CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gui	IDE explains how to complete this	form. 1 ACCO (Ethics 0	Commission filers)	2 PAGE# 1 of 21
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Victor	r	MI	OFFICE USE ONLY
IVAIVIE	NICKNAME LAST Leal		SUFFIX	Date Received Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 2225 W Arbor Harlingen, TX 78552	; CITY;	STATE; ZIP CODE	Date Jand-delivered of the Postmarked
				Receipt # Amount
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST MS. Maria		МІ	Date Processed
NAME	Ms. Maria NICKNAME LAST DeFore	d	SUFFIX	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 28288 Bass Blvd Harlingen, TX 78552	; APT / SUITE #;	CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBE (956) 970-0327	ER	EXTENSION	
8 REPORT TYPE	January 15 X 30th da	ay before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day	y before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year		Month Day	Year
	07/01/2012	THROUGH	09/27/201	2
10 ELECTION	ELECTION DATE Month Day Year 11/06/2012	ELECTION TYPE Primary	Runoff X	General Special
11 OFFICE	OFFICE HELD (if any)		OFFICE SOUGHT (if known) Harlingen City Comm District 5	ilssioner
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Leal,	Victor (Mr.)		14 ACCOUNT 00000001	
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the ca nout the candidate's or officeholder's knowledge or consent. Candida by receive notice of such expenditures	andidate / officehold tes and officeholder	er. These expenditures may s are required to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS	PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	390.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,462.00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES \$			7,331.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$			2,130.54
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$	2,000.00
17 AFFIDAVIT				
AMANDA C. ELIZONDO MY COMMISSION EXPIRES July 30, 2015 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				
AFFIX NOTARY STAMP / SEAL ABOVE Swom to and subscribed before me, by the said				
		tify which, witness my hand and seal of office.	, this the	day
Signature of officer admir	Leften medical states of the s	Amanda C · Elizondo Print name of officer administering oath	City Sec Title of officer ad	rtfary Iministering oath

The Instruc	стіом Guide explains how to complete this form.		1 PAGE # Schedule: 1/	12 Report: 3/21
2 FILER NAM	E Leal, Victor (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (IE Advil Air Conditioning	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
08/20/2012	6 Contributor address; City; State; Zip Code P.O.Box 530669 Harlingen, TX 78553		\$75.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/30/2012	Contributor address; City; State; Zip Code 2601 S 77 Sunshine Strip Harlingen, TX 78550		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See In	1	rexas, complete scriedule 1)
			•	
Date	Full name of contributor ut-of-state PAC (ID Allex, David	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/28/2012	Contributor address; City; State; Zip Code P.O.Box 531180 Harlingen, TX 78553	•••••	\$75.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See In		
Date	Full remark contributes The set of the BAC (12)			
Date	Full name of contributor ut-of-state PAC (ID Bhakta, Hetal	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/31/2012	Contributor address; City; State; Zip Code 175 W Expressway 83 San Benito, TX 78586		\$100.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/13/2012	Contributor address; City; State; Zip Code 2004 Central Blvd Brownsville, TX 78520	• • • • • • • • • • • • • • • • • • • •	\$250.00 	
			(if travel outside of T	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins		

