CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER	Mr. Repolio				
NAME	hand the state of	<u></u>	Date Received		
	NICKNAME LAST	SUFFIX	4/12/12		
	Rodriguez		4/1/2/12		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE			
OFFICEHOLDER MAILING	2	**			
ADDRESS		78248	Date Hand-delivered or Postmarked		
change of address	1718 Hadburry lane S	SANAntonioTX	Receipt # Amount		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Allouit		
OFFICEHOLDER			Date Processed		
PHONE	(210) 281-1203				
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Date Imaged		
NAME	Mrs. Patti				
	NICKNAME LAST	SUFFIX			
	Mezzatesta				
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:	CITY; STATE;	ZIP CODE		
TREASURER		on it	211 0002		
ADDRESS (residence or business)					
,	JOAN DONN Halla	. 2 0 1 .	TICTOSTO		
	28011 ROCKY HOLL) W San Antonio	18 18258		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	(210) 386-6443				
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign		
	C stands, solid stands.		treasurer appointment (officeholder only)		
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)		
		limit			
10 PERIOD	Month Day Year	Month Day	Year		
COVERED	01/26/2012 THROUGH	04/11/			
	0.7 2012	01/11/	2012		
	FUSCIONITION				
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary				
	05/12/2012	Runoff C	General Special		
	12/2012				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
		*			
		NETSD Board	Trustee Dist. 6		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Rogelio	Portiguez	15 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTI	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES M HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY I	NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$5,100,20				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$ 5,095,48				
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PRTING PERIOD	DAY \$		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$		
Notary	MELISSA Y. LAUREL y Public, State of Te Commission.Expire October 20, 2012	is true and correct and includes a me under Title 15, Election Code.	of perjury, that the accompanying report Il information required to be reported by andidate or Officeholder		
Sworn to and subs		ne, by the said Rogelio Rodr	19062_, this the		
134 day	1/2 i i i i i i i i i i i i i i i i i i i				
Signature of officer admin	nistering oath	Printed name of officer administering oath	Title of officer administering oath		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense **Event Expense**

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense

Polling Expense

Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Office Overhead/Rental Evnense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

1 003			TEN (enter a category not listed above)
	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
	Kogelio Kodriguez		
4 Date	5 Payee name		
3/14/17	Rodriguez 4 NEISD)	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$420			
Reimbursement from			
political contributions intended	P. D. BOX	Street St	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	2 - 1 - 1 - 2 - 2 - 2 - 2 - 2	010	1 1-100-0006
	phinting Expense	10st Car	ds, buisnoss cards
Date	Payee name		,
2/28	alphagraphics		
Amount (\$)	Payee address; City; State; Zip Code		
DIII. 43			
Reimbursement from political contributions	MADE TILL IN WORT SO	a) atmix	TV-TODON
intended			TX 78230
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
EXPENDITURE	Printing Expense	pushca	urds
Date	Payee name		
	27		
Amount (\$)	Payee address; City; State; Zip Code		
/ unodine (Φ)	rayor address, Oily, State, Elposte		
Reimbursement from			
political contributions intended			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF			
EXPENDITURE			
Date	Payee name		
	- Systematic		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from			
political contributions intended			
	Category (See categories listed at the top of this exhadula)	Description /5	upol outside of Tayon, complete School de TV
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
EXPENDITURE			
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDIII E AS NEE	DED

