

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI <b>Mr. Esteban</b> <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX <b>Rangel</b>	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                      Date Received  <div style="text-align: center; font-size: small;">                         CITY SECRETARIS OFFICE                          2015 JUL 17 PM 4:06                          RECEIVED                     </div>                     Date Hand-delivered or Postmarked                      Receipt #                      Amount                      Date Processed                      Date Imaged                 </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> change of address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <b>2705 Pecan St Laredo Texas 78046</b>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION <b>(956 ) 473-9909</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI <b>Mr. Oscar</b> <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX <b>Gomez                      Jr</b>		
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <b>4621 Cassata Ln Laredo Texas 78046</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION <b>( 956 ) 206-4169</b>		
<b>9 REPORT TYPE</b>	<input 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)		
<b>10 PERIOD COVERED</b>	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year <b>01 / 01 / 15                      THROUGH                      06 / 30 / 15</b>		
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year /                      /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>  <b>City Council Dist. 2</b>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

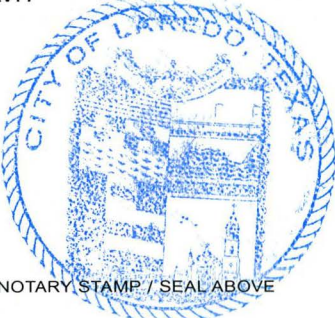
# FORM C/OH COVER SHEET PG 2

<b>14 C/OH NAME</b>	<b>15 ACCOUNT #</b> (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <p style="text-align: center;"><b>Esteban Rangel</b></p>
		<b>COMMITTEE ADDRESS</b>  <p style="text-align: center;"><b>2705 Pecan St</b></p>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <p style="text-align: center;"><b>Oscar Gomez Jr.</b></p>
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <p style="text-align: center;"><b>4621 Cassata Ln</b></p>	

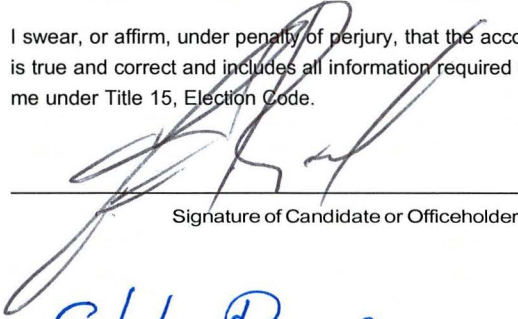
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,950.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 469.58
	4. TOTAL POLITICAL EXPENDITURES	\$ 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	\$

**18 AFFIDAVIT**




AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Esteban Rangel, this the 17th day of July, 20 15, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 Signature of officer administering oath

Esteban Rangel

 \_\_\_\_\_  
 Printed name of officer administering oath

City Secretary

 \_\_\_\_\_  
 Title of officer administering oath

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

<b>The Instruction Guide explains how to complete this form.</b>	<b>1</b> Total pages Schedule B:
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<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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**4** TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   **\$**

<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
	<b>7</b> Pledgor address;      City;   State;   Zip Code		
(If travel outside of Texas, complete Schedule T)			

