CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

					
The C/OH Instruction G	ulde explains how to complete this		Pr ID (Ethics Commission Filers)	2 Total pages file	
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS MR FIRST	RENÉ	MI A	OFFICE	USE ONLY
	NICKNAME LAST		SUFFIX	Daté Hacelneo	
		VARG	45		
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE		
OFFICEHOLDER MAILING ADDRESS	2424 SAVANN	AH, EL	PASO,	APR2	6 '19 3:15PN I
Change of Address	TX 79930			11	1 6
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 247-80		EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	FRAN	K M D	Receipt #	Amount \$
TREASURER NAME		マン・・・・・・・・・		Date Processed	
	NICKNAME LAST	CHEL	LY SUFFIX	Date imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #;	CITY; STATE;	ZIP CODE	
TREASURER ADDRESS	900 HYRTLE	# 2308	, FI DAGG	TV 70	'amı
(Residence or Business)	100 11 (161.00	7 11 4200	1 64 11100	, 12 11	101
8 CAMPAIGN	AREA CODE PHONE NUMBE	B	EXTENSION		
TREASURER	(713) 933-96		enteroren		
PHONE	10/100 10	<i>-</i>			
-					
9 REPORT TYPE	January 15 30th	day before election	Runott	15th day aft treasurer ag (Officeholde	
	July 15 Sth da	ay before election	Exceeded \$500 limit		rt (Attach C/OH - FR)
					,
10 PERIOD	Month Day Y	ear	Month	Day Year	
COVERED	04 /08/19	7 тн	ROUGH 04 /	/26 / 19	
11 ELECTION	ELECTION DATE		ELECTION TYP	E	
	Month Day Year	Primary	Runotf Other Description		
	05/04/9	General 🔲	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (II know	vn)	
	21/-		EPISD		
	N/A		TRUSTET	E NICTOR	CT 2
			IKUSIE	E , DISIKI	ر ان
GO TO PAGE 2					
1					

MARIET PI ROADE

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	RENÉ	VARGAS 15 FIR	er 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'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
8	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	* ×	
	SPECIFIC	COMMITTEE ADDRESS	
	-69		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		10	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	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)	\$ 452.98
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4,121.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 7,24.3]		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		
18 AFFIDAVIT			
		I swear, or affirm, under penalty of perjury, true and correct and includes all information under Title 15, Election Code.	
Signature of Candidate & Officeholder			
Signature of Candidate-òr Officeholder			
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsc	ribed before me, l	by the said Line Varaas	_, this the 2014
day of Qeri, 20 19, to certify which, witness my hand and seal of office.			
Corne L. Cervantes notary suble			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME RENE VARGAS 20 Filer ID (Ethics Con		
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 310.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 142.98	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		
4.	4. SCHEDULE E: LOANS		
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	\$		
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		
1			

MONE	TARY POLITICAL CONTR	RIBUTIONS	SCHEDULE A1
	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	RENÉ VARGAS		3 Filer ID (Ethics Commission Filers)
3/28/19	Full name of contributor out-of-state P) Hathew Hattney Gontributor address; City; State 436 (OUTTG SKS Dr. E)	le: zip code 1 Paso, Tx 79732	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	
	Estella Garda Contributor address; City: Stat 11466 ED Mercins Dr.,	e; zip Code El Paso IX 7993	Amount of contribution (\$) 50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lions)
3/28/19	Full name of contributor cut-of-state PA		Amount of contribution (\$)
	nation / Job title (See Instructions)	Employer (See Instruct	ions)
3/28/19	Full name of contributor out-of-state PAC OF ING APPASONER Contributor address; City; State 3424 Leavel Ave., El		Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE uction guide for additional r	EDED eporting requirements.

The Instruction Guide explains how to complete this form. 2 FILER NAME PENE VARGAS 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (IDF) 7 Amount of contribution (\$) 3/28/A	MONE	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
4 Date 5 Full name of contributor out-of-state PAC (IDF Amount of contribution (\$) 3/28/A	The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 2
3/28/9 Town Carlos Silva 20.00 2	2 FILER NAME	RENÉ VARGAS		3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions) 9		Juan Carlos Silva 6 Contributor address; City; State	e; Zip Code	
Anthony Ar Mexicani 3 Contributor address; City: State: Zip Code 2409 Savannah, El Paso, TX 79930 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Full name of contributor Rockie Rodrigues Contributor address: City: State: Zip Code Po Box 475, Do atur, GA 30031 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-slate PAC (IDs: Amount of contribution (\$)	8 Principal occu			ations)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Rockie Rodrigues Contributor address; City: State: Zip Code Po Box 475, De Catur, GA 3003 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (IDs: Amount of contribution (\$) Contributor address; City: State: Zip Code			; Zip Code	
Principal occupation / Job title (See Instructions) Pate Full name of contributor Contributor address; City: State; Zip Code IOO-OO Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City: State; Zip Code				tions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#		Rockie Rodrigues Contributor address; Po Box 475, De catur,	Zip Code GA 3003	
Contributor address; City; State; Zip Code Amount of contribution (\$)	Principal occupa	ation / Job title (See Instructions)		lions)
Principal occupation / Job title (See Instructions)	Date	Contributes and a second secon		Amount of contribution (\$)
Chiployal (See Instructions)	Principal occupa	tion / Job title (See Instructions)	Employer (See Instruct	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

NON-	MONETARY (IN-KIND) POLITICATIONS	CAL	SCHEDULE A2
Т	he instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAM	F RENÉ VARGAS	V	3 Filer ID (Ethics Commission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 142.98
5 Date	6 Full name of contributor out-of-state PAC (IDE:	S COPE Tx 79903	8 Amount of . 9 In-kind contribution description 142.98 Hailers Check if travel outside of Texas. Complete Schedule T.
<u> </u>	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of . In-kind contribution Contribution \$. description
'	Contributor address; City; State; Zip Co	de	:
			Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	ator's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law tirm (FOR JUDICIAL) Law tirm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
			**

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

PLEDG	SED CONTRIBUTIONS		SCHEDULE B
The	Instruction Guide explains how to complete this form.	1 Total pages Sched	ule B:
2 FILER NAME	RENÉ VARGAS	3 Filer ID (Ethics C	Commission Filers)
	UNITEMIZED PLEDGES	\$ \$	
5 Date	6 Full name of pledgor	8 Amount of Pledge \$. 9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
		Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instructions) 11 Employer (See	Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
:	Pledgor address; City; State; Zip Code		
		Check If travel outsi	de of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions) Employer (See		
Date	Full name of pledgor	Amount of Pledge \$	in-kind contribution description
	Pledgor address; City; State; Zip Code		
		Check if travel outsi	de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		·
		Check if travel outsi	de of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions) Employer (See		do or rexast dompate densations.
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL		
	contributor is out-of-state PAC, please see instruction guide for	additional reporting	requirements.

LOANS	SCHEDULE E		
The Instruction Guide explains how to comple	ete this form. 1 Total pages Schedule E:		
2 FILER NAME RENÉ VARGAS	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED LOANS	\$ Ø		
5 Date of loan 7 Name of lenderout-of-state P/	AC (ID#:) 9 Loan Amount (\$)		
6 Is lender a financial Institution? 8 Lender address; City; Si	tate; Zip Code 10 Interest rate		
Y N	11 Maturity date		
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Collateral none	15 Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR 17 Name of guarantor INFORMATION	19 Amount Guaranteed (\$)		
18 Guarantor address; City; State; Zip Code			
20 Principal Occupation (See Instructions) 21 Employer (See Instructions)			
Date of loan Name of lender out-of-state P	PAC (ID#:) Loan Amount (\$)		
Is lender Lender address; City; Si a financial Institution?	State; Zip Code Interest rate		
YN	Maturity date		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Description of Collateral	Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR Name of guarantor INFORMATION	Amount Guaranleed (\$)		
Guarantor address; City; S	State; Zip Code		
☐ not applicable			
Principal Occupation (See Instructions) Employer (See Instructions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Consulting Expense Solicitation/Fundralsing Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Contributions/Donations Made By Polling Expense Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Salaries/Wages/Contract Labor Credit Card Payment 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 (Ethics Commission Filers) VARGAS 5 Payee name POINTS HARDWARE 6 Amount (\$) 7 Payes address: City; State; Zip Code Pershing Dr., El Paso, Tx 79930 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Printing Expense Check if Austin, TX, officeholder living expense EXPENDITURE Supplies for Signs 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name 4/13/19 PASO'S BAKERY Amount (\$) Payee address; 3300 Fort Blvd., El Paso, TX 79930 20.51 Category (See Categories listed at the top of this schedule) Description PURPOSE Check If travel outside of Texas. Complete Schedule T. Food/Beverage Expense Check if Austin, TX, officeholder living expense Food for blockwalk & volunteers Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date 4/9/19 PROPER PRINTSHOP Amount (\$) City; State; Zip Code 800 Montana Ave, El Paso, TX 79902 Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. Printing Expense. EXPENDITURE Check if Austin, TX, officeholder living expense

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

SCHEDULE F1 APR26 19 3:15PN

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

Event Expense Fees Food/Beverage Expense Glft/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 above)

Credit Card Payment	The instruction Guide explains how to	Complete this form
1 Total pages Schedule F	PENÉ VARG	
4 Date 4/22/19	5 Payee name SUN CIRCLE	
6 Amount (\$)	7 Payee address; City; State; Zip Code	7. 2.
1, 896.55	7:	Paso, Tx 79907
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense	Postcards, Signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
4/19/19	EL PASO'S BAKE	ERY
Amount (\$)	Payee address; City; State; Zip Code	
15.16	3300 Fort Blvd, El A	280, Tx 79930
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Yexas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for blockwalk & volunteers
Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4/19/19	DUNKIN' DONC	2.70
Amount (\$)	Payee address; City: State; Zip Code	
36.27	9114 Dyer St., El Pa	150, TX 79924
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Cherk Harand outside at Taxon Co.
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for blockwalky volunteers
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDIU F AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F1

6Ph
G
12
PR26

	EXPENDITURE CATEGORIES	FOR TOWALL
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E Git/Awards/Memorials Expense Printing cal Committee Legal Services Salaries	payment/Reimbursement Solicitation/Fundraising Expense Expense Transportation Equipment & Related Expense Expense Travel I olistrict Wages/Contract Labor Other (enter a category not set ed above)
1 744	The instruction Guide explains how to	complete this form.
1 Total pages Schedule F	1: 2 FILER NAME RENE VARG	A C 3 Filer ID (Ethics Commission Filers)
4 Date 411 - 1 0	E Barras was	
4/25/19	SUN CIRCL	ESTR
6 Amount (\$)	7 Payee address; City; State; Zip Code	
2ن.1,633		e, El Paso, Tx 7990
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	7.1. 7	Check il travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense
		Posteaudy signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4/13/17	DUNKIN'S DON	270
Amount (\$)	Payee address; City; State; Zip Code	
26.79		El Pasa Tx 79924
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	a ./a =	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Experse	Check if Austin, TX, officeholder living expense
	, - J	Foodforblockwark & volunteers
Complete ONLY if direct	Candidate / Officeholder name	
expenditure to benefit C/OH		Office sought Office held
Date	Payee name	
	t dyochane	
Amount (\$)	Payee address; City; State; Zip Code	
1	ar out mp odds	
	Category (See Categories listed at the top of this schedule)	
PURPOSE	and the state of t	Description Check # transfer and to the
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	}	expense
Complete ONLY II alterni	Condition (Oran	
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED
1		

RPR26 19 3:16PM

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The instruction Guide explains how to complete this form.			
1 Total pages Schedule F2:	2 FILER NAME RENÉ VARGAS	3 Filer ID (Ethics 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 Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	Political Non-Political		
PURPOSE OF Expenditure	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense	
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			

HPR26 '19 3:16PM

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

ī	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3;
2 FILER NAME	RENÉ VARGAS	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; State; 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; City	y; State; Zip Code
.5	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category and listed above)

Candidate/Officeholder/Politic	al Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F4:	2 FILER NAME RENE VARGAS 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date	6 Payee name
7 Amount (\$)	8 Payee address; City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
CAPENDITORE	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
	Category (See Categories listed at the top of this schedule) Description
PURPOSE	Check il travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Check If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
,	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

RPR26 '19 3:16PM

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Office of Polling anse Printing Salarie	lepayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAM	ME RENÉ	VARG	AS	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee nam	ge Q	グ		
6 Amount (\$)	7 Payee add	ress; City; Stat	te; Zip Code		
Reimbursement from political contributions intended	- 6				
8 PURPOSE OF EXPENDITURE	(a) Category (S	See Categories listed at the top	of this schedule)		de of Texas, Complete Schedule T. FX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ite / Officeholder name		Office sought	Office held
Date	Payee nam	е			
Amount (\$)	Payee adde	ress; City; Stat	te; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (s	see Categories listed at the top of	of this schedule)		de of Texas. Complete Schedule T. FX, officeholder flying expense
Complete ONLY If direct expenditure to benefit C/C		te / Officeholder name		Office sought	Office held
Date	Payee nam	е			
Amount (\$)	Payee addi	ress; City; Stat	e; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (S	see Categories listed at the top of	ol this schedule)	1000000	de of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		te / Officeholder name		Office sought	Office held
	ATTAC	CH ADDITIONAL COP	IES OF THIS	SCHEDULE AS NEEL	DED

EXPENDITURE CATEGORIES FOR BOX 8(a)

HPR26 '19 3:16PM

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

SCHEDULE H

Advantator France		E CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	cal Committee Legal Services		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule H:		VARGAS	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	K	
6 Amount (\$)	7 Business address; City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	Check if travel outside	e of Texas. Complete Schedule T. K, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	ne Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; S	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the	Check if travel outside	e of Texas. Complete Schedule T. C, officeholder Illving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nam	e Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; 5	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the	Check if travel outside	e of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder nam	ne Office sought	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS NEE	EDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	1 2 FILER NAME RENÉ VARGAS	3 Filer ID (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) Descript required.)	tion (See instructions regarding type of information	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code	S	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Descript required.)	tion (See instructions regarding type of information	
Date	Payee name		
Amount (\$)	Payee address; City: State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable Descript categories.)	tion (See Instructions regarding type of Information	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Descript required.}	tion (See instructions regarding type of information	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

M98115 91 30999

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

SCHEDULE K

The Instruction Guide explains how to complete this form.				
2 FILER NAME	RENÉ VARGAS	3 Filer ID (Ethics	s Commission Filers)	
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
0.40	6 Address of person from whom amount is received; City; State;	Zip Code		
	7 Purpose for which amount is received	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;			
	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				

RPR26 19 3416PM

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS SCHEDULE T The Instruction Guide explains how to complete this form. 1 Total pages Schedule T: 2 FILER NAME 3 Filer ID (Ethlcs Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS 6 Dates of travel 7 Name of person(s) traveling 8. Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule D Schedule C2 Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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" · 1 C/OH NAME RENÉ VARGAS 2 Filer ID (Ethics Commission Filers) 3 SIGNATURE t 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 filing 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. В. **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 ·· 1 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