

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <span style="font-size: 1.5em; color: blue;">12</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>CARLOS</b> NICKNAME LAST SUFFIX <b>VELA</b>	<b>OFFICE USE ONLY</b> Date Received <b>FILED FOR RECORD AT M</b>  <b>JAN 15 REC'D</b> <i>2020 us</i> KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY: <i>K. Sand</i> DEPUTY Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>3235 Saratoga Blvd Suite B</b> <b>Corpus Christi, TX</b> <b>78415</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(361) 549-4197</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Lisa</b> NICKNAME LAST SUFFIX <b>VELA</b>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>3235 SARATOGA Blvd Suite B</b> <b>Corpus Christi, TX</b> <b>78415</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(361) 244-2742</b>		
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      Month Day Year <b>9 / 13 / 19</b> THROUGH <b>1 / 15 / 2020</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>3 / 3 / 2020</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)  <b>N/A</b>	13 OFFICE SOUGHT (if known)  <b>County Attorney</b>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

CARLOS VELA

15 Filer ID (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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6000

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 10,820.30

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

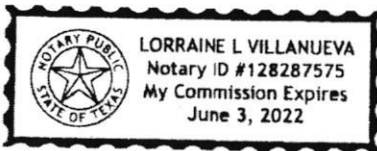
\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 5000

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.

Carlos Vela

Signature of Candidate or Officeholder

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Lorraine L. Villanueva

Admin. Secretary

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>CARLOS VECA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10-15-19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mario Martinez</b> 6 Contributor address; City; State; Zip Code <b>6048 Ocean Dr CC TX 78412</b>	7 Amount of contribution (\$) <b>\$1000.00</b>
8 Principal occupation / Job title (See Instructions) <b>Physician</b>		9 Employer (See Instructions)
Date <b>10-15-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mo Motayhi</b> Contributor address; City; State; Zip Code <b>2921 Ocean Dr CC TX 7842</b>	Amount of contribution (\$) <b>\$ 1000.00</b>
Principal occupation / Job title (See Instructions) <b>Business</b>		Employer (See Instructions)
Date <b>10-15-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kyle Holscher</b> Contributor address; City; State; Zip Code <b>505 Weber St #525 CC TX 78401</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions)
Date <b>10-15-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Construction Unlimited</b> Contributor address; City; State; Zip Code <b>5601 SPID St. D CC TX 78412</b>	Amount of contribution (\$) <b>\$ 750.00</b>
Principal occupation / Job title (See Instructions) <b>Builder</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>CARLOS VELA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10-15-19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rober J. Gonzalez</b>	7 Amount of contribution (\$) <b>\$ 1000.00</b>
6 Contributor address; City; State; Zip Code <b>5722 Woodridge Row CC, TX 78414</b>		
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions)
Date <b>10-15-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jesse Treviño</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>6610 Oak Grove Dr. CC TX 78413</b>		
Principal occupation / Job title (See Instructions) <b>Insurance/Healthcare</b>		Employer (See Instructions)
Date <b>10-15-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rodney Sanchez</b>	Amount of contribution (\$) <b>\$ 300</b>
Contributor address; City; State; Zip Code <b>929 S Staples St. E. CC, TX 78404</b>		
Principal occupation / Job title (See Instructions) <b>Builder</b>		Employer (See Instructions)
Date <b>10-15-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Diamond Auto SALES</b>	Amount of contribution (\$) <b>\$ 250.00</b>
Contributor address; City; State; Zip Code <b>3702 SPID CC TX 78415</b>		
Principal occupation / Job title (See Instructions) <b>SALES</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>CARLOS VELAZ</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10-15-19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leticia Roman</b>	7 Amount of contribution (\$) <b>\$ 1500.00</b>
6 Contributor address; City; State; Zip Code <b>14958 SANTA GARCIA CC, TX 78410</b>		
8 Principal occupation / Job title (See Instructions) <b>Builder</b>		9 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 (\$)
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 (\$)
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 (\$)
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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1 of 1</b>	
2 FILER NAME <b>CARLOS VELAZ</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>300</b>	
5 Date <b>1-11-2020</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Andrew SALM</b>	8 Amount of Contribution \$ <b>300</b>	9 In-kind contribution description <b>Political sign</b>
7 Contributor address; City; State; Zip Code <b>3235 SADDLE C C TX 78415</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Builder</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>CARLOS VELAZ</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>5000.00</b>
5 Date of loan <b>10-1-19</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>CARLOS VELAZ</b>	9 Loan Amount (\$) <b>\$ 5000.00</b>
6 Is lender a financial institution? <b>Y (N)</b>	8 Lender address; City; State; Zip Code <del>3335</del> <b>6337 St Andrews Dr CC TX, 78413</b>	10 Interest rate <b>0</b>
		11 Maturity date <b>0</b>
12 Principal occupation / Job title (See Instructions) <b>Att</b>		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <b>Y N</b>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>4</b>		<b>2</b> FILER NAME <b>CARLOS USLU</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>9-30-19</b>		<b>5</b> Payee name <b>Joseph Ramirez</b>			
<b>6</b> Amount (\$) <b>\$1500</b>		<b>7</b> Payee address; City; State; Zip Code <b>1741 Starcove Cc TX 78412</b>			
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		<b>(b)</b> Description <b>Consulting</b>		
	<input type="checkbox"/> Check 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					
Date <b>9-30-19</b>		Payee name <b>David Moralez</b>			
Amount (\$) <b>\$55.00</b>		Payee address; City; State; Zip Code <b>P.O. Box 71803 Cc TX 78467</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Logo Design</b>		
	<input type="checkbox"/> Check 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					
Date <b>10-12-19</b>		Payee name <b>Joseph Ramirez</b>			
Amount (\$) <b>\$150.00</b>		Payee address; City; State; Zip Code <b>1741 Starcove Cc TX 78412</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contribution</b>		Description <b>Tailgate Party Headquarters</b>		
	<input type="checkbox"/> Check 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					