<b>10</b> Principal occupation / Job title (See Instructions)	<b>11</b> Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City;   State;   Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City;   State;   Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City;   State;   Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City;   State;   Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>Esteban Rangel</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/13/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Laredo Four Winds</b> 6 Contributor address; City; State; Zip Code <b>Laredo Texas</b>	7 Amount of contribution (\$) <b>\$2,500.00</b>	8 In-kind contribution description (if applicable) <b>Donation</b> <small>(If travel outside of Texas, complete Schedule T)</small>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5/20/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Laredo Firefighters</b> Contributor address; City; State; Zip Code <b>Laredo Texas</b>	Amount of contribution (\$) <b>\$150.00</b>	In-kind contribution description (if applicable) <b>Donation</b> <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/28/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Laredo Police</b> Contributor address; City; State; Zip Code <b>Laredo Texas</b>	Amount of contribution (\$) <b>\$300.00</b>	In-kind contribution description (if applicable) <b>Donation</b> <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/30/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Lopez</b> Contributor address; City; State; Zip Code <b>Laredo Texas</b>	Amount of contribution (\$) <b>\$10,000.00</b>	In-kind contribution description (if applicable) <b>Donation</b> <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <b>Esteban Rangel</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>4/18/15</b>	<b>5</b> Payee name <b>Marco Muoz</b>	
<b>6</b> Amount (\$) <b>\$2,521.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>Laredo Texas</b>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>5/26/15</b>	Payee name <b>ATM Rosa Martinez</b>	
Amount (\$)	Payee address; City; State; Zip Code <b>Laredo Texas</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Donaiton</b>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> <b>Plate Sale</b> 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 <b>6/10/15</b>	Payee name <b>PMDG</b>	
Amount (\$) <b>\$10,000.00</b>	Payee address; City; State; Zip Code <b>Laredo Texas</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Markeitng</b>	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	Payee name	
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) <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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <b>Esteban Rangel</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <b>3/25/15</b>	<b>5</b> Payee name <b>Walmart</b>
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<b>6</b> Amount (\$) <b>\$178.52</b>	<b>7</b> Payee address; City; State; Zip Code <b>Laredo texas</b>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Food Beverages</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Committee meeting</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/25/15</b>	Payee name <b>Sport Center</b>
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Amount (\$) <b>\$585.00</b>	Payee address; City; State; Zip Code <b>Laredo Texas</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>advertising</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/30/15</b>	Payee name <b>Mario Muoz</b>
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Amount (\$) <b>\$450.00</b>	Payee address; City; State; Zip Code <b>Laredo Texas</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>advertising</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/20/15</b>	Payee name <b>Daniel Torres</b>
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Amount (\$) <b>\$400.00</b>	Payee address; City; State; Zip Code <b>Laredo Texas</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>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 ONLY 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**

**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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <b>Esteban Rangel</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <b>2/21/15</b>	<b>5</b> Payee name <b>Falcon Bank</b>
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<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code <b>Laredo Texas</b>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Loan</b>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/23/15</b>	Payee name <b>Carlos Gonzalez</b>
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Amount (\$) <b>\$260.00</b>	Payee address; City; State; Zip Code <b>Laredo Txas</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>donation</b>	Description (If travel outside of Texas, complete Schedule T) <b>plate sale medical</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/11/15</b>	Payee name <b>sport center</b>
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Amount (\$) <b>\$1,569.63</b>	Payee address; City; State; Zip Code <b>Laredo Texas</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>advertising</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/20/15</b>	Payee name <b>Double J Sports</b>
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Amount (\$) <b>\$500.00</b>	Payee address; City; State; Zip Code <b>Laredo Texas</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>donation</b>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> <b>Baseball team</b> Check if Austin, TX, officeholder living expense
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Complete ONLY 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**

**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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <b>Esteban Rangle</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <b>1/24/15</b>	<b>5</b> Payee name <b>Falcon Bank</b>
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<b>6</b> Amount (\$) <b>\$246.98</b>	<b>7</b> Payee address; City; State; Zip Code <b>Laredo Texas</b>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Loan</b>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/13/15</b>	Payee name <b>HEB</b>
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Amount (\$) <b>\$179.79</b>	Payee address; City; State; Zip Code <b>Laredo Texas</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>food beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>committee meeting</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/13/15</b>	Payee name <b>Alma A. Pierce School</b>
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Amount (\$) <b>\$150.00</b>	Payee address; City; State; Zip Code <b>Laredo Texas</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Donation</b>	Description (If travel outside of Texas, complete Schedule T) <b>bow a ton</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/23/15</b>	Payee name <b>sport center</b>
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Amount (\$) <b>\$1,000.00</b>	Payee address; City; State; Zip Code <b>Laredo Texas</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>advertising</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 ONLY 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**



**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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <b>Esteban Rangel</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>1-9-15</b>	<b>5</b> Payee name <b>Maribel Bustos</b>	
<b>6</b> Amount (\$) <b>\$650.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>Laredo TX</b>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Donation</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Scholarship</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>1-8-15</b>	Payee name <b>sport center</b>	
Amount (\$) <b>\$450.00</b>	Payee address; City; State; Zip Code <b>Laredo TX</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>Shirts</b> <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 <b>1-12/15</b>	Payee name <b>Cash ATM</b>	
Amount (\$) <b>\$200.00</b>	Payee address; City; State; Zip Code <b>Laredo Tx</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Donation</b>	Description (If travel outside of Texas, complete Schedule T) <b>Medical Exp.</b> <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 <b>1/15/15</b>	Payee name <b>All Star Academy</b>	
Amount (\$) <b>\$150.00</b>	Payee address; City; State; Zip Code <b>Laredo Texas</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Donation</b>	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**