Texas Ethics Cor	mmission	P.O. Box 12070	Austin,	Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
PLEDG	ED CO	NTRIBUTION	IS			SCHEDULE B
The	Instruction 0	Guide explains how to	complete ti	his form.	1 Total pages Sche	dule B: 3 (10F3)
2 FILER NAME		io Rodria	vez		3 ACCOUNT # (Eti	hics Commission Filers)
4 TOT	Laborator Control of the Control of	EMIZED PLEDGES			\$ \$	\$
5 Date	6 Full name 7 Pledgor a	ry Muñoz	-state PAC (ID#:_ 		8 Amount of pledge (\$)	9 In-kind description (if applicable)
4/6/12		S	on Into	XT Wind	(If travel outside of	Texas, complete Schedule T)
10 Principal occu	pation / Job titl	e (See Instructions)		11 Employer (See		Prohitects
Date	Mat	t Starr	state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
3/28/12	Pledgor a	odress; City; Star 34 Blanco	te; Zip Cod		500 (If travel outside of	Texas, complete Schedule T)
Principal occup	oation / Job title	(See Instructions)		Employer (See I		
Date	Fuli name Thomas Pledgor ad	s Spurgen	state PAC (ID#:	e	Amount of pledge (\$)	In-kind description (if applicable)
3/28/12	50sb	orn Hill SA	TX 78	5209	250 SU (If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title	(See Instructions)		Employer (See II	nstructions)	
Date	Full name Cynth Pledgor ac	ia Dernande	z Whi z Zip Code	te head	Amount of pledge (\$)	In-kind description (if applicable)
3/19/12	222	Vosemite I	Dr. SA	7tx78727	125	Texas, complete Schedule T)
-	ation / Job title	(See Instructions)		Employer (See II		islas, complete opticadio ()
Date	Full name of Madaj Pledgor ad	Guerra	late PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
311412	500le 1	y Chapin R	d sa	TX 78581	1, 250 (If travel outside of T	exas, complete Schedule T)
Principal occupa	ation / Job title	(See Instructions)		Employer (See In		,

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P		ED	GE	D	CO	N'	TR	IBI	UT	10	NS
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SCHEDULE B

The	Instruction Guide explains how to complete th	is form.	1 Total pages Sche	3 (ZoF 3
2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
k	Rogelia Rodriguez			
	AL OF UNITEMIZED PLEDGES: ⇒		$\Rightarrow \Rightarrow$	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
2/1	7 Pledgor address; City; State; Zip Code	e	₿	
21715	0111121212	1	200 "	
	1914 tairland Sandn			f Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See In	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		picage (ψ)	(п аррпсавте)
423/17		78259	\$ 509	
110	1841 apache Springs	San Antonia Tx	(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In Winste		
Date	Full name of pledgo)	Amount of	in-kind description
	Daniel Martinez		pledge (\$)	(if applicable)
22/-	Pledgor address; City; State; Zip Code	'	157 4	
111	10214 Charder Gayost	-, SATX 78230	130	T
Principal occup	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
	afforney	l V	Jinstead	PC
Date	Full name of pledgor out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
2/2/	Pledgor address; City; State; Zip Code		\$ now w	
123/12	2000 Pillo		250	
	15 TO DITHERS SAN Antoi	nio TX 782-9	(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	- 1	3 001
Dete) Deris	1.6cn	
Date	Full name of pledgor out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
2/8/2	Pledgor address; City; State; Zip Code		to w	#
111	POBOX ING NART		500	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		Toxas, complete schedule 1)

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

PLEDO	SED CONTRIBUTIONS		ē.	SCHEDULE B
The	e Instruction Guide explains how to complete the	s form.	1 Total pages Sch	hedule B: 3(30F3
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
Rogeli	o Rodriguez			
4 TOT	AL OF UNITEMIZED PLEDGES:	D D D <td>\$ \$</td> <td>\$</td>	\$ \$	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#: 7 Pledgor address; City; State; Zip Code	Notonia 28210	8 Amount of pledge (\$)	9 In-kind description (if applicable)
/17	12758Clamarron R	ath stell 8	(If travel outside	of Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See Ir		DUP
Date 1/20/19	Full name of pledgor out-of-state PAC (ID#	San Antonia	Amount of pledge (\$)	In-kind description (if applicable)
110	1007 Robinbood Pl	TX 78709	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		,
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			e e
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of pledgor out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		 	
Principal occur	pation / Job title (See Instructions)	Employer (See In:		f Texas, complete Schedule T)
,orpar occup		chiployer (See In	Garactions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		 (If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		
If co	ATTACH ADDITIONAL COPIES O			requirements.

