

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)	2 Total pages filed: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Rick	FIRST	MI
	NICKNAME Morales	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX 3101 Banyan Circle	APT / SUITE #:	CITY, STATE, ZIP CODE Harlingen TX 78558
	AREA CODE (956)	PHONE NUMBER 566-3805	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR Richard	FIRST	MI
6 CAMPAIGN TREASURER NAME	NICKNAME Rodriguez	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #, CITY, STATE, ZIP CODE 1117 @. Harrison Harlingen TX 78558		
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 425-4992	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 11 / 13 5 / 11 / 13		
11 ELECTION	ELECTION DATE Month Day Year 5 / 11 / 13	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Mayor	

OFFICE USE ONLY

Date Received: **APR 1 1 2013**

RECEIVED

CITY SECRETARY'S OFFICE

HARLINGEN, TX

Receipt # _____ Amount _____

Date Processed _____

Date Imaged _____

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 49,664.14

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 43,104.49

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

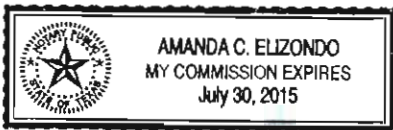
\$ 6,559.65

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, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ricardo Romo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rick Morales, this the 11 day of April, 20 13, to certify which, witness my hand and seal of office.

Amanda C. Elizondo

Signature of officer administering oath

Amanda C. Elizondo

Printed name of officer administering oath

City Secy

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
1 (8)

2 FILER NAME
Ricardo L. Morales

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#)
Loya Ins Group Employee PAC
6 Contributor address; City: State: Zip Code
11926
Ste 200 Mckinney TX 78504

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

2-7-13

500

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Insurance

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)
ERNEST ALONSO
Contributor address; City: State: Zip Code
1519 Duke Ave Wicken TX 78504

Amount of contribution (\$)

In-kind contribution description (if applicable)

2-7-13

500

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)
B J & B Moore
Contributor address; City: State: Zip Code
709 Town Lane Dr
Harlingen TX 78550

Amount of contribution (\$)

In-kind contribution description (if applicable)

2-7-13

200

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Account Tech

Employer (See Instructions)

UPS

Date

Full name of contributor out-of-state PAC (ID#)
CHRISTOPHER & KATHARINE ROSS
Contributor address; City: State: Zip Code
153 E Hollywood
San Antonio TX 78212

Amount of contribution (\$)

In-kind contribution description (if applicable)

2-19-13

1,250

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

TEACHER, SAISD

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)
Pevdse Alandon Fielder calling (PAC)
Contributor address; City: State: Zip Code
8200 W. McAllen
Ste 4
McAllen TX 78504

Amount of contribution (\$)

In-kind contribution description (if applicable)

2-19-13

1,250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 (2)	
2 FILER NAME Ricardo L. Morales		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-22-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Daws, Inette FRANZ	7 Amount of contribution (\$) 1,250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 400 McColl McAllen TX 78501		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) FRANZ Law Firm	
Date 2-22-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James William Canale	Amount of contribution (\$) 1,250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 159 Harmon Dr San Antonio TX 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Bandler & Assoc	
Date 2-25-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID & ELAINE GERRA	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 23929 RABBIT RD LA FERIA TX 78597		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) GOLF INSTRUCTOR		Employer (See Instructions) SELF	
Date 2-25-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sherry Mitchell	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7314 WATSON San Antonio TX 78216		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ANALYST - (C) Blue Ribbon Asset Mgmt		Employer (See Instructions)	
Date 3-1-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eric Bandler	Amount of contribution (\$) 2,500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 127 One Lane San Antonio TX 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Bandler & Assoc	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A 3 (A)	
2 FILER NAME Ricardo Morales		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-3-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: OSCAR GARCIA 6 Contributor address: City: State: Zip Code P.O. Box 783 Pearland TX 78051	7 Amount of contribution (\$) 100 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Administrative		10 Employer (See Instructions) Family Medicine	
Date 3-3-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: OSCAR GARCIA Contributor address: City: State: Zip Code P.O. Box 783 Pearland TX 78051	Amount of contribution (\$) 100 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Family Medicine	
Date 3-6-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dennis Newkirk Contributor address: City: State: Zip Code 3313 W. McColl McAllen TX 78504	Amount of contribution (\$) 1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Ins Agent		Employer (See Instructions) Newkirk Newkirk Assoc	
Date 3-6-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CAROL BERGUS Contributor address: City: State: Zip Code 11 Kings Tower San Antonio TX 78257	Amount of contribution (\$) 1250 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Deputy Mayor AG MARGENT		Employer (See Instructions) UAG AGENT	
Date 3-5-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TIM SELLIES Contributor address: City: State: Zip Code 3206 Medaris Lane San Antonio 78258	Amount of contribution (\$) 1,250 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor Margent		Employer (See Instructions) UAG	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A 4 (8)	
2 FILER NAME Ricardo L. Morales		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-17-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dwain E Yardley 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Doctor		10 Employer (See Instructions) Heart Clinic	
Date 3-17-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Condit Contributor address; City; State; Zip Code 29603 Fairway Bluff Dr Fair Oaks Ranch TX 78501	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions) Element Advisors	
Date 3-14-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roberto Gonzalez Contributor address; City; State; Zip Code 1247 Fawn Gate San Antonio TX 78248	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Carroll Engineering Group	
Date 3-21-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shirley Valles Donkowitz Contributor address; City; State; Zip Code 1301 N. Kellum Ave Mission TX 78572	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Grass Worker		Employer (See Instructions) Herb Rutzke Assoc	
Date 3-22-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jane Rodriguez Contributor address; City; State; Zip Code 3907 S. Fagan Rd Cedar Run TX 78539	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) True Budget Develop Co P	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A
5 (8)

