CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST	Å.	OFFICE USE ONLY
	NICKNAME LAST Marlie Son	Miller 1	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO ZEAG HAREJO DR		AN A
Change of Address	Lavede, 17.	10017	D 8:59 OFFICE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHÓNE NUMBER (956) 324-567		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST		Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Gaby Sanp	licuel	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL ZZIG HNE; C Laved, TK.	UITE #: CITY; STATE; 7) Dy. 78045	ZIP CODE
8 CAMPAIGN TREASURER PHONE	area code phone number (956) 645-	EXTENSION	
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7/1/2018	THROUGH	Day Year 30 / ZII &
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE Runoff Special	
12 OFFICE	OFFICE HELD (IF any) CTT3 & Lavedo Council Member Dizit I	13 OFFICE SOUGHT (if known)	,
		PAGE 2	

		EHOLDER EREPORT	FORM C/OH COVER SHEET PG 2	
14 C/OH NAME	Chav	ie Son Milvel 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			
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,750	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 470,15	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 43,341.49	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D PORTING PERIOD	** \$ 299400	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	[™] \$ 85,514	
Co	ANGELICA ARISP tary Public, State of mm. Expires 01-17- Notary ID 1314124	Texas 2022		

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEALABOVE

Sworn to and subscribed before me, by the said Carlos A. San Miguel day of October 14

to certify which, witness my hand and seal of office. Deputy Cite Secretan

Signature of Officer administering oath

Printed name of officer administering oath

, this the ____Q

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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19	FILER NAME	Ξ
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20	Filer ID (Ethics Commission Filers)

	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,750	<u>)</u> .
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONT	RIBUTIONS \$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$ 75,214	4
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM F	POLITICAL CONTRIBUTIONS \$ 43,34	49
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FRO	M POLITICAL CONTRIBUTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM P	ERSONAL FUNDS \$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIE	UTIONS TO A BUSINESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM	POLITICAL CONTRIBUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND RETURNED TO FILER	CONTRIBUTIONS \$	

SCHEDULE A1

-

The	Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1:
2 FILER NAME	Carlos A. Chailie	San Misul	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor LLTS Ville 6 Contributor address; City; Sta	PAC (ID#:)	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	NF XN A
Date	Full name of contributor Out-of-state F Sofe K. Mad de- Contributor address; City; Sta	PAC (ID#:)	Amount of contribution $($)$
Principal occup	bation / Job title (See Instructions)	Employer (See Instruc	tions)
_{Date} 1/19	Full name of confributor 🛛 out-of-state F RANT MAT HACZ Contributor address; City; Sta		Amount of contribution $($)$
Principal occu	bation / Job title (See Instructions)	Employer (See Instruct HWOA	KMIMIL
Date 1/20	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
		1	
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see in		
Forms provided by	Texas Ethics Commission www.ethi	cs.state.tx.us 750	S 1010 Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME CARLOS A. Charlie Son Mical	3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor □ out-of-state PAC (ID#:) 1/24 ACH i whe_ Beceive_ 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct	ions)	
Date Full name of contributor out-of-state PAC (ID#:) 1/24 6.0100000000000000000000000000000000000	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)	
Date Full name of contributor out-of-state PAC (ID#:) G/G Grid Ress; City; State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)	
Date Full name of contributor I out-of-state PAC (ID#:) Contributor Contributor Contributor Contributor Contributor Contributor	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED	
If contributor is out-of-state PAC, please see instruction guide for additional		

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MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 5 Fullname of contributor □ out-of-state PAC (ID#:) U/177 6 Contributor address; City; State; Zip Code		$\begin{array}{c} \hline \end{array} & \textbf{7} \text{ Amount of contribution ($)} \\ \hline \end{array} & \begin{array}{c} \end{array} & \begin{array}{c} \hline \end{array} & \begin{array}{c} \end{array} & \begin{array}{c} \hline \end{array} & \begin{array}{c} \end{array} & \begin{array}{c} \end{array} & \begin{array}{c} \end{array} & \end{array} & \begin{array}{c} \end{array} & \begin{array}{c} \end{array} & \begin{array}{c} \end{array} & \begin{array}{c} \end{array} & \end{array} & \begin{array}{c} \end{array} & \begin{array}{c} \end{array} & \end{array} & \begin{array}{c} \end{array} & \begin{array}{c} \end{array} & \end{array} & \end{array} & \begin{array}{c} \end{array} & \end{array} & \end{array} & \begin{array}{c} \end{array} & \end{array} & \end{array} & \end{array} & \begin{array}{c} \end{array} & \end{array} & \end{array} & \begin{array}{c} \end{array} & \end{array} & \end{array} & \end{array} & \begin{array}{c} \end{array} & \end{array} & \end{array} & \end{array} & \begin{array}{c} \end{array} & \end{array} $
B Principal occu	upation / Job title (See Instructions) 9 Employer (See In	Instructions)
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Date	Full name of contributor) Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Ir	
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Ir	structions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

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LOANS			SCHEDULE E
LUANS			
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	Carlos H. Charlie	"San Miguel	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$ 75,214
5 Date of loan	7 Name of lender Out-of-state	Misulsr.	9 Loan Amount (\$) 8775, 714
6 Is lender a financial Institution? Y N		State; Zip Code Nello, T. J., 75045	10 Interest rate 11 Maturity date
		/	MA
Principal occupation	on (Job title (See Instructions)	13 Employer (See Instructions)	Re aC
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
none			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable		State; Zip Code	
	(,		
Date of loan	Name of lender 🗌 out-of-state	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were	deposited into political
		account (See Instructions)	
GUARANTOR INFORMATION	Name of guarantor	·	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	·
if i	ATTACHADDITIONAL CO ender is out-of-state PAC, please see in	PIES OF THIS SCHEDULE AS NI struction guide for additional re	

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	EXPENDITURE	CATEGORIES FO	OR BOX 8(a)		
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1 Total pages Schedule F1:	2 FILER NAME	A Chali	e Sall A	3 Filer ID (Ethics C	ommission Filers)
4 Date 7/2	5 Payee name A 7 V	y Pro	Inc		
6 Amount (\$) e.e. \$5550,	7 Payee address; City; Sta	ate; Zip'Code	•		
8	(a) Category (See Categorie listed at the top	p of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertizer	iper-e		tside of Texas. Complete Sche n, TX, officeholder living exp	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	I	Office sought	Of	ficeheld
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	ATTACH ADDITIONAL CO	OPIES OF THIS SO	CHEDULE AS NEE	DED	
Forms provided by Texas Eth		w.ethics.state.tx.us			Revised 9/8/2015
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	EXPENDITURE CATEGO	RIES FOR BOX 8(a)		
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6 Amount (\$) \$7750.	7 Payee address; City State; Zip C	ode		
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	l Candidate / Officeholder name ł	Office sought	Office held	
Date 7/17	Payee name	ech		
Amount (\$)	Payee address; City; State; Zip C	ode		
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 7/17	Payee name G. + G.	Prodet tens		
Amount (\$) 43,500,	Payee address; City; State; Zip C	ode		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched CLUX EXPERS		Texas. Complete Schedule T. 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)	
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Forms provided by Texas Eth 4550	ics Commission www.ethics.sta	ແຕະເນັບອ	Revised 9/8/2015	

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EXPENDITURE CATEGORIES FOR BOX 8(a)						
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6 Amount (\$)	7 Payee address; City; State; Z	Zip Code				
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
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Amount (\$) 2501	Payee address; City; State; Z	Zip Code				
	Category (See Categories listed at the top of this :	Chack if travel outs	ide of Texas, Complete Schedule T.			
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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					
Forms provided by Texas Eth		cs.state.tx.us	Revised 9/8/2015			
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SCHEDULE F1

	EXPENDITURE CAT	EGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel In District Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)
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6 Amount (\$)	7 Payee address; City; State;	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Adverts	is schedule) (b) Description Checkif travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
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	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NEEDED
I Forms provided by Texas Eth	ics Commission www.eth	nics.state.tx.us Revised 9/8/20

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	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
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	ATTACH ADDITIONAL COPIEs	S OF THIS SCHEDULE AS NEEDED	
Forms provided by Texas Eth	nics Commission www.eth	ics.state.tx.us	Revised 9/8/2015

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Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
Forms provided by Texas Eth	nics Commission www.ethi	cs.state.tx.us	Revised 9/8/2015		
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	EXPENDITURE C	ATEGORIES FOR BOX 8(a)	<u> </u>
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6 Amount (\$)	7 Payee address; City:/Stat	te; Zip Čode	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Add-cithtfu	Check if travel	outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 7/26 Amount (\$)	Payee name Prodizy Payee address; City; Stat	re; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top Advertsus		outside of Texas, Complete Schedule T. tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<u> </u>	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE	EDED
Forms provided by Texas Ethi	ics Commission www	v.ethics.state.tx.us	Revised 9/8/2015
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SCHEDULE F1

		EXPENDITURE CAT	EGORIES F	OR BOX 8(a)	
Advertising Expense Event Expense Accounting/Banking Fees Consulting Expense Food/Beverage Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide expl			Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel In District Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)		
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4 Date 7/26	5 Payee na	me MAURE	Be	yhen	
6 Amount (\$) CZ	7 Payee ad	dress; City; State;	Zip Code	/	
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this A Labor	is schedule)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O		ite / Officeholder name	J	Office sought	Office held
Date 7/27	Payee na	Pro-M	lega	Sizh	S
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A dvertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		EventExpense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor	Travel In District Travel Out Of Dis	ulpment & Related Expense
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1 Total pages Schedule F1:	2 FILER N	Carles H.C.	houre	Som Mig	73 Filer ID (Et	hics Commission Filers)
4 Date 9/27	5 Payee na	ATW	Pr	o Inc	S. C.	
6 Amalint (\$)	7 Payee ad	idress; [¶] City; State;	Zip Code			
8	(a) Category	(See Categories listed at the top of th	ls schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Ac	eventravent			utside ofTexas. Comple n, TX, officeholder liv	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	I	Office sought		Office held
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