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	The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 2/	12 Report: 4/21
2	FILER NAME	Leal, Victor (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Bhakta, Vinodbhai)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/13/2012	6 Contributor address; City; State; Zip Code 205 N Expressway 77 Harlingen, TX 78550		\$101.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	estructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/07/2012	Contributor address; City; State; Zip Code P.O.Box 1111 Harlingen, TX 78551		\$500.00	
					·
H	Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
		The state of the s	Employer (See III	structions	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/07/2012	Contributor address; City; State; Zip Code P.O.Box 288 Harlingen, TX 78551		\$200.00	
	Dringing age	office / Joh Kille (October Visco)			Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/17/2012	Contributor address; City; State; Zip Code 1610 Revere Ln Harlingen, TX 78550	• • • • • • • • • • • • • • • • • • • •	\$200.00	
		Traininger, 17770000		i	
	Principal occup	ation / Job title (See Instructions)	Franks (October		Texas, complete Schedule T)
	T Tilloipai occup	auon / 300 title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/12/2012	Contributor address; City; State; Zip Code 505 Lake Dr Harlingen, TX 78550		\$200.00 	
	Data at : -t				Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/	12 Report: 5/21
2 FILER NAME	Leal, Victor (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Clark, Mary)#)	7 Amount of contribution (\$)	8
08/27/2012	6 Contributor address; City; State; Zip Code 1910 Russell Ln San Benito, TX 78586	••••••	\$50.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Cocke, JR	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/08/2012	Contributor address; City; State; Zip Code P.O.Box 531805 Harlingen, TX 78553		\$200.00	
<u> </u>			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/13/2012	Contributor address; City; State; Zip Code 146 El Cielo Cr Harlingen, TX 78552	•••••	\$500.00	
	:		(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/10/2012	Contributor address; City; State; Zip Code 222 E Van Buren Ste 703 Harlingen, TX 78550	• • • • • • • • • • • • • • • • • • • •	\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/06/2012	Contributor address; City; State; Zip Code 503 E Harrison Harlingen, TX 78550	, , , , , , , , , , , , , , , , , , , ,	\$150.00 	:
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruct	TION GUIDE explains how to complete this form.		1 PAGE#	
2 FILER NAME	Log Victor (Mr.)			12 Report: 6/21
2 FILER NAIVIE	Leal, Victor (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (IE	D#)	7 Amount of	8 In-kind contribution
	Duncan, Robert		contribution (\$)	description (if applicable)
00/40/0040	6 Contributes and the City City City City			
09/12/2012	6 Contributor address; City; State; Zip Code 4501 Mountain Creek Pkwy Dallas, TX 75236		\$200.00	1
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See In		
Date	Full name of contributor ut-of-state PAC (IE)#)	Amount of	In-kind contribution
	Elliff, Larry		contribution (\$)	description (if applicable)
09/07/2012	Contributor address; City: State: Zip Code	• • • • • • • • • • • • • • • • • • • •	\$100.00	l
00/01/2012	1307 W Harrission Ave		\$100.00	l
	Harlingen, TX 78550			1
tu tu			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID))	Amount of	In-kind contribution
	Elliff, William	<i></i>	contribution (\$)	description (if applicable)
09/07/2012	Contributor address; City; State; Zip Code 159 S Nueces Park Ln		\$100.00	
	Harlingen, TX 78552			
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		rexas, complete scriedule ()
Date	Full name of contributor ut-of-state PAC (ID	#)	Amount of	In-kind contribution
	Engeling, Floyd		contribution (\$)	description (if applicable)
00/07/0040	Contributor address City Class 71.0			
08/07/2012	Contributor address; City; State; Zip Code 1136 Fairway Harlingen, TX 78552		\$200.00	
	Harlingen, TX 78552			
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:		
Date	Full name of contributor	#)	Amount of	In-kind contribution
	Epstien, Brad		contribution (\$)	description (if applicable)
00/04/0040	Contributes addresses City Object 71 0	• • • • • • • • • • • • • • • • • • • •	I	