2 FILER NAME

Ricardo L. Morales

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)

Hollis W Rutledge

6 Contributor address; City; State; Zip Code

414 W. Magnolia
Mission TX 78572

7 Amount of contribution (\$)

500

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Governmental Affairs

10 Employer (See Instructions)

Hollis W Rutledge Assoc

Date

Full name of contributor out-of-state PAC (ID# _____)

Robert J Perez

Contributor address; City; State; Zip Code

600 Alamo
San Antonio TX 78205

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Robert Perez Law Office

Date

Full name of contributor out-of-state PAC (ID# _____)

Edward V Namess

Contributor address; City; State; Zip Code

4147 2407 N. Sherry RD
Mission TX 78573

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

AGENT

Employer (See Instructions)

J. Namess Group Inc

Date

Full name of contributor out-of-state PAC (ID# _____)

Tom Julie Perez

Contributor address; City; State; Zip Code

POB 954
Mission TX 78572

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Contributor

Employer (See Instructions)

Part time

Date

Full name of contributor out-of-state PAC (ID# _____)

Michael Angel Carraz

Contributor address; City; State; Zip Code

2627 N. Concho
EDWARDS TX 78539

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Carraz Group's Affairs

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A 6 (8)	
2 FILER NAME Ricardo L. Morales		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-5-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jose Morales 6 Contributor address: City: State: Zip Code 1026 S. E Hawlingen TX 78550	7 Amount of contribution (\$) 200 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 4-4-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pascal Esquivel Contributor address: City: State: Zip Code PO B 605 Hawlingen TX 78551	Amount of contribution (\$) 1,000 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Boil Bands - Esquivel	
Date 4-5-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rene Mares Contributor address: City: State: Zip Code 2434 TOLAL Hawlingen TX 78552	Amount of contribution (\$) 500 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Mares Construction	
Date 4-7-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rolando Gutierrez Contributor address: City: State: Zip Code 1426 Wapier San Antonio TX 78204	Amount of contribution (\$) 500 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Gutierrez Law Firm	
Date 4-6-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gustavo Ruiz Contributor address: City: State: Zip Code 1514 Karis Ct Hawlingen TX 78550	Amount of contribution (\$) 500 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Ruiz Law Firm	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A

7 (2)

2 FILER NAME

Donald C. Morales

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)

Robert Leftwich

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

209 E Parkwood
Newington TX 78850

150

(If travel outside of Texas, complete Schedule T)

4-9-13

9 Principal occupation / Job title (See Instructions)

Insurance

10 Employer (See Instructions)

ULA

Date

Full name of contributor out-of-state PAC (ID# _____)

Marty Frankel

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

3012 Windsor Rd Ste A
Austin TX 78703

5000

(If travel outside of Texas, complete Schedule T)

