9	Complete ONLY if direct		andidate/Office	holder name	Office so	uaht			Office held	
	expenditure to benefit C/O	_				J				
F	Date		Payee name							
	12/27/2019		Vista Print.cor	n						
T	Amount (\$)	1	Payee address;	City;	State; Zip C	Code				
	\$490.37		275 Wyman S	T						
			Waltham, TX	02451-1200						
	PURPOSE	(a)	Category (See (Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE		Printing Exper	nse			<u>'</u>		ide of Texas. Complete Schedule T. , officeholder living expense	
							Printing cards		, officerolder fiving expense	
							J			
	Complete ONLY if direct	_	andidate/Office	holder name	Office so	ought			Office held	
	expenditure to benefit C/O	Н								
	Date		Payee name							
	08/30/2019		Whataburger							
	Amount (\$)		Payee address;	City;	State; Zip C	ode				
	\$87.30		1717 East Uni	versity Dr						
			Edinburg, TX	78541						
	PURPOSE	(a)	Category (See (Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE		Food/Beverag	e Expense					ide of Texas, Complete Schedule T. , officeholder living expense	
							burgers/food			
							g 5 . 5 / 10 5 G	-/\	 -	
\vdash	Complete ONLY if direct	<u> </u>	andidate/Office	holder name	Office so	ught			Office held	
	expenditure to benefit C/O					J				
一										
ı										

SCHEDULE F1

Advertising Expense Accounting/Banking

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

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl		xpens Vages	se :/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 ELLED NAM	· · · · · · · · · · · · · · · · · · ·				3	Filer ID	
	Sch: 17/18 Rpt: 21/23	Molina, Ri					,	THE ID	
<u> </u>	· · · · · · · · · · · · · · · · · · ·	·							
4	Date	5 Payee nam							
	09/03/2019	Whatabur	ger						
6	Amount (\$)	7 Payee add	ress; City; S	tate; Zip Co	ode				
	\$70.96	1717 East	: University Dr						
		Edinburg,	TX 78541						
8	PURPOSE				(h)	Description			
ľ	OF		(See Categories listed at the top of the erage Expense	is schedule)	(5)	************	outsio	de of Texas, Complete Schedule T,	
	EXPENDITURE	1 Odd/Dev	crage Expense			<u></u>		officeholder living expense	
						Burgers/ food	i		
					İ				
9	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	ight			Office held	_
	expenditure to benefit C/O	Н			•				
⊨	Date	I Davidson					-		=
		Payee nam							
L	09/04/2019	Whatabur							
	Amount (\$)	Payee add	• •	tate; Zip Co	ode				
	\$59.31	1717 East	: University Dr						
		Edinburg,	TX 78541						
\vdash	PURPOSE	(a) Category	(See Categories listed at the top of th	is schedule)	(b)	Description			
	OF		erage Expense	is seriedale)	` `		outsio	ie of Texas. Complete Schedule T,	
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense	
					ľ	Burgers			
	Complete ONLY if direct		fficeholder name	Office sou	ight			Office held	
	expenditure to benefit C/O	Н							
	Date	Payee nam	e						=
	11/18/2019	Whatabur							
				tate; Zip Co	ndo.				
	Amount (\$)	Payee add		itate, Zip Ct	Jue				
l	\$72.31	1/1/ Easi	University Dr						
		Edinburg,	TX 78541						
	PURPOSE	(a) Category	See Categories listed at the top of th	is schedule)	(b)	Description			_
	OF EXPENDITURE	Food/Bev	erage Expense	,				le of Texas. Complete Schedule T.	
	LAFENDITORE						, TX,	officeholder living expense	
					l	Burgers/food			
					L				
	Complete ONLY if direct		fficeholder name	Office sou	ght			Office held	
	expenditure to benefit C/OI	П 							
L									

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Political Committee Credit Card Payment			nittee	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	i							3	File	r ID				
	Sch: 18/18 Rpt: 22/23		Molina, Ric	hard 	·										
4	Date	5 F	Payee name												
	07/01/2019	٧	Vix.com												
6	Amount (\$)	7 F	ayee addre	ss; City;	State;	Zip Co	de			· · · · · · · · · · · · · · · · · · ·					
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INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 23/23 2 FILER NAME 3 Filer ID Molina, Richard 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 09/24/2019 \$204.00 6 Address of person from whom amount is received; City; State; Zip Code 2601 Mission Street San Francisco, CA 94110 7 Purpose for which amount is received ☐ Check if political contribution returned to filer over charged Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.3a6aaf7d