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense	Loan Repayment/Reimbur	
Consulting Expense	Food/Beverage Expense	Travel In District	Transportation Equipment Contributions/Donations M	
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder	
Fees	Printing Expense	Office Overhead/Rental Expense		not listed above)
	The Instruction Guide	e explains how to complete this	s form.	
1 Total pages Schedule F:	2 FILER NAME	10.10	3 ACCOUNT # (Ethic	cs Commission Filers)
10 - 11	1 Rogelio Roar	iguez		
4 Date	5 Payee name	3		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code		
3 / ποσια (φ)	7 rayee addigss, City, Sta	ate, Zip Code		
\$14.80	P.O. BOX 45950	Omaha NE	68145	
B PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Descript	tion (If travel outside of Texas, comple	ete Schedule T)
OF EXPENDITURE	Fees	trans	SFer FRES	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office so	ught C	office held
Dațe	Payee name			
4-10-12	Dan Herrera			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
Notice of the second se				
#300	8703 Honora	Sanantonia) TX 78221	
PURPOSE	Category (See categories listed at the top	of this schedule) Descripti	ion (If travel outside of Texas, comple	te Schedule T)
OF EXPENDITURE	Printing expense	titom	ituro moderio	9
Complete ONLY if direct Candidate / Office holder name Office sought Office held				
expenditure to benefit C/O	Н		-	
Date	Payee name			
4-5-12	Melissa Rodrigi	082		
Amount (\$)	Payee address; City; Stat	te; Zip Code		
H				
\$ 300	530 Tidewind	San Antonio Ti	x-78221	
PURPOSE	Category (See categories listed at the top of		on (If travel outside of Texas, complet	e Schedule T)
OF	Carogory (coordangeness incoordant incoord	, and defined and ,	a 11	3 00100010 1)
EXPENDITURE	consulting Expens	e con	Sulting	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sou	ight Of	fice held
Date	Payee name			
4-2-10	W. William Control State			
Amount (\$)	Tolentinos Italian	7:- 0-1-		
Amount (\$)	Payee address; City; State	e; Zip Code		
Let Me				
44,14	16607 Huebner	2d Son anto	nid TX 78248)
PURPOSE OF	Category (See categories listed at the top o	f this schedule) Description	on (If travel outside of Texas, complete	Schedule T)
EXPENDITURE	Enor / BONISTADO	unlinte	Porchartinto	C I WAH
Complete ONLY if direct	Candidate / Officeholder name	Office sou	oht Of	fice held
expenditure to benefit C/O		Office Sou		.cc noid
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of Distr Office Overhead/Re	ntract Labor sing Expense rict ental Expense	Loan Repayment/Rei Transportation Equip Contributions/Donatio Candidate/Officeh OTHER (enter a cate	ment & Related Expense
1 Total pages Schedule F:	The Instruction Guide 2 FILER NAME	explains now to c	omplete this for		(Fabire Ormanication Ellore)
2 or 1	2 FILER NAME			3 ACCOUNT #	(Ethics Commission Filers)
4 Date	5 Payee name				
4-2-12	allied advert	isment			
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code			
\$469.97	3700 Blanco Bc	t san s	Intonio	TX 782	12
B PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas, o	complete Schedule T)
EXPENDITURE	Printing Expense	0	Signs		
Complete ONLY if direct	Candidate Officeholder name		Office sought	t	Office held
expenditure to benefit C/O	/H		***************************************		
Date	Payee name				
3-30-12	Expertees unnt	ing			
Amount (\$)	Payee address; City; Stat	ite; Zip Code			
\$99.28	105050'conno	or Rd st	. Tlive	OAK 78	233
PURPOSE OF	Category (See categories listed at the top of	of this schedule)	Description ((If travel outside of Texas, c	omplete Schedule T)
EXPENDITURE	Printing Expen	se	Shirets		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H		Office sought		Office held
			W11.00.00.00.00.00.00.00.00.00.00.00.00.0		
3-27-12	Payee name EXPERTEES Prin	Hing			
Amount (\$)	Payee address; City; State	e; Zip Code			
399.28	1050 0' con	nor Rol	Ste. 7	live OAI	478233
PURPOSE OF	Category (See categories listed at the top of	f this schedule)	Description (I	If travel outside of Texas, co	omplete Schedule T)
EXPENDITURE	Printing Expe	nse	Shukt	3	
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	1				
3-26-12	Being Restur	ant			
Amount (\$)	Payee address; City; State	e; Zip Code		***************************************	
10 00		0	¥		
\$ 44	13 720 Embas	sy how	SAN Ar	Honin TX-	78 216
PURPOSE	Category (See categories listed at the top of			f travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	God/ RONOMOID ET	VDONZ 1	F Hear	Por BLOCK	nlVorc
Complete ONLY if direct	Candidate / Officeholder name	Choly II	Office sought	a Ducky	Office held
expenditure to benefit C/OF					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this for	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) form.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
11 30511			
4 Date 3-33-12 5 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	
SAMOUNT (\$)	7 Payee address; City; Sta	Rd Sananta	nin 2X 78212
PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Ex	pense Sign	IS
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	ht Office held
Date 0 - 20 - 1 > Amount (\$)	Payee name Melissa Rodrigi Payee address; City; Sta	UCZ ate; Zip Code	
\$250 w	530 Tidewind	San Intonio	TX 7822
PURPOSE OF	Category (See categories listed at the top of	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Consulting fees	Consu	Hmo
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sough	Office held
Date 3-20-12	Auden's 14tch	ien	
Amount (\$) 4511 39	Payee address; City; State	te; Zip Code	
サンナー	Contractive Contractive listed at the tops	a bluck software	ATONO IX
PURPOSE OF	Category (See categories listed at the top o	of this schedule)	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	tood Beverage	JUNUA	tor starwallers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cándidate / Officeholder name	Office sough	nt Office held
3-19-12	Payee name P122A HUT		
Amount (\$)	Payee address; City; State	e; Zip Code	
\$627	1008 SW Milita	ry san Antoni	10 TX 78221
PURPOSE OF	Category (See categories listed at the top of	ithis schedule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Food / Beverage	? July 10	In nteers lunch.
Complete ONLY if direct expenditure to benefit C/OF	Candidaté / Officeholder name	Office sought	t Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS A	MEEDED

expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE	CATEGORIES FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Event Expense	Polling Expense	Travel In District Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
	30001 900 (CC)	explains how to complete this t	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
1) HOFT			
4 Date	5 Payee name	210	
5-14-12	Walmart Tie	313	
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	
# 1002		1.0	
\$ 13,99	1200 SEMILI	tary Dr SON A	tonio X78214
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event expense	mont	reas, pens envelopes
Complete ONLY if direct	Candidate / Officeholder name	Office soug	office held
expenditure to benefit C/			
Date	Payee name		
3-19-12	DEFICO DEDI	7	
Amount (\$)	Payee address; City; Sta	te; Zip Code	
10-			
482 110	2221 Sumili	Leal Drive s.	Jucos VI winter
PURPOSE	Category (See categories listed at the top	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	pulled avance	Delala	all 1-00 Made =
	Candidate / Officeholder name	Office soug	ht Office held
Complete ONLY if direct expenditure to benefit C/C		Office soug	Office held
P 1			
Date 2-10-12	Payee name M6	Shil	
Amount (\$)	Pouse address: City State	Zin Code	
11 0 W	Payee address; City; Stat	e; Zip Code	
#10 %	1 2: 0 0 00	111	
PIU	1063 St Mi	litary Dr Sa	n antonia TX 78223
PURPOSE	Category (See categories listed at the top of	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	travel in district	4 Gas-	
Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held
expenditure to benefit C/O	PH		
Date ,	Payee name		
3/6/12	LAS Chintas Rosti	prant	
Amount (\$)	Payee address; City; State	e; Zip Code	
1- 53			
A5	1012 Augustala	PAUP Can An	toni) Tr 78222
PURPOSE	Category (See categories listed at the top of	f this schedule) Description	(If travelioutside of Texas, complete Schedule T)
OF	C- 1/2022 C	0, 600	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	HODAL BEVERAGE EX	pense blockus	alkers/liunch.
Complete ONLY if direct	Candidate / Officeholder name	Office sough	t Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

8 Y 8 Y		CATEGORIES FOR BOX 8(a	1)
Advertising Expense		Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking		Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense Event Expense		Travel In District Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)
		explains how to complete this fo	
Tatal sagas Cahadula F		xpiains now to complete tine is	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
11 5051			
3-10-12	5 Payee name		
6 Amount (\$)	7 Payee address; City; State	e; Zip Code	
11		, mp 3333	
\$ 3730	10711 Aillpoin	+ Ste 100 Sar	AntonioTX 18217
PURPOSE	(a) Category (See categories listed at the top of	this schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	Postcar	75
Complete ONLY if direct	Candidate / Officeholder name	Office sough	ht Office held
expenditure to benefit C/C	н	veren.	
D-to	Davis name		
3-15-12	Payee name		
Amount (\$)	Payee address; City; State	e; Zip Code	
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\$200	12303 Wetmo	rerol san	Antonio TX 78217
PURPOSE	Category (See categories listed at the top of t	this schedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	TVAIN	MAG	E
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Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	nt Office held
expenditure to benefit C/O	П		0.
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Amount (\$)	Payee address; City; State;	Zip Code	
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4	Catagori (San estagaign listed at the top of t	Description	TIUTIU IS CUT
PURPOSE OF	Category (See categories listed at the top of the	nis schedule)	(If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct	Candidate / Officeholder name	Office sought	t Office held
expenditure to benefit C/OF		J	T _{FQ} Office half
3-15-202	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
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PURPOSE	Category (See categories listed at the top of th	nis schedule) Description ((If travel outside of Texas, complete Schedule T)
OF	Tarini	GK	
EXPENDITURE	TYHIXI	りかし) · · · · · · · · · · · · · · · · · · ·
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS N	MEEDED

Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

N 38		E CATEGORIES FOR BOX 8((a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Re	imbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense		ment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense	Travel Out Of District	Contributions/Donation	ons Made By nolder/Political Committee
Fees	Polling Expense Printing Expense	Travel Out Of District Office Overhead/Rental Expense		
. 555		e explains how to complete this		egory not listed above)
1 Total pages Schedule F:				(Ethics Commission Filers
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3-13-12	5 Payee name	ialty	0.40000	
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code		
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PIU	110 5 Hores	San Antonio -	TX 7820)4
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Description	n (If travel outside of Texas, c	omplete Schedule T)
EXPENDITURE	EVENT EXPENSE	39eads,	7/ats	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/		Office soug	ght	Office held
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Amount (\$)	Payee address; City; Sta	ate; Zip Code		
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TU	JE 1000 410 11	1000 San antoni	0 1X783	12
PURPOSE	Category (See categories listed at the top of	of this schedule) Description	(If travel outside of Texas, co	mplete Schedule T)
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Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt ICO	Office held
expenditure to benefit C/C				
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PURPOSE	Category (See categories listed at the top of	f this schedule) Description	(If travel outside of Texas, con	nolete Schedule T)
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EXPENDITURE	MITTINEXPUR	it pora:	5	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	t	Office held
expenditure to benefit C/O	Н			
Date (10	Payee name			A PARA AND THE STREET
55-12	Wal Mart_			6
Amount (\$)	Payee address; City; State	; Zip Code		
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81210	in a at Milil	1 Dailo C	frain	TICOCOUL
410	1200 SE MILITAN	ry Drive St	In Unionic	11/18/14
PURPOSE	Category (See categories listed at the top of t	this schedule) Description (I	If travel outside of Texas, comp	plete Schedule T)
OF EXPENDITURE	FORM'S SUPPLIES	ribban.	5	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	<u>J / · </u>	Office held
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Office sought

	EXPENDITURE	CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayme Transportation Contributions/D Candidate/C	nt/Reimbursement Equipment & Related Expense conations Made By officeholder/Political Committee
. 555	ov victorias.	explains how to complete this f	355	a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOL	INT # (Ethics Commission Filers)
11 70F11				
4 Date 3-5-12	5 Payee name May t			
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code		
20-1	1200 SE Militar	y DC	Son	tonio TX 8214
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Description	(If travel outside of T	exas, complete Schedule T)
EXPENDITURE	+ (aug)	$C_{\mathfrak{I}}U$	S	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	ht	Office held
3-5-12	Rayee name ROOK	iguez		
Amount (\$)	Payee address; City; Stat	e; Zp Code		
200 =	530 Tidew	nd San A	Intonio	TX 7822/
PURPOSE OF	Category (See categories listed at the top of	this schedule) Pescription	(If travel outside of Te	xas, complete Schedule T)
EXPENDITURE	Statistics (State of the state	2 1000	YIWUK	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sough	· · · · · · · · · · · · · · · · · · ·	Office held
Date 28-12	Payee name HILECADO	er tisment		
Amount (\$)	Payee address; City; State	; Zip Code		
8350	3700 Blance	Rd SATX	18212	_
PURPOSE OF	Category (See categories listed at the top of	this schedule) Description (If travel outside of Tex	as, complete Schedule T)
EXPENDITURE	Printing EXP	ense Signs		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 0 10	Payee hame	1		
2-23-14	Welissa Ro	driguez		
Amount (\$)	Payee address; City; State;	Zip Code		
\$ 100 00	53) Tidewi	nd San Ant	lonic TX	07822/
PURPOSE	Category (See categories listed at the top of the	nis schedule) Description (If	travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Consulting Ser	ruice Consu	Hme	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	U	Office held