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **4**      2 FILER NAME      3 Filer ID (Ethics Commission Filers)

4 Date: **10-15-19**      5 Payee name: **La Playa Restaurant**

6 Amount (\$): **\$275.00**      7 Payee address; City; State; Zip Code:  
**227 N Water St      CC      TX      78401**

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): **Event Expense**      (b) Description: **Fundraiser**  
 (c)  Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name      Office sought      Office held

Date: **10-17-19**      Payee name: **Joseph Ramirez**

Amount (\$): **\$1500.**      Payee address; City; State; Zip Code:  
**1741 Stovace      CC      TX      78412**

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **Consulting Expense**      Description: **Consulting**  
 Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name      Office sought      Office held

Date: **10-31-19**      Payee name: **Proxerity Bank**

Amount (\$): **\$10.00**      Payee address; City; State; Zip Code:  
**4002 SARATOGA Blvd      CC      TX      7843**

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **Fees**      Description: **Bank Fee**  
 Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name      Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4</b>	2 FILER NAME <b>CARLOS VEJA</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11-20-17</b>	5 Payee name <b>Joseph Ramirez</b>	
6 Amount (\$) <b>\$1500</b>	7 Payee address; <b>1741 Stovace</b>	City; State; Zip Code <b>CC TX 78412</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description <b>Consulting</b>
	(c) <input type="checkbox"/> Check 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 <b>11-31-19</b>	Payee name <b>Property Bank</b>	
Amount (\$) <b>\$10.00</b>	Payee address; <b>4002 SARABGA</b>	City; State; Zip Code <b>CC TX 7843</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Bank fee</b>
	<input type="checkbox"/> Check 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 <b>12-9-19</b>	Payee name <b>Democratic Party</b>	
Amount (\$) <b>\$1250</b>	Payee address; <b>2701 Moran Ave</b>	City; State; Zip Code <b>CC TX 78405</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fee</b>	Description <b>Filing fee</b>
	<input type="checkbox"/> Check 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 MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>CAPUS VELA</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12-16-19</b>	<b>5</b> Payee name <b>Grunwald Printing</b>	
<b>6</b> Amount (\$) <b>\$ 4220.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1418 Merson Ave CC TX 78404</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Signs</b>
	<b>(c)</b> <input type="checkbox"/> Check 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>12-16-19</b>	Payee name <b>Joseph Romo</b>	
Amount (\$) <b>\$ 350.00</b>	Payee address; City; State; Zip Code <b>1741 Stovene CC TX 78412</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Radio Ad</b>
	<input type="checkbox"/> Check 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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check 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**