4-1-13

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Frankel Law Firm

Date

Full name of contributor out-of-state PAC (ID# _____)

Ann Wise

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

214 Hemd Rd
Rowena TX 78552

500

(If travel outside of Texas, complete Schedule T)

3-17-13

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Wise Motors

Date

Full name of contributor out-of-state PAC (ID# _____)

Andy Martinez

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

15941 Shady Lane
Newington TX 78852

1,000

(If travel outside of Texas, complete Schedule T)

3-29-13

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

SATM Co

Date

Full name of contributor out-of-state PAC (ID# _____)

Erve Flores

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

5416 N. Benson Rd
Mckinney TX 78504

5,000

(If travel outside of Texas, complete Schedule T)

4-1-13

Principal occupation / Job title (See Instructions)

ADMINISTRATOR

Employer (See Instructions)

APCO INC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A
8 (2)

2 FILER NAME

Ricardo L Morales

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

4-2-13

Gilbert Enriquez

6 Contributor address: City: State: Zip Code

314 N Sugar Rd
Esperanza TX 78539

5000

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Developer

10 Employer (See Instructions)

Enriquez Enterprises

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4-1-13

PAUL MANAJARAN

Contributor address: City: State: Zip Code

511 S. Peiking
McAllen TX 78504

1,000

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Valley Cardiology

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4-2-13

Anke Miller

Contributor address: City: State: Zip Code

254 Hidden Ridge Dr
San Antonio TX 78163

2,500

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Hendrix & Partners

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4-3-13

Terry Poslusny

Contributor address: City: State: Zip Code

1200 S. Cynthia
McAllen TX 78504

3500

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Cardiologist

Employer (See Instructions)

Poslusny Cardiology

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date: 3/19/2013	5 Payee name: kon with lock Partitions
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6 Amount (\$): 3,000	7 Payee address, City, State, Zip Code: 16584 F.M. 490 Lyford TX 78569
--------------------------------	--

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):
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Rick Morales	Office sought: Mayor	Office held:
---	---	--------------------------------	--------------

Date ^{plus} : 3/20/2013	Payee name: Rio Grande Valley Guardian
--	--

Amount (\$): 1,000⁰⁰	Payee address, City, State, Zip Code: P.O. Box 5057 McAllen TX 78502
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Advertising Expense	Description (If travel outside of Texas, complete Schedule T):
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Rick Morales	Office sought: Mayor	Office held:
---	---	--------------------------------	--------------

Date: 3/22/13	Payee name: Allegra Printing And Imaging
-------------------------	--

Amount (\$): 67.18	Payee address, City, State, Zip Code: 1801 S. 77 Sunshine Strip Ste. B6 Harlingen TX 78550
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Event Expense	Description (If travel outside of Texas, complete Schedule T):
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Rick Morales	Office sought: Mayor	Office held:
---	---	--------------------------------	--------------

Date: 3/22/13	Payee name: Consuelo James
-------------------------	--------------------------------------

