

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:						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>(MR)</u> FIRST <u>Richard</u> MI NICKNAME LAST <u>Uribe</u> SUFFIX	<div style="text-align: center;">OFFICE USE ONLY</div> <p>Date Received</p> <p style="color: blue;">Harlingen City Secretary's Office</p> <p style="color: blue; font-size: 1.2em;">JUN 14 2019</p> <p>Received by: <u>au</u></p> <hr/> <p>Date Hand-delivered or Date Postmarked</p> <p style="text-align: center; font-size: 1.2em;"><u>6-14-19</u></p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Receipt #</td> <td style="width:50%; border: none;">Amount \$</td> </tr> <tr> <td style="border: none;">Date Processed</td> <td style="border: none; text-align: center; font-size: 1.2em;"><u>6-14-19</u></td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed	<u>6-14-19</u>	Date Imaged	
Receipt #	Amount \$								
Date Processed	<u>6-14-19</u>								
Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>2822 N. 13th St. Harlingen TX 78550</u>								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(956)</u>								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>(MR)</u> FIRST <u>Ida</u> MI NICKNAME LAST <u>Ambriz</u> SUFFIX								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>2309 N. Blake Harlingen, TX 78550</u>								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(956) 343-3835</u>								
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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 <u>4 / 27 / 2019</u> THROUGH <u>6 / 12 / 2019</u>								
11 ELECTION	ELECTION DATE Month Day Year <u>6 / 22 / 2019</u>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special							
12 OFFICE	OFFICE HELD (if any) <u>City Commissioner Pct. 1</u>	13 OFFICE SOUGHT (if known) <u>City Commissioner Pct. 1</u>							
GO TO PAGE 2									

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Richard Uribe 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
<input checked="" type="checkbox"/> GENERAL	Texas Realtors PAC
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	P.O. Box 295305 Kerrville, TX 78029
	COMMITTEE CAMPAIGN TREASURER NAME
	Lance Lacy
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	P.O. Box 2246 Austin TX 78768-2246

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4215.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4907.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Richard Uribe
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard Uribe, this the 14th day of June, 2019, to certify which, witness my hand and seal of office.

Amanda C. Elizondo
Signature of officer administering oath

Amanda C. Elizondo
Printed name of officer administering oath

City Supt
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1 of 4**

2 FILER NAME

Richard Uribe

3 Filer ID (Ethics Commission Filers)

4 Date

5-21-19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Frank N. Boggus Management Trust

6 Contributor address;

City; State; Zip Code

Harlingen TX 78550

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

Trustee

9 Employer (See Instructions)

Date

5-15-19

Full name of contributor

out-of-state PAC (ID#: _____)

Linebarger Gossan Blair & Sampson, LLP

Contributor address;

City; State; Zip Code

35 Providence Ct. Brownsville, TX 78526

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Date

5-24-19

Full name of contributor

out-of-state PAC (ID#: _____)

Century 21 Jonston Company

Contributor address;

City; State; Zip Code

Harlingen TX 78550

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Sole Proprietor

Date

5-28-19

Full name of contributor

out-of-state PAC (ID#: _____)

Kevin Campbell

Contributor address;

City; State; Zip Code

Harlingen TX 78550

Amount of contribution (\$)

100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 4

2 FILER NAME
Richard Uribe

3 Filer ID (Ethics Commission Filers)

4 Date
5-22-19

5 Full name of contributor out-of-state PAC (ID#: _____)
John & Jo Anne Guevara

6 Contributor address; City; State; Zip Code
3205 Seminole Court Harlingen TX

7 Amount of contribution (\$)
250.00

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)

Date
5-21-19

Full name of contributor out-of-state PAC (ID#: _____)
Frank N. Boggus

Contributor address; City; State; Zip Code
P.O. Box 1111 Harlingen TX 78550

Amount of contribution (\$)
500.00

Principal occupation / Job title (See Instructions)
Business owner

Employer (See Instructions)

Date
5-22-19

Full name of contributor out-of-state PAC (ID#: _____)
Greg M. Powers, Atty at Law

Contributor address; City; State; Zip Code
1217 E. Harrison Harlingen TX 78550

Amount of contribution (\$)
200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5-26-19

Full name of contributor out-of-state PAC (ID#: _____)
Connie de la Garza

Contributor address; City; State; Zip Code
2814 Lotus Harlingen TX 78550

Amount of contribution (\$)
200.00

Principal occupation / Job title (See Instructions)
Realtor

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

314

2 FILER NAME

Richard Uribe

3 Filer ID (Ethics Commission Filers)

4 Date

5-27-19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Michael Edwards Alex

7 Amount of contribution (\$)

75.00

6 Contributor address;

City; State; Zip Code

5309 Hurd Ct Harlingen Tx 78550

8 Principal occupation / Job title (See Instructions)

Architect

9 Employer (See Instructions)

Date

5-21-19

Full name of contributor

out-of-state PAC (ID#: _____)

Michael R. Ezell

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2806 Emerald Lake Harlingen Tx 78550

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

5-22-19

Full name of contributor

out-of-state PAC (ID#: _____)

J. G. and Norma Leal

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2726 Clifford Harlingen Tx 78550

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

5-28-19

Full name of contributor

out-of-state PAC (ID#: _____)

Scott Campbell

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1210 E. Tyler Harlingen Tx 78550

Principal occupation / Job title (See Instructions)

Business Owner

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4 of 4

2 FILER NAME Richard Uribe

3 Filer ID (Ethics Commission Filers)

4 Date

5-2-19

5 Full name of contributor out-of-state PAC (ID#: _____)

Darrell Gunn

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

P.O. Box 756 Edisto Island, SC 29438

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

5-2-19

Full name of contributor out-of-state PAC (ID#: _____)

Raul & Letty Reyna

Amount of contribution (\$)

140.00

Contributor address; City; State; Zip Code

Harlingen TX 78550

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

Date

5-17-19

Full name of contributor out-of-state PAC (ID#: _____)

TEXAS REAL ESTATE POLITICAL ACTION COM.

Amount of contribution (\$)

1500.00

Contributor address; City; State; Zip Code

Harlingen TX 78550

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor 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.

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Richard Uribe</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4215.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4907.45</i>
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	\$

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:	2 FILER NAME <i>Richard Uribe</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5-1-19</i>	5 Payee name <i>Valley Morning Star</i>	
6 Amount (\$) <i>450.00</i>	7 Payee address; City; State; Zip Code <i>Harlingen TX 78550</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <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 <i>5-2-19</i>	Payee name <i>Valley Morning Star</i>	
Amount (\$) <i>640.00</i>	Payee address; City; State; Zip Code <i>Harlingen TX 78550</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name _____ Office sought _____ Office held _____	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>5-23-19</i>	Payee name <i>Tapia Signs</i>	
Amount (\$) <i>2549.29</i>	Payee address; City; State; Zip Code <i>Harlingen, TX 78550</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name _____ Office sought _____ Office held _____	
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	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:	2 FILER NAME Richard Uribe	3 Filer ID (Ethics Commission Filers)
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4 Date 5-28-19	5 Payee name SV Photography
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6 Amount (\$) 216.50	7 Payee address; City; State; Zip Code 2818 Lotus Drive Harlingen TX 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-28-19	Payee name Elena Meade
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Amount (\$) 475.00	Payee address; City; State; Zip Code Harlingen, TX 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check 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 6-4-19	Payee name U.S. Post Office
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Amount (\$) 60.66	Payee address; City; State; Zip Code Harlingen, TX 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Postage	Description <input type="checkbox"/> Check 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

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:	2 FILER NAME <i>Richard Uribe</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5-3-19</i>	5 Payee name <i>Frost Bank</i>
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6 Amount (\$) <i>8.00</i>	7 Payee address; City; State; Zip Code <i>Harlingen TX 78550</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Banking Fees</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6-5-19</i>	Payee name <i>Frost Bank</i>
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Amount (\$) <i>8.00</i>	Payee address; City; State; Zip Code <i>Harlingen TX 78550</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Banking Fees</i>	Description <input type="checkbox"/> Check 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 <input type="checkbox"/> Check 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