08/24/2012	Contributor address; City; State; Zip Code 1202 Beckham Rd #C		\$25.00 _l	
	Harlingen, TX 78552		ĺ	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See Ins		
			•	
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The Instruc	TION GUIDE explains how to complete this form.		1 PAGE#	40 D + 7/04
2 FILER NAME	E Leal, Victor (Mr.)		3 ACCOUNT #	(Ethics Commission filers)
			00000001	,
4 Date	5 Full name of contributor ut-of-state PAC (ID Epstien, Mel	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
08/20/2012	1013 S 123 Cr		\$40.00	
	Omaha, NE 68154			
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See In		f Texas, complete Schedule T)
		10 Employer (ccc in	ou doublis)	
Date	Full name of contributor ut-of-state PAC (ID Ewers, Ruthie	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2012	Contributor address; City; State; Zip Code 138 Palm Valley Dr W Harlingen, TX 78552	••••••	\$100.00	
	Trainingon, TX 10002			_
Principal occu	upation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
		Limployer (Gee in	su ucuons)	
Date	Full name of contributor ut-of-state PAC (ID: Forrest, Thomas & Emma	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2012	Contributor address; City; State; Zip Code 2219 Lisa Ann Ave Harlingen, TX 78550	•••••	\$150.00	
	Hannigeri, 17 70000		(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		Texas, complete Scheddle 1)
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/13/2012	Contributor address: City State 7: O.d.	• • • • • • • • • • • • • • • • • • • •		İ
09/13/2012	Contributor address; City; State; Zip Code 2917 Lazy Lake Dr Harlingen, TX 78550		\$200.00	<u> </u>
	Trailingeri, 17.76550			
Principal occu	pation / Job title (See Instructions)	Franksian (October		Texas, complete Schedule T)
гілара оссо	pation / Job title (See instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID#	#)	Amount of	In-kind contribution
	Garco Enterprises Inc		contribution (\$)	description (if applicable)
09/06/2012	Contributor address; City; State; Zip Code 2917 Lazy Lake Dr Harlingen, TX 78550		\$200.00	 -
			(16 414-1-16)	· · · · · · · · · · · · · · · · · · ·
Principal occu	pation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
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The INSTRUCT	ON GUIDE explains how to complete this form.		1 PAGE #	12 Report: 8/21
2 FILER NAME	Leal, Victor (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/05/2012	6 Contributor address; City; State; Zip Code 1275 Stuart Place Rd Harlingen, TX 78552		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/05/2012	Contributor address; City; State; Zip Code 605 Paredes Line Rd Brownsville, TX 78521		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/09/2012	Contributor address; City; State; Zip Code 140 S Nueces Park Ln Harlingen, TX 78552		\$100.00	
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2012	Contributor address; City; State; Zip Code 28125 Norma Linda Rd San Benito, TX 78586		\$200.00	 -
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Lamon, Michael	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/05/2012	Contributor address; City; State; Zip Code 5910 Country Lane Harlingen, TX 78552		\$200.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/	12 Report: 9/21
2 FILER NAME	Leal, Victor (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Malone, Kathy	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/07/2012	6 Contributor address; City; State; Zip Code 16433 Garrett Rd Harlingen, TX 78552		\$200.00	1
- Division				Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/05/2012	Contributor address; City; State; Zip Code 1102 Ferguson Dr Harlingen, TX 78550		\$200.00	
Principal occur	Dation / Job title (See Instructions)	Employer/Cools	1	Texas, complete Schedule T)
i iliopai occup		Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/06/2012	Contributor address; City; State; Zip Code 406 N Expressway 77 Harlingen, TX 78550	••••••	\$250.00	 -
				Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/19/2012	Contributor address; City; State; Zip Code 222 E Austin Ave Harlingen, TX 78550		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/06/2012	Contributor address; City; State; Zip Code 22220 Stuart Place Rd Harlingen, TX 78552		\$100.00 	
			(if travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		

The Instruct	ion Guide explains how to complete this form.		1 PAGE# Schedule: 8/	12 Report: 10/21
2 FILER NAME	Leal, Victor (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Roberts, Kelly	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/18/2012	6 Contributor address; City; State; Zip Code 2801 Pine Valley Dr Harlingen, TX 78550		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/31/2012	Contributor address; City; State; Zip Code 27403 Daniella Ct Harlingen, TX 78552		\$100.00	!
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	<u> </u>	toxed, complete constants ()
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/31/2012	Contributor address; City; State; Zip Code 2220 Haine Dr. Ste 49 Harlingen, TX 78550		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/07/2012	Contributor address; City; State; Zip Code 323 E Jackson St Harlingen, TX 78550		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ☐ out-of-state PAC (ID: Ryan, Sanjuanana Yazmin	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/11/2012	Contributor address; City; State; Zip Code 216 Zapata Ave Ranch Viejo, TX 78575	•••••	\$50.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/	12 Report: 11/21	
2	FILER NAME	Leal, Victor (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID Ryan, Timothy J	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	09/11/2012	6 Contributor address; City; State; Zip Code 216 Zapata Ave Ranch Viejo, TX 78575		\$50.00	† 	
				(if travel outside of	Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/11/2012	Contributor address; City; State; Zip Code P.O.Box 1064 San Benito, TX 78586		\$200.00	 	
				(if travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	·	Texas, complete schedule ()	
		067				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/20/2012	Contributor address; City; State; Zip Code 5348 Papaya Cr Harlingen, TX 78552	• • • • • • • • • • • • • • • • • • • •	\$200.00	 	
		Trainings in TV 70002		/if travel outside of	Toyon nomelate Cabadula T	
	Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)	
	Date	Full name of contributor	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/26/2012	Contributor address; City; State; Zip Code 5634 Sam Snead Dr Harlingen, TX 78552	• • • • • • • • • • • • • • • • • • • •	\$100.00	! !	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor ut-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/20/2012	Contributor address; City; State; Zip Code 5669 Wild Bird Ln Brownsville, TX 78526		\$100.00		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)		
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The Instruct	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 10	0/12 Report: 12/21		
2 FILER NAME	Leal, Victor (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4 Date	5 Full name of contributor ut-of-state PAC (ID Simmons, Leonard P	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
09/11/2012	6 Contributor address; City; State; Zip Code 19573 Simmons Rd San Benito, TX 78586		\$200.00			
				Texas, complete Schedule T)		
	pation / Job title (See Instructions)	10 Employer (See In	structions)			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/06/2012	Contributor address; City; State; Zip Code 1626 Sam Houston Harlingen, TX 78550		\$200.00	 		
			(if travel outside of	Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See In				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/06/2012	Contributor address; City; State; Zip Code 22717 Briggs Colman Harlingen, TX 78550	***************************************	\$100.00	 		
			(if travel outside of	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
08/30/2012	Contributor address; City; State; Zip Code 2601 S Hwy 77 Harlingen, TX 78550	•••••	\$100.00			
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	nation / Job title (See Instructions)	Employer (See In:	structions)			
Date	Full name of contributor	[#])	Amount of contribution (\$)	In-kind contribution description (if applicable)		
08/30/2012	Contributor address; City; State; Zip Code 2601 S 77 Sunshine Strip Harlingen, TX 78550		\$200.00	 		
			(if travel outside of	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See Ins				

	The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 11/12 Report: 13/21		
2	FILER NAME	Leal, Victor (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	08/28/2012	6 Contributor address; City; State; Zip Code 205 N. Expressway 77 Harlingen, TX 78551	• • • • • • • • • • • • • • • • • • • •	\$101.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	eation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/10/2012	Contributor address; City; State; Zip Code 5717 Brazilwood Ct Harlingen, TX 78552		\$300.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In		Toxas, complete constant 1)	
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	. In-kind contribution description (if applicable)	
	09/17/2012	Contributor address; City; State; Zip Code 2010 E Vinson Ave Harlingen, TX 78550	•••••	\$75.00	† 	
				(If travel outside of	. Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
_	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution	
		Wittehbach, Diane		contribution (\$)	description (if applicable)	
	08/30/2012	Contributor address; City; State; Zip Code 18116 Garrett Rd Harlingen, TX 78552		\$250.00		
				(if travel outside of	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins			
	Date	Full name of contributor ut-of-state PAC (ID# Wolf, Bert)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/17/2012	Contributor address; City; State; Zip Code 1101 Ferguson Harlingen, TX 78550		\$200.00 		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)		

POLITICAL CONTRIBUTIONS

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OTHER THAN PLEDGES OR LOANS					
The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 12	2/12 Report: 14/21	
2 FILER NAME	Leal, Victor (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Wolf, Kathy	<u>‡)</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
08/31/2012	6 Contributor address; City; State; Zip Code P.O.Box 1761 La Feria, TX 78559	• • • • • • • • • • • • • • • • • • • •	\$30.00	 	
				Texas, complete Schedule T)	
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
09/13/2012	Contributor address; City; State; Zip Code 534 Lake Dr Harlingen, TX 78550	•••••	\$200.00	 	
				Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor ut-of-state PAC (ID# Ziehe, Eric)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
09/07/2012	Contributor address; City; State; Zip Code 2801 Becky Lane Harlingen, TX 78550		\$50.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memoriai Expense Legal Services Food/Beverage Expense

Politing Expense Printing Expense Office Overhead/Rental Expense

EXPENDITURE CATEGORIES Salarles/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District Travei Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Leal, Victor (Mr.) Schedule: 1/2 Report: 16/21 00000001 Date 5 Payee name Advil AC 09/17/2012 6 Amount (\$) 7 Payee address City; State; Zip Code P.O.Box 530669 \$75.00 Harlingen, TX 78553 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travei outside of Texas, complete Schedule T) **PURPOSE** OTHER - Misc Return of Contribution **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/13/2012 Garco Enterprises Inc Amount (\$) Payee address City; State; Zip Code 2917 Lazy Lake Dr \$200.00 Harlingen, TX 78550 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OTHER - Misc Return of Contribution OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/07/2012 Meade Marketing Amount (\$) Payee address City; State; Zip Code 211 W Jefferson \$4,682.56 Ste 7 Harlingen, TX 78550 Category (See Categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Signs/Print Media OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Meade Marketing 09/25/2012 Amount (\$) Payee address City; State; Zip Code \$1,824.00 211 W Jefferson Ste 7 Harlingen, TX 78550 Category (See Categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Signs/Print Media OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

Gifts/Awards/Memoriai Expense Legal Services Food/Beverage Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travei in District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

	Fees Fees	Printing Expense Offi	ivel Out Of District ice Overhead/Rental Expense Explains how to complete this for	Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) rm.
	1 PAGE# Schedule: 2/2 Re	port: 17/21 2 FILER NAME Leal, Victor (Mr.)		3 ACCOUNT # (TEC filers) 00000001
	4 Date 09/13/2012	5 Payee name NIKRISH LLC		
	6 Amount (\$) \$250.00	7 Payee address City; State; Zip 0 406 N Expressway 77 Harlingen, TX 78550	Code	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so OTHER - Misc	(b) Description Return of Cor	(If travel outside of Texas, complete Schedule T) ntribution
	9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office soug	ght: Office held:
ľ	Date	Payee name		
ļ	09/13/2012	Valley Hoteler Inc		
	Amount (\$)	Payee address City; State; Zip C	Code	
	\$101.00	205 N Expressway 77 Harlingen, TX 78551		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so OTHER - Misc	hedule) Description (Return of Cor	(if travel outside of Texas, complete Schedule T) ntribution
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office soug	ht: Office held:
ı		· 		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES

Saiaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this	form.
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 1/4 Ro		00 0 00001
4 Date 09/14/2012	5 Payee name CVS	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$4.39 Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Photo Photo Pro	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Date	Payee name	
09/22/2012	Johnny's True Value	
Amount (\$)	Payee address City; State; Zip Code	
\$11.90 Reimbursement from political contributions intended	914 W Tyler Harlingen, TX 78550	
PURPOSE	Category (See Categories listed at the top of this schedule) Description	
OF	Advertising Expense Nylon Ties	3
EXPENDITURE		•
Date	Payee name	
09/08/2012	McCoys	
Amount (\$)	Payee address City; State; Zip Code	
\$19.90 Reimbursement from political contributions intended	3601 W Expressway 83 Harlingen, TX 78552	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Description Sign Supp	
Date	Payee name	
09/11/2012	McCoys	
Amount (\$)	Payee address City; State; Zip Code	
\$6.47 Reimbursement from political contributions intended	3601 W Expressway 83 Harlingen, TX 78552	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Description Sign Supp	(if travel outside of Texas, complete Schedule T)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memoriai Expense Legai Services Food/Beverage Expense Poiling Expense Printing Expense

EXPENDITURE CATEGORIES

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.					
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)				
Schedule: 2/4 R		0000001				
4 Date 09/22/2012	5 Payee name McCoys					
6 Amount (\$)	7 Payee address City; State; Zip Code					
\$25.97	. July State, Ep Court					
Reimbursement from political contributions intended		•				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Sign Supplies				
Date	Payee name					
09/25/2012	McCoys					
Amount (\$)	Payee address City; State; Zip Code					
\$23.00 Reimbursement from political contributions intended	Harlingen, TX 78552					
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	Advertising Expense	Sign Supplies				
biAt birwir will						
Date	Payee name					
09/10/2012	Office Depot					
Amount (\$)	Payee address City; State; Zip Code					
\$2.37 Reimbursement from political contributions intended						
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
OF	OTHER - Office Supplies	Post-its				
EXPENDITURE						
Date	Payee name					
09/18/2012	Office Depot					
Amount (\$)	Payee address City; State; Zip Code					
\$8.13 Reimbursement from political contributions intended	605 S Expressway 83 Harlingen, TX 78552					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Office Supplies	Description (If travel outside of Texas, complete Schedule T) Office supplies				
J						

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel in District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	THE MATROCHOM GOIDE EXPIRITS NO	ow to complete this form.
1 PAGE# Schedule: 3/4 Re	2 FILER NAME Leal, Victor (Mr.)	3 ACCOUNT # (TEC filers)
4 Date	5 Payee name	00000001
09/22/2012	Stripes	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$15.14		
Reimbursement from political contributions intended	Harlingen, TX 78552	
		Internal Control
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (if travel outside of Texas, complete Schedule T) Breakfast for Workers
OF EXPENDITURE	Toda Botolago Expolico	DIEGNIGST IOI AAOIVEI2
1 /11 1 /11 1 /11		
Date	Payee name	
08/27/2012	USPO	
Amount (\$)	Payee address City; State; Zip Code	
\$22.50	709 W 77 Sunshine Strip Harlingen, TX 78550	
Relmbursement from political contributions intended		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	OTHER - Postage	Stamps
EXPENDITURE		
İ		
201		
Date 09/24/2012	Payee name USPO	
Amount (\$)	Payee address City; State; Zip Code	
\$18.00	709 W 77 Sunshine Strip	
	Harlingen, TX 78550	
Reimbursement from political contributions intended		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	OTHER - Postage	Stamps
EXPENDITURE		
Date	Payee name	
09/16/2012	Vista Print	
Amount (\$)	Payee address City; State; Zip Code	
\$24.99	www.vistaprint.com	
Reimbursement from political contributions intended		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Push Cards
OF EXPENDITURE	•	
1		i

POLITICAL EXPENDITURES

SCHEDULE G

MADE FROM PERSONAL FUNDS				
Advertising Exp Accounting/Ban Consulting Exp Event Expense Fees	king Legal Services Solicitation/Fundraising Expense Transportation inse Food/Beverage Expense Travel In District Contributions/ Polling Expense Travel Out Of District Candidate/	ent/Reimbursement n Equipment & Related Expense Donations Made By Officeholder/Political Committee r a category not listed above)		
1 PAGE# Schedule: 4/4 R		3 ACCOUNT # (TEC filers 00000001		
4 Date 08/26/2012 6 Amount (\$)	5 Payee name Walmart 7 Payee address City; State; Zip Code			
\$5.38 Reimbursement from political contributions Intended	1801 W Lincoln Harlingen, TX 78552			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Office Supplies (b) Description (If travel outside Thank You Cards	of Texas, co, lete Schedule T)		
Date 09/05/2012	Payee name Walmart			
Amount (\$) \$10.76 Reimbursement from political contributions intended	Payee address City; State; Zip Code 1801 W Lincoln			
PURPOSE OF EXPENDITURE		of Texas, complete Schedule T)		