Amount (\$): 250⁰⁰	Payee address, City, State, Zip Code: 806 E. Washington TX 78550
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Consulting Expense	Description (If travel outside of Texas, complete Schedule T):
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Rick Morales	Office sought: Mayor	Office held:
---	---	--------------------------------	--------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Rick Morales</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/05/13</i>		5 Payee name <i>Sergio Chapo</i>			
6 Amount (\$) <i>250⁰⁰</i>		7 Payee address: City: State: Zip Code <i>1721 Hickory Court Harlingen TX 78550</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Rick Morales</i>		Office sought <i>Mayor</i>	
Date <i>4/05/13</i>		Payee name <i>STX Printing</i>			
Amount (\$) <i>618.13</i>		Payee address: City: State: Zip Code <i>415 W. Jackson Harlingen TX 78550</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Rick Morales</i>		Office sought <i>Mayor</i>	
Date <i>4/07/13</i>		Payee name <i>Lamar</i>			
Amount (\$) <i>987.25</i>		Payee address: City: State: Zip Code <i>P.O. Box 96030 Baton Rouge 70896</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Rick Morales</i>		Office sought <i>Mayor</i>	
Date <i>4/09/13</i>		Payee name <i>Jerry Deal</i>			
Amount (\$) <i>200⁰⁰</i>		Payee address: City: State: Zip Code <i>Hine Dr Harlingen TX 78550</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Rick Morales</i>		Office sought <i>Mayor</i>	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Rick Morales</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/05/13</i>	5 Payee name <i>Consuleo Jones</i>
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6 Amount (\$) <i>250⁰⁰</i>	7 Payee address: City: State: Zip Code <i>806 E. Washington Harlingen TX 78550</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Rick Morales</i>	Office sought <i>Mayor</i>	Office held
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Date	Payee name
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Amount (\$)	Payee address: City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address: City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address: City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Rick Morales	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/29/13	5 Payee name Maria C. Gonzales	
6 Amount (\$) 860 ⁰⁰	7 Payee address; City: State: Zip Code 3533 Cessens Edinburg TX 78542	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Morales	Office sought Mayor
Office held		
Date 3/29/13	Payee name Edgar Abrigo	
Amount (\$) 250 ⁰⁰	Payee address; City: State: Zip Code 2307 Susan Harlingen TX 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Morales	Office sought Mayor
Office held		
Date 4/02/13	Payee name Medina Consulting Group	
Amount (\$) 2,500 ⁰⁰	Payee address; City: State: Zip Code 320 El Paso St. San Antonio TX 78207	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Morales	Office sought Mayor
Office held		
Date 4/05/13	Payee name Maria C. Gonzales	
Amount (\$) 860 ⁰⁰	Payee address; City: State: Zip Code 3533 Cessens Ave. Edinburg TX 78542	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Morales	Office sought Mayor
Office held		

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Rick Morales	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/15/2013	5 Payee name Lamar
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6 Amount (\$) 2,693 ⁰⁰	7 Payee address; City; State; Zip Code P.O. Box 96030 Baton Rouge, LA 70896
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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)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Morales	Office sought Mayor	Office held
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Date 3/15/2013	Payee name Consulteo James
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Amount (\$) 250 ⁰⁰	Payee address; City; State; Zip Code 806 E. Washington TX Harlingen 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Morales	Office sought Mayor	Office held
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Date 3/18/2013	Payee name MT2 Mobile Solutions
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Amount (\$) 500 ⁰⁰	Payee address; City; State; Zip Code 2814 Nueces St 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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Morales	Office sought Mayor	Office held
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Date 3/19/2013	Payee name MS Designs
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Amount (\$) 1,426.13	Payee address; City; State; Zip Code 1405 S. Palm Court 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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Morales	Office sought Mayor	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/22/13	5 Payee name Maria C. Gonzalez
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6 Amount (\$) 860 ⁰⁰	7 Payee address: City: State: Zip Code 3533 Cessena Ave Edinburg TX 78542
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Morales	Office sought Mayor	Office held
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Date 3/22/13	Payee name Electric Promotions
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Amount (\$) 1,104.15	Payee address: City: State: Zip Code P.O. Box 531041 Harlingen TX 78553
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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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Morales	Office sought Mayor	Office held
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Date 3/29/13	Payee name Consuelo James
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Amount (\$) 250 ⁰⁰	Payee address: City: State: Zip Code 806 E. Washington Harlingen TX 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Morales	Office sought Mayor	Office held
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Date 3/29/13	Payee name Eloy Cano III
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Amount (\$) 350 ⁰⁰	Payee address: City: State: Zip Code 404 E. Polk Harlingen TX 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Morales	Office sought Mayor	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Ricardo L. Morales</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/6/13</i>		5 Payee name <i>MS designs</i>			
6 Amount (\$) <i>4,292.11</i>		7 Payee address; City; State; Zip Code <i>1405 S. Palm Court Dr. Harlingen TX 78552</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Ricardo L. Morales</i>		Office sought <i>Mayor</i>	
Date <i>2/7/13</i>		Payee name <i>Kilowatt Media</i>			
Amount (\$) <i>2,164.01</i>		Payee address; City; State; Zip Code <i>917 Lori Lane Harlingen TX 78550</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Ricardo L. Morales</i>		Office sought <i>Mayor</i>	
Date <i>2/9/13</i>		Payee name <i>Jimmy Gonzalez Y Grupo Mazz</i>			
Amount (\$) <i>5,000.00</i>		Payee address; City; State; Zip Code <i>1106 RLM North Paso Double Circle Brownsville TX 78520</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Event Expense</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Ricardo L. Morales</i>		Office sought <i>Mayor</i>	
Date <i>2/10/13</i>		Payee name <i>Lamar Companies</i>			
Amount (\$) <i>628.29</i>		Payee address; City; State; Zip Code <i>P.O. Box 96030 Baton Rouge LA. 70896</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Ricardo L. Morales</i>		Office sought <i>Mayor</i>	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Ricardo L. Morales		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/22/13		5 Payee name City of Harlingen			
6 Amount (\$) 1,300 ⁰⁰		7 Payee address: City: State: Zip Code 502 E. Tyler Harlingen TX 78550			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Ricardo L. Morales		Office sought Mayor	
Date 2/23/13		Payee name Medina Consulting Group			
Amount (\$) 2,001 ³⁴		Payee address: City: State: Zip Code 320 El Paso St. San Antonio 78207			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Ricardo L. Morales		Office sought Mayor	
Date 2/23/13		Payee name Maria C. Gonzalez			
Amount (\$) 860 ⁰⁰		Payee address: City: State: Zip Code 3533 Cessena Hve Edinburg TX 78542			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Ricardo Morales		Office sought Mayor	
Date 2/23/13		Payee name Consuelo James			
Amount (\$) 250 ⁰⁰		Payee address: City: State: Zip Code 806 E. Washington St 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Ricardo Morales		Office sought Mayor	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Rick Morales	3 ACCOUNT # (Ethics Commission Filers)
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4 Date March 7, 2013	5 Payee name Maria C. Donzales
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6 Amount (\$) 860 ⁰⁰	7 Payee address; City; State; Zip Code 3533 Cessena Ave. Edinburg 78542
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Morales	Office sought Mayor	Office held
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Date March 8, 2013	Payee name Medina Consulting Group
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Amount (\$) 1,500	Payee address; City; State; Zip Code 320 El Paso St. San Antonio TX 78207
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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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Morales	Office sought Mayor	Office held
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Date March 12, 2013	Payee name Medina Consulting Group
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Amount (\$) 597.85	Payee address; City; State; Zip Code 320 El Paso St. San Antonio TX 78207
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Morales	Office sought Mayor	Office held
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Date March 15, 2013	Payee name Maria C. Donzales
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Amount (\$) 665 ⁰⁰	Payee address; City; State; Zip Code 3533 Cessena Ave Edinburg TX 78542
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Morales	Office sought Mayor	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel in District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2/26/13		2 FILER NAME Rick Morales		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: 2/26/13		5 Payee name MT2 Mobile Solutions			
6 Amount (\$) 1,860⁰⁰		7 Payee address; City, State, Zip Code 2814 Nueces Dr. Houston TX 78550			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consulting Fee		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Rick Morales		Office sought / Office held Mayor	
Date March 7, 2013		Payee name Medina Consulting Group			
Amount (\$) 1,500⁰⁰		Payee address; City, State, Zip Code 320 El Paso St San Antonio TX 78207			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expenses		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Rick Morales		Office sought / Office held Mayor	
Date March 8, 2013		Payee name Consaleso James			
Amount (\$) 500⁰⁰		Payee address; City, State, Zip Code 806 E. Washington St 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Rick Morales		Office sought / Office held Mayor	
Date March 1, 2013		Payee name Maria C. Donzales			
Amount (\$) 800⁰⁰		Payee address; City, State, Zip Code 3533 Cessena Hue Edingburs 78542			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Rick Morales		Office sought / Office held Mayor	

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T 1

2 FILER NAME

Rick Morde

3 ACCOUNT # (Ethics Commission Filer)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Sunny Deal

5 Contribution / Expenditure reported on:

- Schedule A
 Schedule B
 Schedule C
 Schedule D
 Schedule F
 Schedule G
 Schedule H
 Schedule N
 COH-UC
 COH-T
 PAC-C
 PAC-E

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 A
 Schedule B
 Schedule C
 Schedule D
 Schedule F
 Schedule G
 Schedule H
 Schedule N
 COH-UC
 COH-T
 PAC-C
 PAC-E

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)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A
 Schedule B
 Schedule C
 Schedule D
 Schedule F
 Schedule G
 Schedule H
 Schedule N
 COH-UC
 COH-T
 PAC-C
 PAC-E

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)

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