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	E CATEGORIES FOR BOX 8(Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense e explains how to complete this f	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers
4 Date 6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	
\$100	19885 Stone (JAK SAN AN	tonio 2 k 78232
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	o of this schedule) (b) Description	S / Blockual Kase
Omplete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	Office held
2-21-12	Payee name Diamand Sh	amack	
Amount (\$)	Payee address; City; Sta	n Rd sanAnto	010 TX 98230 (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	traul	gas,	Block walkers
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	t Office held
Date 2-21-12 Amount (\$)	Payee name Payee address; City; State	e; Zip Code	
U 38 PURPOSE	3142 SE MI Category (See categories listed at the top of	Litary Dr Sanf	htmio TX 78223 If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Orinting Expense	2 Description	L WOU COURS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
2-21-12	Payee name Javier Muño	2	
Amount (\$)	Payee address; City; State	; Zip Code	

Complete ONLY if direct expenditure to benefit C/OH

OF EXPENDITURE

Candidate / Officeholder name

Office sought

Office held

SCHEDULE F

	1	EXPENDITUR	E CATEGORIES FOR BOX	(8(a)	
-	Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor		oursement
1	Accounting/Banking	Legal Services	Solicitation/Fundraising Expense		
1	Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations	
I	Event Expense	Polling Expense	Travel Out Of District		der/Political Committee
1	Fees	Printing Expense	Office Overhead/Rental Expens	se OTHER (enter a categor	ry not listed above)
1		The Instruction Guide	le explains how to complete th		
-	1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Et	thics Commission Filers)
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	4 Date 2-21-12	5 Payee name	nillo/sanbus	sers	
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	11118	POBOX 2410	18 Sax	1 Antonio TX	18724
1	8 PURPOSE	(a) Category (See categories listed at the top	ρ of this schedule) (b) Descrip	otion (If travel outside of Texas, comp	plete Schedule T)
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5	9 Complete ONLY if direct	Candidate / Officeholder name	Office so		Office held
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	PURPOSE	Category (See categories listed at the top of	of this schedule) Descript	tion (If travel outside of Texas, compl	lete Schedule T)
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	Date	Payee name			
	2-17-12	Wal wart			
	Amount (\$)	Payee address; City; State	te; Zip Code		
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	PURPOSE OF	Category (See categories listed at the top of		on (If travel outside of Texas, comple	ete Schedule T)
	Or I	51 6 100		8	1

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Baskets, wrapping

Office held

2-17-17

EXPENDITURE

Payee name

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Amount (\$

Payee address;

City; State; Zip Code

PURPOSE OF

EXPENDITURE

Category (See categories listed at the top of this schedule)

Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

	EXPENDITURE	CATEGORIES FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense		Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Event Expense	AND	Travel In District Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)
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1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name		
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0	SE 1000 411)	Sandatonio	1X 18221
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OF	Caregory (Geo categories listed at the top of this	Description (if	travel outside of Texas, complete Schedule T)
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Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF			

P.O. Box 12070

Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense The Instruction Guide	Office Overhead/Rental Expense explains how to complete this f	OTHER (enter a category not listed above)
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4 Date -3 - 2	5 Payer name Aduly	Hisement	
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code	
\$45/7	3700 Blan	co Pal Son Dr	tania TX 78212.
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate officeholder name	Office soug	ht Office held
Date -31-12	Payee name)	
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Adjunt 151 MEX. DEC.	f this schedule) Description SIGN	(If travel outside of Texas, complete Schedule T)
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule) Description	(If travel outside of Texas, complete Schedule T)
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the	his schedule) Description (if travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held