

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Victor MI	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <p>CITY SECRETARY'S OFFICE Received JUL 13 2015 at 10:30a.m. HARLINGEN, TX</p> </div>	
	NICKNAME LAST SUFFIX Leal		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2225 W Arbor Harlingen, TX 78552 <input type="checkbox"/> Change of Address			
Date Received Date Hand-delivered Date Postmarked			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Victor MI	Receipt # Amount	Date Processed Date Imaged
NICKNAME LAST SUFFIX Leal	6 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2225 W Arbor St Harlingen, TX 78552		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 778-6401		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 04/30/2015 THROUGH 06/30/2015		
10 ELECTION	ELECTION DATE Month Day Year 05/09/2015	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) City Commissioner District 5	12 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Leal, Victor (Mr.)

14 ACCOUNT # (Ethics Commission filers)
00000001

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1,200.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 50.00

4. TOTAL POLITICAL EXPENDITURES \$ 5,412.03

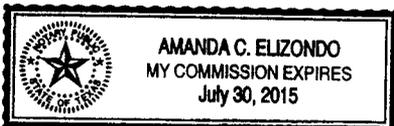
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,850.17

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

17 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Victor Leal, this the 13th day of July, 2015, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Amanda C. Elizondo

Print name of officer administering oath

City Secretary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 3/7	
2 FILER NAME Leal, Victor (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 05/02/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cooley, Edward 6 Contributor address; City; State; Zip Code 146 El Cielo Cr Harlingen, TX 78552	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9		10 Employer (See Instructions)	
Date 05/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gorges, Matt Contributor address; City; State; Zip Code 1275 Stuart Place Rd Harlingen, TX 78552	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9		10 Employer (See Instructions)	
Date 05/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Merrill, George (Mr.) Contributor address; City; State; Zip Code 1773 Apple Ct Harlingen, TX 78550	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9		10 Employer (See Instructions)	
Date 05/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TREPAC Contributor address; City; State; Zip Code P.O.Box 2246 Austin, TX 78768-2246	Amount of contribution (\$) \$600.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9		10 Employer (See Instructions)	
Date 05/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walsh, Mary Jane Contributor address; City; State; Zip Code 609 Altas Palmas Rd Harlingen, TX 78552	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9		10 Employer (See Instructions)	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/2 Report: 4/7		2 FILER NAME Leal, Victor (Mr.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 05/26/2015	5 Payee name Argullin, Frank (Mr.)				
6 Amount (\$) \$100.00	7 Payee address City; State; Zip Code 26334 FM 803 San Benito, TX 78586				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Trailer Rental		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/27/2015	Payee name Leal, Victor (Mr.)				
Amount (\$) \$1,155.38	Payee address City; State; Zip Code 2225 W Arbor Harlingen, TX 78552				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Out of Pocket Reimbursement		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/27/2015	Payee name Leal, Victor (Mr.)				
Amount (\$) \$2,000.00	Payee address City; State; Zip Code 2225 W Arbor Harlingen, TX 78552				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Loan Repayment		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/30/2015	Payee name Meade Marketing				
Amount (\$) \$1,266.50	Payee address City; State; Zip Code 211 W Jefferson Ste 7 Harlingen, TX 78550				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Newspaper ads		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/2 Report: 5/7	2 FILER NAME Leal, Victor (Mr.)	3 ACCOUNT # (TEC filers) 00000001
4 Date 05/21/2015	5 Payee name Meade Marketing	
6 Amount (\$) \$54.13	7 Payee address City; State; Zip Code 211 W Jefferson Ste 7 Harlingen, TX 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sign
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/2 Report: 6/7		2 FILER NAME Leal, Victor (Mr.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 04/30/2015	5 Payee name Facebook, Inc				
6 Amount (\$) \$17.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code Department 415 P.O.Box 10005 Palo Alto, CA 94303				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Web promotion <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Date 05/17/2015	Payee name Facebook, Inc				
Amount (\$) \$25.01 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code Department 415 P.O.Box 10005 Palo Alto, CA 94303				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Web Promotion <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Date 05/03/2015	Payee name Office Depot				
Amount (\$) \$18.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 605 S Expressway 83 Harlingen, TX 78552				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Envelopes for invitations <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Date 05/09/2015	Payee name Sefano's Brooklyn Pizza				
Amount (\$) \$181.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 4201 W Bus 83 Harlingen, TX 78552				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> After Election Celebration <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/2 Report: 7/7	2 FILER NAME Leal, Victor (Mr.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 04/30/2015	5 Payee name The UPS Store
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6 Amount (\$) \$23.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 1327 E Washington Harlingen, TX 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Invitations - After Election Party <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 05/04/2015	Payee name USPO
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Amount (\$) \$14.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 709 W 77 Sunshine Strip Harlingen, TX 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Postage	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 05/08/2015	Payee name Valley Morning Star
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Amount (\$) \$504.57 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1310 S Commerce Harlingen, TX 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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