# 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	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	Mr. Esteban NICKNAME LAST Rangel	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of address	ADDRESS / PO BOX; APT / SUITE#; CITY;  2705 Pecan St Laredo Texas	STATE; ZIPCODE 5 78046	Date Hand-delivered of Postmarked  Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956 ) 473–9909	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. Oscar	MI	Date Imaged
	NICKNAME LAST	SUFFIX	• 9
	Gomez	Jr	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #;  4621 Cassata Ln Laredo Texa	city; state; as 78046	ZIPCODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 956 ) 206-4169	EXTENSION	
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 06 / 30	
11 ELECTION	ELECTION DATE Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known City Counci	
GO TO PAGE 2			

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	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	COMMITTEE NAME	
	GENERAL	Esteban Rangel	
	SPECIFIC	2705 Pecan St	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		Oscar Gomez Jr.	
		4621 Cassata Ln	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,950.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI	\$ 469.58
	4. TOTAL POLITICAL EXPENDITURES \$ 19,891.90		\$ 19,891.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 7,765.19		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$
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.  Signature of Candidate or Officeholder  Signature of Candidate or Officeholder  Loth Auge , this the day or July , 20 15 , to certify which with said years and and seal of office.  Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

P.O. Box 12070

PLEDGED CONTRIBUTIONS			SCHEDULE B
The Instruction Guide explains how to complete this fo	orm.	1 Total pages Sche	dule B:
FILER NAME		3 ACCOUNT # (Et	hics Commission Filers)
TOTAL OF UNITEMIZED PLEDGES:	→ ⇔ ↔	<b>\$</b>	\$
6 Full name of pledgor out-of-state PAC (ID#:	)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code			
			of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	1 Employer (See In	istructions)	
Date Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
		<u> </u>	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ir	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	, , , , , , , , , ,		
Principal occupation / Job title (See Instructions)	Employer (See Ir	· · ·	of Texas, complete Schedule T)
Finicipal occupation / 500 tile (See Histractions)		isit detions)	
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 occupation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date Full name of pledgor out-of-state PAC (ID#:	)	Amount of	In-kind description
Pledgor address; City; State; Zip Code		pledge (\$)	(if applicable)
Tricagor address, Orty, State, Zip Code			 
Principal occupation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Scho	edule A:
2 FILER NAME Esteban Rangel			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	١	7 Amount of	8 In-kind contribution
/ /10/15			contribution (\$)	description (if applicable)
4/13/15	Laredo Four Winds			
	6 Contributor address; City; State; Zip Code		\$2,500.00	Donation
	Laredo Texas			
			(If travel outside of	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor  out-of-state PAC (ID#:	)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
5/20/15	Laredo Firefighters Contributor address; City; State; Zip Code		\$150.00	Donation
	Laredo Texas			
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		Toxac, complete conceder 17
Date	Full name of contributor  out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	T 1- D-14		contribution (\$)	description (if applicable)
5/28/15	Laredo Police			! 
	Contributor address; City; State; Zip Code		\$300.00	Donation
	Laredo Texas			
	Laredo lexas			
Dringing Loop v	nation / Joh title (Coe Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	ristructions)	
5.			A	In-kind contribution
Date	Full name of contributor	)	Amount of contribution (\$)	description (if applicable)
	James Lopez		, ,	
5/30/15	Contributor address; City; State; Zip Code		\$10,000.00	Donation
	Laredo Texas			 
			(If travel outside	 of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		,,
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
Dato	Solidi State Molton.	,	contribution (\$)	description (if applicable)
				1 1
	Contributor address; City; State; Zip Code			<u> </u>
		1		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
		i		
	·	<u> </u>		

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra	
Consulting Expense	Food/Beverage Expense Travel In District	ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dist	trict Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/R	, , ,
1 Total pages Schedule F:	The Instruction Guide explains how to  2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
Total pages Schedule F.	Esteban Rangel	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
4/18/15	Marco Muoz	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,521.00	Laredo Texas	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C	OH	
Date	Payee name	
5/26/15	ATM Rosa Martinez	
Amount (\$)	Payee address; City; State; Zip Code	
	Laredo Txas	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Donaiton	Plate, Sale Check if Austin, 1X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
6/10/15	PMDG	
Amount (\$)	Payee address; City; State; Zip Code	
\$10,000.00	Laredo Texas	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Markeitng	
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF		
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Co		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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### SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how to	Contract Labor Loan Re raising Expense Transpo Contribu strict Cand (Rental Expense OTHER	epayment/Reimbursement pritation Equipment & Related Expense utions/Donations Made By didate/Officeholder/Political Committee (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		ACCOUNT # (Ethics Commission Filers)
. 5	Esteban Rangel		
4 Date 3/25/15	5 Payee name Walmart		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
<b>\$178.</b> 52	Laredo texas		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel or	outside of Texas, complete Schedule T)
EXPENDITURE	Food Beverages	Committe  Check if Austin, TX,	<b>ee meeting</b> , officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
3/25/15	Sport Center		
Amount (\$)	Payee address; City; State; Zip Code		
\$585.00	Laredo Texas		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel o	outside of Texas, complete Schedule T)
EXPENDITURE	advertising	Check if Austin, TX,	, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
3/30/15	Mario Muoz		
Amount (\$)	Payee address; City; State; Zip Code	<u> </u>	
\$450.00	Laredo Texas		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel of	outside of Texas, complete Schedule T)
EXPENDITURE	adverting	Check if Austin, TX	K, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
3/20/15	Daniel Torres		
Amount (\$)	Payee address; City; State; Zip Code		
\$400.00	Laredo Texas		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel	outside of Texas, complete Schedule T)
OF EXPENDITURE	Donation	Check if Austin TY	K, officeholder living expense
Complete ONLY if direct expenditure to benefit Co		Office sought	Office held
<u> </u>	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED!	ED

P.O. Box 12070

## SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Ci Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F	ontract Labor Los aising Expense Tra Co trict	an Repayment/Reimbursement ansportation Equipment & Related Expense intributions/Donations Made By Candidate/Officeholder/Political Committee THER (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 2/21/15	5 Payee name Falcon Bank		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
	Laredo Texas		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If to	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Loan	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
2/23/15	Carlos Gonzalez		
Amount (\$)	Payee address; City; State; Zip Code		
γιποαπι (ψ)	Tayee address, Oity, State, Zip Gode		
\$260.00	Laredo Txas	_	
PURPOSE OF	Category (See categories listed at the top of this schedule)		ravel outside of Texas, complete Schedule T)
EXPENDITURE	donation		sale medical in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
3/11/15	sport center		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,569.63	Laredo Texas		
	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
PURPOSE OF	Category (See categories listed at the top of this schedule)	2000 pilon (iii	naver equals of restaut, complete equals 17
EXPENDITURE	advertising	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
3/20/15	Double J Sports		
Amount (\$)	Payee address; City; State; Zip Code		,
\$500.00	Laredo Texas		
DUDDCCT	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	donation	Checkinas	1.1. office former living expense
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EEDED

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#### (512) 463-5800

(TDD 1-800-735-2989)

# **POLITICAL EXPENDITURES**

### SCHEDULE F

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages Legal Services Solicitation/Fun Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of I	s/Contract Labor Loan Repayment/Reimbursement  Transportation Equipment & Related Expense  ict Contributions/Donations Made By
	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule F:	2 FILER NAME Esteban Rangle	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
1/24/15	Falcon Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$246.98	Laredo Texas	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Loan	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date 2/13/15	Payee name HEB	
Amount (\$)	Payee address; City; State; Zip Code	
\$179.79	Laredo Texas	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	food beverage	committee meeting
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  DH	Office sought  Office held
Date	Payee name	
2/13/15	Alma A. Pierce School	
Amount (\$)	Payee address; City; State; Zip Code	
\$150.00	Laredo Texas	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Donation	bow a ton
	0	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought Office held
Date 2/23/15	Payee name sport center	
Amount (\$)	Payee address; City; State; Zip Code	,
\$1,000.00	Laredo Texas	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	advertising	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought Office held
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDED

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P.O. Box 12070

# SCHEDULE F

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead/	Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee (Rental Expense OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	Esteban Rangel	
4 Date 1-9-15	5 Payee name Maribel Bustos	
6 Amount (\$)	7 Payee address; City; State; Zip Code	<u>-</u>
\$650.00	Laredo TX	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Donation	Scholarship Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1-8-15	sport center	
Amount (\$)	Payee address; City; State; Zip Code	
\$450.00	Laredo TX	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	advertising	Shirts Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date 1-12/15	Payee name  Cash ATM	
Amount (\$)	Payee address; City; State; Zip Code	
\$200.00	Laredo Tx	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Donation	Medical Exp.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
1/15/15	All Star Academy	
Amount (\$)	Payee address; City; State; Zip Code	
\$150.00	Laredo Texas	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Donation	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED