CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Elhics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MRS /MRS REX	JÉ M'A	OFFICE USE ONLY
INCHAIR:	NICKNAME LAST	SAS	Date Received
	• 111	(0/1)	APR8 '19 3:13PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	2424 SAVANNAH, EL	CITY: STATE: ZIP CODE PASO, TX 79930	
Change of Address		55	4/8/2010 80
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 247-8439	EXTENSION	Date Hand-delivered or Date Postmerked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST +	FRANK "D	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	C	HELLY	Date Imaged 4 8 2019
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S		ZIP CODE
TREASURER ADDRESS	900 HYRTLE #2	308, FI PASO.	Tx 79901
(Residence or Business)		8	77 77 (0)
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 933- 965	EXTENSION	20 ::
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
	= 7-		
10 PERIOD COVERED	02 / 11 / 19	HELI UHTIZ	Day Year
11 ELECTION	ELECTION DATE	SURE CHONG AND	Author in of
	Month Day Year Primary		-50 EEC.
	05/04/19 Senera	Special	
12 OFFICE	OFFICE HELD (fl any)	13 OFFICE SOUGHT (II know EPISD TI	rustee; District 3
			2
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 2**

CANDIDAT CAMPAIGN			FORM C/OH OVER SHEET PG 2
14 C/OH NAME	RENÉ V	ARGAS 15	Filer ID (Fthics Commission Filers)
6 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURI IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHO INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN JRES.	UT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
7 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	, \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,789.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2,177.33
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	* \$ 4,611.67
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$
18 AFFIDAVIT			
	E. ARACELI O NOTARY PUBL In and for the State of My commission or 05-29-201	C of Textes spires	
AFFIX NOTARY STAM	MP/SEALABOVE	0 1	em 1.1-
Sworn to and subse	cribed before me,	to certify which, witness my hand and seal of office.	, this the
day of Internal	0-9	to certify which, witness my hand and seal of office.	ν .
Signature of officer	administrator coth	Printed name of officer administering oath	Title of officer administering oath
organization of officer	Acres marching offit	· unton tituto et ettient dettinistatuià esti	The of other continuous out

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	ommission Filers)				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,789.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ N/A			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ N/A			
4.	4. SCHEDULE E: LOANS \$ N/A				
5. \square SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ \mathcal{A}_{j}					
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ N/A				
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ N/A				
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ N/A				
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ W/A				
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ NA				
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ N/A				
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ N /					

	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	RENÉ VARGAS	3 Filer ID (Ethics Commission Filers
	5 Full name of contributor out-of-state PAC (IDE:) Law Office of John Williams 6 Contributor address; City; State; Zip Code 119 E. San Antonio El Paso TX 79901 pation / Job title (See Instructions) 9 Employer (See Instructions) Scholars	7 Amount of contribution (\$) 175. ∞
Date 3(28/19	Full name of contributor cut-of-state PAC (ID# Davio) Witton Contributor address; City; State; Zip Code 2342 (alle de Colon Hesilla, WH 88045 ation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
Date 3(28) F Principal occup	Full name of contributor out-of-state PAC (IDF: Steve Fisher Contributor address: City: State: Zip Code 525 Cotto Way Sunst Height, El Paso TX 1902-381 ation / Job title (See Instructions) Employer (See Instructions)	<u></u>
3/28/A	Full name of contributor out-of-state PAC (IDA: Judge Salas Mandoza Campaign Contributor address; City; State; Zip Code POBOX 972962 E1 Paw TX 7997	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)

MONET	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	instruction Guide explains how to complete th	ls form.	1 Total pages Schedule A1: /O
FILER NAME	RENÉ VARGAS		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state P.	AC (IDs:)	7 Amount of contribution (\$)
3/28/19	Robert Storch Guadalus City; Sta		50.00
	1418 HAWTHORNE ST., EL	. Paso TX	
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		AC (ID#:)	Amount of contribution (\$)
3/29/19	Lilia B. Limon Contributor address; City; Sta 1301 Lonewood Dr., El Pa	ste; Zip Code	50.00
	1301 Lonewood Dr., El ra	150 1X 17175	
Principal occus	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor cut-of-state F	PAC (ID#:)	Amount of contribution (\$)
3/29/19	Carlos Alejandro Tristan DBA Contributor address; City: Sta	tTristanLaw ate; ZipCode	250.00
	809 Myrtle Ave. Bldg B, El Paso, TX 79901		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	itions)
Date	Full name of contributor Out-of-state 6	PAC (ID#	Amount of contribution (\$)
3/28/9	Law office of Lebec Car R. R. Contributor address; City; St	QYS ale; Zip Code	200.00
	129 H. Missowin El Pasoi T	× 79902	
Principal occu	upation / Job title (See instructions)	Employer (See Instruc	tions)

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	RENÉ VARGAS		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor aut-of-state PAC		7 Amount of contribution (\$)
	Donald A. Scharf LCSW 6 contributor address: City: State; PO Box 221181, El Paso, 1	zip Code × 79612	150. co
8 Principal occu	pation / Job title (See Instructions)	B Employer (See Instruct	lons)
Date	Full name of contributor		Amount of contribution (\$)
3/28/19	Annette Glico Feliciano Cas contributor address: Chy: State: 11119 LED Collins Dr. El Pas	Tanon Zip Code Zi, TX 7938	51.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#:	Amount of contribution (\$)
3/31/19	Donald R. Welch Contribution address; City; State; Zip Code 100.00 4133 Trowboldge Dr., El Paso, Tx 7993		100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
3/7/19	Full name of contributor cut-of-state PAC () Fermin Acosta JR Contributor address; City; State; 1334 LOMA VERDE, EL Pac	Zlp Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEI	EDED

MONE	TARY POLITICAL CONTRIB	UTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1: 10
2 FILER NAME	RENÉ VARGAS		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/19	5 Full name of contributor out-of-state PAC (IDS El Paso Frederation of Frachers 6 Contributor address; City; State: 4024 Trombridge Dr., El Paso	COPE	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 3/1/19	Full name of contributor Dout-of-state PAC (IDA		Amount of contribution (\$)
2((1)	Contributor address: City; state; 4007 Eton Lane, Austin,	Zip Code X 78727	150.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor		Amount of contribution (\$)
2/22/19	Ghalib A. Sevang. Ivonne Sevang. Contributor address; 12985 Kartyn Reece, El Paso	Ag- Zip Gode TX 79988	200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	216 -	Amount of contribution (\$)
2/20/19	Joe G. Jacinto Estate contributor address; City: State: 2 2725 Gold Ave, El Pas		100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THE CONTRIBUTION O		

MONET	TARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
The	instruction Guide explains how to complete this form	n.	1 Total pages Schedule A1:
2 FILER NAME	RENÉ VARGAS		3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state PAC (IDE) Carl A. Delkoats 6 Contributor address; City; State; 2 3218 Nederland Ln, El Po	10 Code 150, Tx 79986	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-ol-state PAC (IDE)		Amount of contribution (\$)
2/4/19	Annette Griew Feliciano Casta Contributor address: City: State: 2 11119 LEO Collins Dr., El Pasa	1000 2000 2000 2000	100.00
	<u> </u>	Employer (See Instructi	ions)
Date 2/11/19	Full name of contributor out-of-state PAC (ID#) Octavio Domingues Contributor address; Schy, State; 2 Z6 Kingus, El Paso, Tx 7	Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
2/11/A	Full name of contributor aut-of-state PAC (10#) Frank Chelly Contributor address; City; State; 2 2308 Myrtle # 2508 El Pa	ip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)

MONET	ARY POLITICAL CONTRIB	BUTIONS	SCHEDULE A1
The	instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: 10
2 FILER NAME	PENÉ VARGAS		3 Filer ID (Ethics Commission Filers)
3/3/19	5 Full name of contributor out-of-state PAC (Brian Livington 6 Contributor address; City; State; 6916 Congon Run Dr.,	Zip Code	7 Amount of contribution (\$)
		Employer (See Instructi	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/3/19	Octavio Domingues City; State;		115.00
	26 Kingery, El Paso, Tx		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date		(ID#:	Amount of contribution (\$)
3/9/19	Jeannette Diaz contributor address; City; State; 3142 Rod Maple, El Pa	zip Code So, Tx 79938	50.00
	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC . Ya aira Halm Contributor address; City; States	(ID#:)	Amount of contribution (\$)
3/11/19	2429 Gairloch, ElPa	zip Code 250, 1x 79925	50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ions)
	ATTACH ADDITIONAL COPIES O li contributor is out-of-state PAC, please see inst		

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	s instruction Guide expisins how to complete this form.	1 Total pages Schedule A1: 10
2 FILER NAME	RENÉ VARGAS	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor uut-oi-state PAC (IDs:	7 Amount of contribution (\$)
3/8/9	Haga Quevedo 6 Contributor address; City; State; Zip Code 421 Phil Hansen, Canutillo, TX 7983	50.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See	
Date	Full name of contributor	Amount of contribution (\$)
3/19/19	Porscha Brown Contributor address: City; State; ZIp Code 3504 Hix Son St., El Pago, TX 7990	20.00
Principal occup	pation / Job title (See Instructions) Employer (See I	
Date	Full name of contributor out-of-state_PAC (ID#:	
3/29/19	AMadeo Rivera Contributor address: City: State: Zip Code 4111 Westcity Ct. # 292, El PassiTX 79	50.00
	eation / Job title (See Instructions) Employer (See In	
Date 3/29/19	Full name of contributor out-ot-state PAC (IDA: Brian Livington Contributor address; City: State; Zip Code 6916 Cangon Rundr., El Paso TX7	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See In	
A	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
Date		(ID#:)	7 Amount of contribution (\$)
3/5/19	Challes Roadman 6 Contributor address; City; State 603 W 12th St., Austin, TX 7	; Zlp Code	100.00
	epation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		; (ID#:)	Amount of contribution (\$)
3/7/19	Genary J. Fu'er City; State 1323 Deset, Jewel, El Po	s; zip Code asp, IX 79912	200.00
Principal occu	pation / Job title (See Instructions)	Employer (See instruct	ions)
Date	Full name of contributor	C (IDH:)	Amount of contribution (\$)
3/7/R	Hark Sampson Contributor address; City; State	; Zip Code	250.00
	605 WOHOOF St., Austin, TX	78704	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 3/9/19	Full name of contributor out of state PACE Willoud Contributor address; City; State 1810 E. Cliff Dr., El f	e; Zip Code Pado, 79902	Amount of contribution (\$)
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	tions)

MONETARY POLITICAL CONTRIBUTION	NS SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 10
2 FILER NAME RENÉ VARGAS	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-pt-state PAC (IDs:	
3/7/19 Arturo Domingues 6 contributor address: Schy: State; Zip Code 3948 Las Vegas Dr., El Paso	79902 100.00
	(See Instructions)
Date Full name of contributor	
3/2/19 Pete Duarte City: State: Zip Code 9009 WH Burges Dr., El Paso, T	250.00
	(See Instructions)
Date Full name of contributor out-of-state PAC (IDs:	7 0 (0)
3/16/9 Christopher Sullivan City; State; Zip Code 9907 Pino Real Dr., El Paso, Tx 7	19912 150.00
Principal occupation / Job title (See Instructions) Employer	r (See Instructions)
Date Full name of contributor out-of-state PAC (IDs:	
03/21/9 Felipe Peralta contributor address; City; State; Zip Code 3424 Leavell Ave., El Paso, T	93.00
	r (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHI	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule At: (O
2 FILER NAME RENÉ VARGAS	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor cut-of-state PAC (IDS: FERMIN DORADO 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Inst	ructions)
Date Full name of contributor Out-of-state PAC (ID#:	_) Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Inst	iructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	S NEEDED Onal reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	· · · · · · · · · · · · · · · · · · ·
The Instruction Guide explains how to complete this form	m. 1 Total pages Schedule A2:
2 FILER NAME RENE VARGAS	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$
5 Date 6 Full name of contributor	8 Amount of 9 In-kind contribution Contribution \$ description
7 Contributor address; City; State; Zip Cod	Check if travel outside of Texas. Complete Schedule
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	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 out-of-state PAC (ID#:) Amount of In-kind contribution Contribution S description
Contributor address; City; State; Zip Co	Check if travel outside of Texas. Complete Schedule
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)	
ATTACH ADDITIONAL COPIES OF	

PLEDG	ED CONTRIBUTIONS		SCHEDULE B
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule	В:
2 FILER NAME	RENÉ VARGAS	3 Filer ID (Ethics Com	nmission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES	\$ \$	
5 Date	6 Full name of pledgor Out-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code	1 1	
10 Principal occu	upation / Job title (See Instructions) 11 Employer (See	<u> </u>	of Texas. Complete Schedule T.
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
Principal occur	pation / Job title (See Instructions) Employer (See		of Texas. Complete Schedule T.
Date	Full name of pledgor out of state PAC (ID#	Amount of Pledge \$	In-kind contribution description
School and	nation / Job title (See Instructions) Employer (Set		e of Texas, Complete Schedule T
Principal occi	upation / Job title (See Instructions) Employer (See	a menuchons)	
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
			e of Texas. Complete Schedule T
Principal occu	pation / Job title (See Instructions) Employer (Se	e Instructions)	
If	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL contributor is out-of-state PAC, please see instruction guide for		equirements.

PR8 119 3:14PM

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

Event Expense Fees Food/Beverage Expense Gitt/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)

Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Fthics Commission Filers) RENE VARGAS 4 Date 5 Payee name Burger King City; State; Zip Code 6 Amount (\$) 2809 Gateway Wed Blvd., El Paso, TX 79908 30,31 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Food (Bevoage Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Food for blockwalk voluntaers Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH - Dunkin Donats 4(8(19 Amount (\$) City; State; Zip Code Dyer St., El Paso, Tx 79924 31.79 Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Food/Berwage Expris OF Check if Austin, TX, officeholder living expense EXPENDITURE Food for blockwalk rdunteers Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Walmart Amount (\$) City: State: Zip Code 5631 Dyer St., El Paso, N 79904 7.92 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Brinting Exposer Check if Austin, TX, officeholder living expense EXPENDITURE Supplies for Signs Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

-	-	B. 9	
	 $\boldsymbol{\Lambda}$	IN I	•

SCHEDULE E

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
FILER NAME RENÉ VARGAS		3 Filer ID (Ethics Commission Filers	
TOTAL OF U	NITEMIZED LOANS		\$ \$
Date of loan	7 Name of lender 🖺 out-of-state	PAC (ID#:)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
2 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	Z SE
4 Description of Col	llateral	15 Check if personal funds were account (See Instructions)	deposited into political
none			
GUARANTOR INFORMATION	17 Name of guarantor	880	19 Amount Guaranteed (\$)
	18 Guarantor address: City:	State; Zip Code	
not applicable			
) Principal Occups	<u> </u>		
s Filicipal Occope	ation (See Instructions)	21 Employer (See Instructions)	3.1
Date of loan		21 Employer (See Instructions) PAC (ID#:)	Loan Amount (\$)
Date of loan Is lender a financial		PAC (ID#:)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (S)
Date of loan Is lender a financial institution? Y N	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$) Interest rate
Date of loan Is lender a financial institution? Y N	Name of lender out-of-state Lender address; City; ion / Job title (See Instructions)	PAC (ID#:) State; Zip Code	Loan Amount (S) Interest rate Maturity date
Date of loan Is lender a financial institution? Y N Principal occupat	Name of lender out-of-state Lender address; City; ion / Job title (See Instructions)	PAC (ID#:	Loan Amount (S) Interest rate Maturity date
Date of loan Is lender a financial institution? Y N Principal occupat Description of Color in none GUARANTOR	Name of lender out-of-state Lender address; City; ion / Job title (See Instructions)	PAC (ID#:	Loan Amount (S) Interest rate Maturity date deposited into political
Date of loan Is lender a financial institution? Y N Principal occupat Description of Color in none GUARANTOR	Name of lender out-of-state Lender address; City; lion / Job title (See Instructions) Mame of guarantor Guarantor address; City;	PAC (ID#:) State: Zip Code Employer (See Instructions) Check if personal funds were account (See Instructions)	Loan Amount (S) Interest rate Maturity date deposited into political
Date of loan Is lender a financial institution? Y N Principal occupat Description of Col none GUARANTOR INFORMATION	Name of lender out-of-state Lender address; City; lion / Job title (See Instructions) Mame of guarantor Guarantor address; City;	PAC (ID#:) State: Zip Code Employer (See Instructions) Check if personal funds were account (See Instructions)	Loan Amount (S) Interest rate Maturity date deposited into political

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

Event Expense Fees Food/Beverage Expense Gtt/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.	
1 Total pages Schedule Ft	2 FILER NAME RENE VARGA-	S	3 Filer ID (Fthics Commission Filers)
4 Date 3 3 19	5 Payee name Dunkin Dona	1	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
49.10	9114 Dyer st., El 7	aso, Tx	79924
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	17
PURPOSE	0/5	Check if travel o	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Food Beverage Expers	Check if Austli	n, TX, officeholder living expense
	U	F300 for	Blockwalk volunteer
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
36/19	Walmost		
Amount (\$)	Payee address; City; State; Zip Code	_	
53.67	5631 Dyer St., El	Pass, W	79904
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	D. 4. +	Check#fravelout	tside of Texas. Complete Schedule T.
OF EXPENDITURE	Rinting Expense		, TX, officeholder living expense
		Supplies to	० १ क्रिया
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 28	Payee name		
3/19	5 Points Bistro		
Amount (\$)	Payee address; City; State; Zip Code		
155.93	3019 91 ontain Ave, El	Paso, 1x	.79903
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	End/Parlanas Image	Check if travel out	iside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expens	Check if Austin,	TX, officeholder living expense
		Fundra	eiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDIU E AC NEE	DED

1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Offi Food/Beverage Expense Pol Offi/Awards/Memorials Expense Prin	ce Overhead/Rental Expense ling Expense nting Expense aries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME RENE VARG	its 3	Filer ID (Ethics Commission Filers)
4 Date 3/28/19	5 Payee name 5 Points Bis	to	
200.05	7 Payee address; City; State; Zip Co		79903
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Exp	Check if travel outsk	de til Texas. Complete Schedule T. X., officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/28/19	Tristan W. Bouill	8	
Amount (\$)	Payee address; City; State; Zip Co	de	
100.00	501 N. Kansas, s	wite 100, El Pa	50, TX 79901
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	Check If travel outside	e ci Texas. Complete Schedule T. G. officeholder fiving expense Points Bisto
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/26/19	Phoenix Palace Re	2	
Amount (\$)	Payee address; City; State; Zip Co.	de	
51.3	1501 E. Yandell I	Σ1.	
PURPOSE OF EXPENDITURE	Food Beverage Expense	Check if travel outside	of Texas. Complete Schedule T. I, officeholder Hving expense et no with Constitut
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED!	D

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polking 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 c	complete this form.
1 Total pages Schedule F1:	2 FILER NAME RENE VARGA-	S Filer ID (Ethics Commission Filers)
4 Date 3/23/19	5 Payee name Dunkler Donat	3
6 Amount (\$)	7 Payee address; City; State; Zip Code	
34.62	9114 Dyer St., El	Paso, TX 79924
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Food/Bernsog typens	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Blockwalk volution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/23/ A	El Paso Bakesg	
Amount (\$)	Payee address; City; State; Zip Code	
36.39	3300 Fort Blub, El 7	aso, Tx 79930
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	T 1/2 T	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food (Beverage Expense	Check if Austin, TX, officeholder living expense
		7006 for Blockwalk volunteer
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/22/19	Lowels	
Amount (\$)	Payee address; City; State; Zip Code	
35.75	4531 Woodson Bean	Fransmin, El Paso, Tx 79924
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	D. du T	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Painting Expenses	Check if Austin, TX, officeholder living expense
		Supplies for signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

SCHEDULE F1

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Glt/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagea/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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (E-ties Commission Filers) VARGAS 4 Date 5 Payee name 6 Amount (S) 7 Payee address; St. El Paso, TX 7904 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Chack it travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH Date arde str. 3/21/19 Amount (\$) City; State; Zip Code Nevada Ave, El Paso, Tx 79702 1,214,57 Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas, Complete Schedule T. Printing Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Signs -Office sought Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH Рауее пате 3/17/19 Lowels Amount (\$) 9L Payee address; City; State; Zip Code Woodrow Bear Transato, El Paso, N. 79924 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Printing Expense Check If Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office held 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

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

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

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 RENE VARGAS 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address: 30.31 N. Riedlas 2313 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T, Political advertising Printing Expense Check If Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 3/1/19 Squalespace Inc. Amount (\$) City; State; Zip Code 459 Broadway, New York, NY100 B 20.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Consulting Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Internet Website Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 3/1/19 Squarespace Inc. City: State: Zip Code Squarespace, 459 Broadway, New York, NY 10013 28.15 Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Consulting Expense Check if Austin, TX, officeholder living expense EXPENDITURE Internet Website Candidate / Officeholder name Complete ONLY If direct Office sought Office held expenditure to benefit C/OH

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
Custificant Payment

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed shows)

PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Paves of the control of the	name Squares address; City; State 59 Broadway Dry (See Categories listed at the top of AS 4/Hng Expension idate / Officeholder name	Pace I le; Zip Code 1 New 16 of this schedule)	(b) Description Check # travel ou Check if Austin	3 Filer ID (Ethics Co.) 3 Filer ID (Ethics Co.) 5 O 13 Aside of Texas. Complete Sched 1, TX, officeholder living expe	ule T.
6 Amount (\$) 7 Payee 27.89 4. 8 PURPOSE OF EXPENDITURE COX	name Squares address; City; State 59 Broadway Dry (See Categories listed at the top of AS 4 Hry Expension idate / Officeholder name	Pace I le; Zip Code 1 New 16 of this schedule)	(b) Description Check # travel ou Check if Austin	riside of Texas. Complete Sched	ense
8 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Paves of the control of th	59 Broadway Dry (See Categories listed at the top of AS 4/Hng Expense idate / Officeholder name	1 New Hood of this schedule)	(b) Description Check if travel ou Check if Austin	riside of Texas. Complete Sched	ense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Paves of	nSulting Expensional Expension of the control of th		Check if travel ou Check if Austin	, TX, officeholder living expe	ense
Date Paves n			Office		e
Date Payee n			Office sought	Offi	ce held
	Sprout Far	rmers	Market		q.
Amount (\$) Payee a	1801 Gatew		lvd, Elfa	Beso, Tx	79925
PURPOSE	y (See Calegories listed at the top of		Check if Austin,	ide of Texas. Complete Schedule TX, officeholder Hving expens	ie.
Complete ONLY if direct Candid expenditure to benefit C/OH	late / Officeholder name		Office sought		e held
Date Payee no	ame			- X	
Amount (\$) Payee ac	ddress; City; State;	Zip Code			
PURPOSE OF EXPENDITURE	(See Categories listed at the top of the	nis schedule)		de of Texas. Complete Schedule X, officaholder living expense	
Complete ONLY if direct Candida expenditure to benefit C/OH	ate / Officeholder name		Office sought	Offic	e held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gitl/Awayds/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 comple	ete this form.
1 Total pages Schedule F2:	2 FILER NAME RENÉ VARGAS	3 Filer ID (Fibics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	s Ø
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office	sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	9
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if Iraveloutside of Texas. Complete Schedule T. Check if Austin, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office	sought Office held
3	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

	iase of investments made political contributions	N/A	SCHEDULE F3
1	The Instruction Guide explains how to complete this form.	1 Total pages	Schedule F3:
FILER NAME	RENE VARGAS	3 Filer ID (FII	olee Commission Filers)
Date	5 Name of person from whom investment is purchased	77	
	6 Address of person from whom investment is purchased;		ale; Zip Code
	7 Description of Investment		
	8 Amount of investment (\$)		
Date	Name of person from whom investment is purchased		
	Address of person from whom investment is purchased;		zie; Zip Code
	Description of investment		
			9
	Amount of investment (\$)		
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officebokker/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enters extension) cell listed above)

Candidate/Officeholder/Politic	al Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F4:		3 Filer ID (Ethics Com ' ' Flers)
l Total pages Schedule P4.	2 FILER NAME RENE VARGAS	3 Pilet ID (Ellics Con Ters)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREDIT CARD	s Ø
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; Clty; State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ption
PURPOSE	Che	eck if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		eck il Austin, TX, officeholder living expense
		3
11 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought	Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
	Category (See Categories listed at the top of this schedule) Descri	iption
PURPOSE		eck if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Сп	eck il Auslin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought OH	Office held
		W
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

NA

SCHEDULE G

APR8 19 3:14PM

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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhoad/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.

Total pages Schedule G:	2 FILER NAME RENÉ VAR	5AS 3 Filer ID (Ethics Commission Filers
Date	5 Payee name		
Amount (\$)	7 Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check If travel outside of Texas. Complete Check If Austin, TX, officeholder livi	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check If travel outside of Texas. Complet Check If Austin. TX, officeholder liv	
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Comple Check If Austin, TX, officeholder liv	
Complete ONLY if direct expenditure to benefit C		Office sought	Office held

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

NA

SCHEDULE H

MPRS 119 3115PM

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/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 calegory not listed above)

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 H: FILER NAME 3 Em 4 Date Business name 6 Amount (\$) Business address; City: State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY II direct Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to com	plete this form.
7 Total pages Schedule I:	2 FILER NAME RENE VARG	AS Filter 1D (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code .	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payes name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

VA

SCHEDULE K

The	1 Total pages Schedule K:					
2 FILER NAME	RENÉ VARGAS	3 Filer ID (Ethics Commission Eleva)				
4 Date	5 Name of person from whom amount is received	8 Amount (\$)				
	6 Address of person from whom amount is received; City; State;	Zip Code				
	7 Purpose for which amount is received Check if	political contribution returned to filer				
Date	Name of person from whom amount is received	Amount (\$)				
	Address of person from whom amount is received; City; State	; Zip Code				
	Purpose for which amount is received Check If	political contribution returned to filer				
Date	Name of person from whom amount is received	- Amount (\$)				
_	Address of person from whom amount is received; City; State;	Zip Code				
	Purpose for which amount is received Check if	political contribution returned to filer				
Date	Name of person from whom amount is received	Amount (\$)				
	Address of person from whom amount is received; City: State	; Zip Code				
	Purpose for which amount is received Check if	political contribution returned to filer				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

IN-KIND CO FOR TRAVE			IS OR POLIT			SCHEDULE T	
The Instruction Guide explains how to complete this form.					1 Total pages Schedule T;		
2 FILER NAME	FILER NAME RENÉ VARGAS					in the latest the late	
4 Name of Contributor	Corporation of	or Labor C	Organization / Pledgor /	Payee			
5 Contribution / Expend	iture reported	on:					
Schedule A2	Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1						
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-U	C Schedule B-SS	
6 Dates of travel	7 Name of person(s) traveling						
	8 Departur	e city or r	name of departure locat	ion			
	9 Destination city or name of destination location					4	
10 Means of transportat	ion	11 Purp	ose of travel (including	name of conference, s	eminar, or other event)		
Name of Contributor	/ Corporation	or Labor (Organization / Pledgor /	Payee			
Contribution / Expend	liture reported	on:			187-3	NACE OF	
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-U	C Schedule B-SS	
Dates of travel	Name o	i person(:	s) traveling				
	Departu	re city or I	name of departure locat	ion			
	Destinat	ion city o	r name of destination lo	cation	1 4		
Means of transporta	tion	Purp	ose of travel (including	name of conference,	seminar, or other event)		
Name of Contributor	/ Corporation	or Labor	Organization / Pledgor /	/ Payee			
Contribution / Expen	diture reported	l on:		-			
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-U	C Schedule B-SS	
Dates of travel	Name o	f person(s) traveling				
	Departure city or name of departure location						
	Destinat	ion city o	r name of destination to	ecation			
Means of transports	tion	Purp	pose of travel (including	name of conference,	seminar, or other event)		
	Δ.	ITACH 4	ADDITIONAL COPIES	OF THIS SCHEDUI	F AS NEEDED		

MPR8 '19 315PM

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. - Complete only if "Report Type" on page 1 is marked "Final Report" -RENT VARGAS 1 C/OH NAME 2 Filer ID (Ethics Commission Filers) **3 SIGNATURE** I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER -- Complete A & B below only if you are not an officeholder. --**CAMPAIGN FUNDS** Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filling this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. **ASSETS** Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate **OFFICEHOLDER** · Complete this section only if you are an officeholder · I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder