

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 / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST ESTEBAN	MI
	NICKNAME	LAST RANGEL	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2705 PECAN ST LAREDO TEXAS 78046		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (956) 473-9909		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST OSCAR	MI
	NICKNAME	LAST GOMEZ	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4621 CASSATA LN LAREDO TEXAS 78046		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 206-4169		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 1 / 14 12 / 31 / 14		
11 ELECTION	ELECTION DATE Month Day Year 		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL DIST 2	13 OFFICE SOUGHT (if known)	

OFFICE USE ONLY

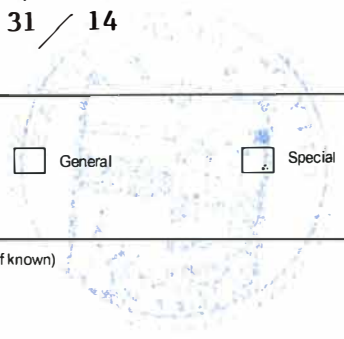
Date Received: **JAN 20 PM 1:40**

Date Hand-delivered or Postmarked:

Receipt # Amount

Date Processed:

Date Imaged:



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**


14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <p style="text-align: center;">ESTEBAN RANGEL</p>
		COMMITTEE ADDRESS <p style="text-align: center;">2705 PECAN ST</p>
		COMMITTEE CAMPAIGN TREASURER NAME <p style="text-align: center;">OSCAR GOMEZ</p>
	COMMITTEE CAMPAIGN TREASURER ADDRESS <p style="text-align: center;">4621 CASSATA LN</p>	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1,696.35
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,885.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 21,049.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Esteban Rangel

Sworn to and subscribed before me, by the said Esteban Rangel, this the 20th day of January, 20 15, to certify which, witness my hand and seal of office.

Signature of officer administering oath

[Signature]

Printed name of officer administering oath

Gustavo Guevara

Title of officer administering oath

City Secretary

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	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel in District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME ESTEBAN RANGEL	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/22/14	5 Payee name FALCON BANK	
6 Amount (\$) \$246.98	7 Payee address; City; State; Zip Code LAREDO TEXAS 78046	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) LOAN REPAYMENT	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/22/14	Payee name CAVENDERS STORES	
Amount (\$) \$276.51	Payee address; City; State; Zip Code LAREDO TEXAS 78045	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) GIFTS	Description (If travel outside of Texas, complete Schedule T) COMMITTEE DOOR PRIZES <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/23/14	Payee name HECTOR GARCIA	
Amount (\$) \$250.00	Payee address; City; State; Zip Code LAREDO TEXAS 78045	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/29/14	Payee name ZARA	
Amount (\$) \$659.12	Payee address; City; State; Zip Code LAREDO TEXAS	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENES	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME ESTEBAN RANGEL	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/6/14	5 Payee name SPORT CENTER	
6 Amount (\$) \$1,246.36	7 Payee address; City; State; Zip Code LAREDO TEXAS 78045	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/7/14	Payee name DEMARCOS VERCHER	
Amount (\$) \$150.00	Payee address; City; State; Zip Code LAREDO TEXAS 78046	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule T) FOOTBALL TEAM <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date D 10/3/14	Payee name MARCOS ESCAMILLA	
Amount (\$) \$250.00	Payee address; City; State; Zip Code LAREDO TEXAS 78046	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/6/14	Payee name DAVID ONOFRE	
Amount (\$) \$200.00	Payee address; City; State; Zip Code LAREDO TEXAS 78046	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOFTBALL TEAM
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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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	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME ESTEBAN RANGEL	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/13/14	5 Payee name FERNANDO GONZLAEZ
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6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code LAREDO TEXAS 78045
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) DONATION	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/15/14	Payee name THE SPORT CENTER
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Amount (\$) \$2,359.49	Payee address; City; State; Zip Code LAREDO TEXAS 78043
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/10/14	Payee name JONNY AMAYA
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Amount (\$) \$300.00	Payee address; City; State; Zip Code LAREDO TEXAS 78043
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PLATE SALE DONATION	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/21/14	Payee name OSCAR MENODZA
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Amount (\$) \$400.00	Payee address; City; State; Zip Code LAREDO TEXAS 78043
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION PLATE SALE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME ESTEBAN RANGEL	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/23/14	5 Payee name FALCON BANK	
6 Amount (\$) \$246.98	7 Payee address; City; State; Zip Code LAREDO TEXAS 78045	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) LOAN REPAYMENT	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/15/14	Payee name LEGAL	
Amount (\$) \$500.00	Payee address; City; State; Zip Code LAREDO TEXAS	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/24/14	Payee name RICARDO RANGEL	
Amount (\$) \$500.00	Payee address; City; State; Zip Code LAREDO TEXAS 78046	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/9/14	Payee name RICARDO RANGEL	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code LAREDO TEXAS 78046	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION BOWLING	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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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	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME ESTEBAN RANGEL	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/22/14	5 Payee name FALCON BANK	
6 Amount (\$) \$246.98	7 Payee address; City; State; Zip Code LAREDO TEXAS 78046	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) LOAN REPAYMENT	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/26/14	Payee name MARIA RANGEL	
Amount (\$) \$200.00	Payee address; City; State; Zip Code LAREDO TEXAS 78046	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PLATE SALE DONATION	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/28/14	Payee name RICARDO RANGEL	
Amount (\$) \$1000.00	Payee address; City; State; Zip Code LAREDO TEXAS 78046	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/17/14	Payee name JOSE LOPEZ	
Amount (\$) \$300.00	Payee address; City; State; Zip Code LAREDO TEXAS	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) MEDICAL DONATION (CASH)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME ESTEBAN RANGEL	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/23/14	5 Payee name AT&T	
6 Amount (\$) \$233.27	7 Payee address; City; State; Zip Code LAREDO TEXAS	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEES	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/24/14	Payee name OUTLET	
Amount (\$) \$164.52	Payee address; City; State; Zip Code LAREDO TEXAS	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) GIFT EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/26/14	Payee name AT&T	
Amount (\$) \$857.99	Payee address; City; State; Zip Code LAREDO TEXAS 78046	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/31/14	Payee name ATM	
Amount (\$) \$300.00	Payee address; City; State; Zip Code LAREDO TEXAS 78046	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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 | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME ESTEBAN RANGEL	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/10/14	5 Payee name THE SPORT CENTER
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6 Amount (\$) \$2,200.00	7 Payee address; City; State; Zip Code LAREDO TEXAS
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/28/14	Payee name FALCON BANK
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Amount (\$) \$246.98	Payee address; City; State; Zip Code LAREDO TEXAS
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) LOAN REPAMENT	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/17/14	Payee name ANNA K BREWSTER
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Amount (\$) \$350.00	Payee address; City; State; Zip Code LAREDO TEXAS 78046
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION FOR SCHOOL	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED