Janet L. Leal

Fhe JC/OH Instruction	Guide explains how to complete this	1 Filer ID (Ethics Commis 00058460	sion Filers)	2 Total pages filed:	
CANDIDATE /	MS/MRS/MR FIRST		MI	OFFICE US	EDONIL MILINIT
OFFICEHOLDER NAME	The Honorable Janet	L.		DEPARTME	NT OF ELECT
(ACIAIC				VOTEF	REGISTRATI
					11 7 20 004
	NICKNAME LAST		SUFFIX	J <i>F</i>	N 17 201
	Leal				BENED.
CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE	Date Hand-delivered or Dat BY:	e Postmarked		
MAILING	103rd District Court			Mary Commence of the Commence	
ADDRESS	974 East Harrison Street			Receipt #	mount
Change of Address	Brownsville, TX 78520			Date Processed	
_	Ì			Date Fracessed	
				Date Imaged	
CAMPAIGN	MS/MRS/MR FIRST			MI	
TREASURER	Mr. Cheste	er R.			
NAME					
	NICKNAME LAST	***************************************	***************************************	SUFFIX	
	Gonza	lez		001117	
CAMPAIGN	STREET ADDRESS (NO PO BOX PL	EV6E). VD.	/ SUITE#; CITY;	STATE	ZIP COD
TREASURER	117 E. Price Rd.	LAOL), AN	7 3011 E #, G111,	SIAIL	2111 000
ADDRESS	117 2.7 1100 7.4.				
(Residence or Business)	Brownsydle TV 79520				
	Brownsville, TX 78520				
CAMPAIGN	AREA CODE PHONE NUME	ER EXTENSION			
TREASURER PHONE	(956) 550-9550				
FIONE					
REPORT					
TYPE	X January 15 30th c	lay before election	Runoff	15th day after campai appointment (officeho	
	July 15 8th da	y before election	Exceeded \$500 limit	Final Report (Attach C	-,
		′ Ц]	
PERIOD	Month Day Year		Month Day	Year	
COVERED	07/01/2016	THROUGH	12/31/2016		
DELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year	Primary	Runoff	Other	
		General	Special	<u></u>	
		LI General	Special		
LOFFICE	OFFICE HELD (#)		12 OFFICE SOUGHT	COLUMN N	
LOFFICE	OFFICE HELD (if any) District Judge District 103 Camero				
	District and E District 102 Calliero	"	District Judge Dis	uict 105	

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 14

13 C / OH NAME	14 Filer ID (00058460	(Ethics Commission Filers)								
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to difficeholders are required to report this information	he candidate's or office	eholder's knowledge or						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
	GENERAL	COMMITTEE ADDRESS								
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS							
16 CONTIBUTION TOTALS		L AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	HAN PLEDGES,	\$ 0.00						
	1	ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 0,00						
EXPENDITURE TOTALS		AL EXPENDITURES OF \$100 OR LESS, UNLESS	·	\$ 0.00						
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 9,965.90						
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 20,190.29						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00						
17 AFFADAVIT	* :::			•						
	JUDITH E KRAUSE Votary Public, State of Texas My Commission Expires 02-05-2019	I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code. Signature of	I information required t	o be reported by me						
AFFIX NO	TARY STAMP / SEAL ABO	OVE								
Sworn to and subso	ribed before me, by the sa	aid JANET L. LEAL writing which, witness my hand and seal of office.	, this the	day						
Signature of office	Signature of officer administering oath Printed name of officer administering oath Notary Public Title of officer administering oath									

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 14
18 FiLE Leal		ME et L. (The Honorable)	19 Filer ID 00058460	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2,		\$		
3,		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 9,965.90
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		\$		
8.		\$		
9.		\$		
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Event Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Consulting Expense Contributions/ Donations Made By -Polling Expense Printing Expense Salaries/Wages/Contract Labor Glft/Awards/Memorials Expense Travel Out of District OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 1/11 Rpt: 4/14 Leal, Janet L. (The Honorable) 00058460 4 Date Payee name 08/12/2016 Brownsville Herald 6 Amount (\$) Payee address; State; Zip Code \$250.00 1135 E Van Buren Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sponsorship for Newspaper In Education -Advertisement Fee (Gallegos Elementary) Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/31/2016 Brownsville Society for the Prevention of Cruelty to Animals State; Zip Code Payee address; City; Amount (\$) \$500.00 PO Box 4975 Brownsville, TX 78523-4975 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sponsor - 8th Annual Fundraiser Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 12/16/2016 Cameron County Amount (\$) Payee address; City; State; Zip Code \$200.00 1100 E. Monroe Street Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Contribution - Cameron County Employee Christmas Dinner and Dance Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/11 Rpt: 5/14	Leal, Janet L. (The Honorable) 00058460
4	Date	5 Payee name
	08/23/2016	Cameron County Bar Association, Women's Law Section
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	103 E. Price Road
		Suite B
		Brownsville, TX 78521
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee
		Sponsorship - Sneakers for Students Fundraiser
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to benefit G/OI	
	Date	Payee name
	12/13/2016	Cameron County Juvenile Justice Dept.
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2310 W Hwy 77
		San Benito, TX 78586
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if Austin, TX, officeholder Iving expense
		2016 Cameron County Juvenile Probation Christmas
		Fund (Toys for Christmas)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	09/21/2016	City of Port Isabel
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	305 East Maxan
		Port Isabel, TX 78578
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Sportsor - our Annual r achtanga in the r and
 	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	y - al Com	nmittee	Circ/Awards/Memo Legal Services The Instruction	,		Vages	:/Contract Labor		OTHER (enter	istrict a category not listed above)	
7	Total pages Schedule F1:	2	EII ER NAME						3	Filer ID	(Ethics Commission Filers)
ľ	Sch: 3/11 Rpt: 6/14	1		L. (The Hond	rable)				,	00058460	(Editor Constitution of the Constitution of th	,
4	Date	5	Payee name									
L	08/05/2016		Coastal Cor	servation As								
6	Amount (\$) \$170,00		Payee addres 6919 Portwo	est Dr.	Stat	e; Zip Co	ode					
8	PURPOSE	(a)	Category (%)	e Categories listed	et the ton of this e	chadula)	(b)	Description				
	OF		-	s/Donations		oneduic)	ľ		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			Officeholder/F		mittee		Check if Austin,	, TX,	officeholder livin	g expense	
								2016 CCA Te Banquet	exas	s Lower La	guna Madre Chapter	
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offi	ceholder name		Office sou	ight			Office h	eld	
_												_
	Date 08/31/2016		Payee name Friendship o	of Women								
		_										
	Amount (\$) \$500.00		Payee addres PO Box 311		Stat	e; Zip Co	ode					
			Brownsville,	TX 78523								
	PURPOSE	(a)	Category (se	e Categories listed	at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE			s/Donations				<u> </u>			nplete Schedule T.	
١.	EXPENDITORE		Candidate/0	Officeholder/F	olitical Com	mittee				officeholder livin		
								Sponsor - Wil	tche	es, Ghouls	& Brews Charity Party	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offi	ceholder name		Office sou	ght			Office h	eld	
	Date		Payee name									
	09/21/2016	,	Gallegos El	ementary Scl	nool							
	Amount (\$)		Payee addres	s; City;	Stat	e; Zip Co	de					
	\$400.00	;	2700 Avenio	la Rancho Vi	ejo							
			Brownsville,	TX 78521								
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this s	chedule)	(p)	Description				
	OF			s/Donations							nplete Schedule T.	
	EXPENDITURE			Officeholder/F		mittee		Laured		officeholder livin		
								Contribution -	· 'Bı	uddy Fun M	leet' T-Shirts	
	Complete ONLY if direct		andidate/Offic	ceholder name		Office sou	ght			Office h	eld	\exists
	expenditure to benefit C/OH											
	···		*****									

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Rapayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out of District

Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. (Ethics Commission Filers) 3 Filer ID 1 Total pages Schedule F1: 2 FILER NAME 00058460 Sch: 4/11 Rpt: 7/14 Leal, Janet L. (The Honorable) 4 Date Payee name 08/04/2016 Girl Scouts of Greater South Texas 6 Amount (\$) Payee address; City; State; Zip Code \$2,000.00 202 East Madison Harlingen, TX 78550 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Fundraiser for 'Person of Distinction' Award Presentation Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 09/16/2016 Hanna High School Choir Payee address; State; Zip Code City; Amount (\$) \$100,00 2615 Price Road Brownsville, TX 78521 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sponsor - Amber Olivares Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 12/15/2016 Harland Clarke Checks State; Zip Code Amount (\$) Payee address: City; \$25.90 15955 La Cantera Parkway San Antonio, TX 78256 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Account Check Order Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Check if Austin, TX, officeholder living expense

Office held

Office held

Donation - Annual Kermes Immaculate Conception Cathedral

Fundraiser

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. (Ethics Commission Filers) 1 Total pages Schedule F1: 3 Filer ID 2 FILER NAME Sch: 5/11 Rpt: 8/14 00058460 Leal, Janet L. (The Honorable) 4 Date Payee name 09/21/2016 Immaculate Conception Catholic Church 6 Amount (\$) Payee address; City; State; Zip Code \$50.00 1218 East Jefferson Street Brownsville, TX 78520 8 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation - Wine & Cheese Event Benefiting the Immaculate Conception Cathedral Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 09/29/2016 Immaculate Conception Catholic Church Payee address; City; State; Zip Code Amount (\$) \$50,00 1218 East Jefferson Street Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE**

expenditure to benefit C/OI	-
Date 08/25/2016	Payee name Leukemia & Lymphoma Society
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1218 Arion Parkway Suite 102 San Antonio, TX 78216
PURPOSE OF EXPENDITURE	(a) Category (see categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation - 16th Annual Light the Night Walk

Office sought

Office sought

Candidate/Officeholder/Political Committee

Candidate/Officeholder name

Candidate/Officeholder name

Complete ONLY if direct

Complete ONLY if direct

expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Co	mmittee	Gift/Awa Legal Se		Expense		Expen: Wage:	e se s/Contract Labor ete this form.		Travel In L Travel Out OTHER (e	of Dist	trict category not listed ab	oove)
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID		(Ethics Commiss	ion Filers)
	Sch: 6/11 Rpt: 9/14	L	Leal, Janet	L. (Th	e Honorab	ole)					000584	160		
4	Date	5	Payee name	:										
	12/02/2016		Lopez, Mor	nica										
6	Amount (\$)	7	Payee addre	ess;	City;	State	; Zip C	ode					•	
	\$120.00		147 Highla	nd Dr.										
			Brownsville	e, TX 7	8520							-		
8	PURPOSE	(a)	Category (s	ee Categ	ories listed at th	ne top of this so	hedule)	(b)	Description					
	OF EXPENDITURE		Contributio										olete Schedule T.	
	EXI ENDITORE		Candidate/	Office	nolder/Polit	tical Comr	nittee		Check if Austin					
									Contribution	- 1	ree or A	nger	5	
		L				•								
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Off	icehold	er name		Office so	ught			Offi	ce he	sld	
	Date		Payee name											
	11/14/2016		Moody Clin	ic										
	Amount (\$)	╫	Payee addre	285.	City;	State	; Zip C	ode						_
	\$150,00		1901 East	•	• •	Juli	, –,	•••						
	φ100.00		TOOL LAST	L2110 C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
			Brownsville	e, TX 7	8521									
	PURPOSE	(a)	Category (s	ee Cateo	ories listed at th	e top of this sc	hedule)	(b)	Description					
	OF EVEN DITUBE		Contributio				,		Check if travel	outsi	de of Texas	. Comp	olete Schedule T.	
	EXPENDITURE		Candidate/	Officet	nolder/Polit	tical Comr	nittee		Check If Austin				•	
									Sponsor - Mi	stle	toe & M	artin	i Holiday party	<i>!</i>
	Complete ONLY if direct		Candidate/Off	icehold	er name		Office sou	ught			Offic	ce he	ld	
	expenditure to benefit C/OI	H												
	Date	T	Payee name	!										
	12/07/2016		Moody Clin											
					City	Ctate	· Zin C	ode						
	Amount (\$)		Payee addre		City;	Sidit	; Zip Co	oue						
	\$100.00		1901 East :	zzna S	ureel									
			Brownsville	, TX 7	8521									
	PURPOSE	(a)	Category (s	ee Categ	ories listed at th	e top of this so	redule)	(b)	Description					
	OF EXPENDITURE		Contribution	ns/Dor	nations Ma	de By							viete Schedule T.	
	EXPENDITORE		Candidate/	Officer	nolder/Polit	tical Comn	nittee		Check if Austin					
									Moody Clinic	19	in Annu	ai Po	oinsettia Sale	
								<u> </u>						
	Complete ONLY if direct		Candidate/Off	icehold	er name	•	Office sou	ught			Offic	ce he	ld	
	expenditure to benefit C/O	П												

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			mmittee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAMI	<u> </u>					3	Filer ID	(Ethics Commission Filers	s)
	Sch: 7/11 Rpt: 10/14			L. (The Honorable)					00058460		
┝	Date	_	Payee name						<u> </u>			
7	12/07/2016	3		Association								
Ļ						_, _						
6	Amount (\$)	7	Payee addre	. ,,	State;	Zìp Co	de					
	\$500,00		1600 East I	Elizabeth Street								
			brownsville	, TX 78520								
8	PURPOSE	(a)	Category (S	ee Categories listed at the t	op of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	ns/Donations Made	в Ву					de of Texas, Com		
	_,,, _,,,,,,,,		Candidate/	Officeholder/Politic	al Commi	ittee				officeholder living	expense r. Amigo Mariachi	
								Festival and			r. Amigo Manachi	
Ļ		L_	n (1) 1 10/	L - L-t			1				La	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name		ffice sou	gnt			Office he	ela	
	Date		Payee name		**							
	08/09/2016		Nino's Hea	dStart								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$250.00		402 West F	Robertson Street								
											•	
			San Benito	TX 78586								
H	PURPOSE	(0)				. 1	(h)	Description				
	OF	(a)		ee Categories listed at the to ns/Donations Made		dule)	(0)	Description Check if travel	outsio	de of Texas, Com	ofete Schedule T.	
	EXPENDITURE			Officeholder/Politic		ttee		II		officeholder living		
								Sponsorship	- H	alloween Ba	sh 2016	
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	ffice sou	ght			Office he	eld	
	expenditure to benefit C/O	4										
	Date		Payee name					<u> </u>			· · · · · · · · · · · · · · · · · · ·	
	08/02/2016		•	of Historic Browns	sville						•	
			······································			Zin Co	d o					
	Amount (\$)		Payee addre 328 W Cow	·	State;	Zip Co	u u					
	\$180.00		328 W COW	an remace								
			Brownsville	, TX 78521								
	PURPOSE	(a)	Category (S	ee Categories listed at the to	p of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Fees					<u></u>		de of Texas, Comp		
								_	, TX,	officeholder living	expense	
								Club Dues				
_						cr: -	- le				1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		andidate/Offi	ceholder name	Ó.	ffice sou	gnt			Office he	ıa	

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	7 - Giff/Awards/Memorials Expense Printing Expense Travel Out of District I 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/11 Rpt: 11/14	Leal, Janet L. (The Honorable) 00058460	
4	Date	5 Payee name	
	09/27/2016	Rotary Club of Historic Brownsville	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	328 W Cowan Terrace	
		Brownsville, TX 78521	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee	
		Spotisor - Ride for Rotaly 2010	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/22/2016	Sounds of Downtown	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	PO Box 6156	
	φοσο.σσ		
		Daywood W. T. 70500	
		Brownsville, TX 78520	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
		Celebration	
	One data ONE V Walker to	Candidate/Officeholder name Office sought Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		
	Date	Payee name	
	11/29/2016	St. Joseph Academy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	101 St. Joseph Drive	
		Brownsville, TX 78520	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		Donation - 'Day of Giving'	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	_
			- 1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees Food/Beverage Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Gift/Awards/Memoria Legal Services The Instruction	•		Vages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict a category not listed above)	
1	Total pages Schedule F1:	Τź	FII FR NAME				_		3	Filer ID	(Ethics Commission F	-ilers)
_	Sch: 9/11 Rpt: 12/14		Leal, Janet	L. (The Honor	able)				Ĺ	00058460	<u></u>	, ,
4	Date 09/01/2016	5	Payee name St. Joseph	Academy Athle	etic Boosters							
<u> </u>		╁	<u>*</u>									
6	Amount (\$) \$300.00	7	Payee addres	eph Drive	State,	; Zip Co	ge					
L_		L	Brownsville	, TX 78520								
8	PURPOSE OF EXPENDITURE	(a)	Category (se Advertising	ee Categories listed a Expense	t the top of this scho	iedule)		_	, TX,	officeholder living		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld	
	Date	Τ	Payee name									
	10/12/2016		•	Academy Athle	etic Boosters							
	Amount (\$)	\vdash	Payee addres	ss; City;	State;	Zip Co	de					
	\$1,000.00		101 St. Jose	eph Drive								
	!											
			Brownsville,	TX 78520								
	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			ns/Donations M		.144-5		<u> </u>		de of Texas, Com officeholder living	plete Schedule T.	
	!		Candidate/C	Officeholder/Po	ilticai Commi	ittee		Sponsor - Tas			•	
								Op.		0, 4.15	. 1010	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offic	ceholder name	0	Office soug	ght			Office he	eld	
	Date		Payee name									
ı <u></u>	11/01/2016		St. Mary's C	atholic School	ı							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$300.00		1300 Los Et	oanos Blvd.								
			Brownsville,	TX 78520								
	PURPOSE OF			e Categories listed at	t the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Advertising I	Expense				_		de of Texas. Com officeholder living	plete Schedule T, ı expense	
								_	appi	ily Ever Afte	r' Style Show Prog	ıram
	Complete ONLY if direct		andidate/Offic	ceholder name	0	Office soug	ght			Office he	eld	
	expenditure to benefit C/OF	Н										

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Il 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/11 Rpt: 13/14	Leal, Janet L. (The Honorable) 00058460
4	Date	5 Payee name
	09/21/2016	The New Museum of San Benito
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100,00	PO Box 774
		San Benito, TX 78586
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF TABLET IN	Contributions/Donations Made By Check if travel outside of Texas, Comptete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Candidate/Officeholder living expense
		The New San Benito Museum Kickoff Fundraiser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/22/2016	Tip of Texas Family Outreach
-	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	455 East Levee Street
	+000,00	,
		Prowneydle, TV 79520
		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee
		Sponsor - Spooktacular Monster Bash Fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
-	Date	Payee name
	09/29/2016	Tip of Texas Family Outreach
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	455 East Levee Street
	4000100	100 2001 20100 211001
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Contributions/Donations Made By Check If travel outside of Texas, Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Sponsor - T-Shirts for 5K Zombie Run & Monster
		Mile
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1 .
Г-	rms provided by Texas E	thics Commission www.ethics.state.tx.us Version V1.0.2910

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense by - Gift/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	•	3 Filer ID (Ethics Commission Filers)
_	Sch: 11/11 Rpt: 14/14	Leal, Janet L. (The Honorable)	00058460
4	Date	5 Payee name	
	10/14/2016	United Way	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$70.00	634 East Levee St.	
	1		
		Brownsville, TX 78520	
8	PURPOSE	(a) Category (see Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations (video by	outside of Texas, Complete Schedule T. , TX, officeholder living expense
	!		- Manicures & Martinis Fundraiser
	!		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OF	н	
	Date	Payee name	
	12/15/2016	Veteran's Memorial High School Choir	· ·
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	4550 U.S. Military Hwy 281	
	!		
	!	Brownsville, TX 78520	
	PURPOSE	(a) Category (see Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	outside of Texas, Complete Schedule T,
			, TX, officeholder living expense eteran's Estudientina Parent Booster
		Assn,	Refers Estudionaria Falent 2005to.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF		Onico no.a
	Date	Payee name	
	11/28/2016	Zonta Club of Brownsville	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	2901 Central Blvd.	
	,	Suite 107	·
		Brownsville, TX 78520	
<u> </u>	PURPOSE		
	OF	(a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By	outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions boliations made by	TX, officeholder living expense
		Contribution -	Casas Hermosas Fundraiser
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
<u></u>	experiuliture to perient G/O/	1 .	