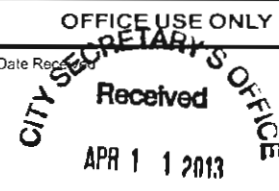


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 FIRST MI	OFFICE USE ONLY  Date Received Received APR 1 1 2013 Date Hand Delivered or Postmarked EARLINGEN, TX Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX		
Rick Morales			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE		
3101 Banyan Circle Harlingen TX 78558 <input type="checkbox"/> change of address	3101 Banyan Circle Harlingen TX 78558		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
(956) 566-3805	(956) 566-3805		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		
	NICKNAME LAST SUFFIX		
Richard Rodriguez	Richard Rodriguez		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE		
1117 @. Harrison Harlingen TX 78558	1117 @. Harrison Harlingen TX 78558		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
(956) 425-4992	(956) 425-4992		
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 1 / 22 / 13			5 / 11 / 13 4 / Run
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
5 / 11 / 13			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Mayor	

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)
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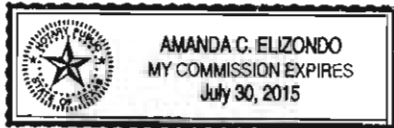
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> additional pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
---	---	--

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

Rick Morales
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 Amanda C. Elizondo City Secy
Signature of officer administering oath Printed name of officer administering oath 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 (2)	
2 FILER NAME Ricardo L. Morales		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-7-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lady A. Ins Group Employee PAC	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 11426 Ste 200 McAllen TX 78504		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Insurance		10 Employer (See Instructions)	
Date 2-7-13 4-11-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ERNEST REYES	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1519 Duke Ave McAllen TX 78504		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 2-7-13 4-11-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: B J & B Moore	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 709 Town Lane Dr Haltom City TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Account Tech		Employer (See Instructions) UPS	
Date 2-19-13 4-11-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Christopher & Katherine Ross	Amount of contribution (\$) 1,250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 153 E Hollywood San Antonio TX 78212		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) TEACHER SALES		Employer (See Instructions)	
Date 2-19-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Peudre Adanthon Fielder Collins (PAC)	Amount of contribution (\$) 1250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8200 W. McAllen Ste A McAllen TX 78504		(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 (3)

2 FILER NAME
Ricardo L. Morales

3 ACCOUNT # (Ethics Commission Filers)

4 Date
2-22-13

5 Full name of contributor out-of-state PAC (ID#)
John Davis, Ingrid FRANZ
6 Contributor address: City: State: Zip Code
400 McColl
McAllen TX 78501

7 Amount of contribution (\$)
1,250
(If travel outside of Texas complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
FRANZ Law Firm

Date
2-22-13

Full name of contributor out-of-state PAC (ID#)
James William Calush
Contributor address: City: State: Zip Code
159 Harmon Dr
San Antonio TX 78209

Amount of contribution (\$)
1,250
(If travel outside of Texas complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Architect

Employer (See Instructions)
Bandler & Assoc

Date
2-25-13

Full name of contributor out-of-state PAC (ID#)
David F. Eliaz Garza
Contributor address: City: State: Zip Code
23929 QABBS RD
LA Feria TX 78597

Amount of contribution (\$)
500
(If travel outside of Texas complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
GOLF INSTRUCTOR

Employer (See Instructions)
Self

Date
2-25-13

Full name of contributor out-of-state PAC (ID#)
Sherry Mitchell
Contributor address: City: State: Zip Code
7314 Watson
San Antonio TX 78216

Amount of contribution (\$)
500
(If travel outside of Texas complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
ANALYST - CREDIT RISK ADJUSTMENT

Employer (See Instructions)

Date
3-1-13

Full name of contributor out-of-state PAC (ID#)
Eric Bandler
Contributor address: City: State: Zip Code
127 Cave Home
San Antonio TX 78209

Amount of contribution (\$)
2500
(If travel outside of Texas complete Schedule T)

In-kind contribution description (if applicable)

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

Rickardo Morales

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

OSCAR GARCIA

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

3-3-13

Box 783
Pearshall TX 78051

100

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Administrative

10 Employer (See Instructions)

Family Medicine

Date

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

OSCAR GARCIA

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

3-3-13

Box 783
Pearshall TX 78051

100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Family Medicine

Date

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

Pierre Newkirk

Contributor address: City: State: Zip Code

3-6-13

3313 W. McCall
McAllen TX 78504

Amount of contribution (\$)

In-kind contribution description (if applicable)

1,000

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Ins Agent

Employer (See Instructions)

Newkirk Newkirk Assoc

Date

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

CAROL GARGUS

Contributor address: City: State: Zip Code

3-6-13

11 Kings Tower
San Antonio TX 78257

Amount of contribution (\$)

In-kind contribution description (if applicable)

1250

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Professor MARGARET MARGARET

Employer (See Instructions)

UTG AGENT

Date

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

Tom Settles

Contributor address: City: State: Zip Code

3-5-13

3206 Medaris Lane
San Antonio 78258

Amount of contribution (\$)

In-kind contribution description (if applicable)

1,250

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Professor MARGARET

Employer (See Instructions)

UTG

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

Records & Monitors

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-17-13

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

David E Yardley

6 Contributor address: City: State: Zip Code

16329 Mayfield Road 4th
78550

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)

Doctor

10 Employer (See Instructions)

Heart Clinic

Date

3-17-13

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

John Condit

Contributor address: City: State: Zip Code

29603 Fairway SW 8th Dr
Frisco, TX 78501

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Business Manager

Employer (See Instructions)

Element Advisors

Date

3-14-13

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

Roberto Gonzalez

Contributor address: City: State: Zip Code

1747 Fawn Gate
San Antonio TX 78248

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Carroll Engineering Group

Date

3-21-13

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

Shirley Valles Danko

Contributor address: City: State: Zip Code

1301 N. Kerlan Ave
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)

Pl Grand Center

Employer (See Instructions)

Herb Rutzke Assoc

Date

3-22-13

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

Jane Rodriguez

Contributor address: City: State: Zip Code

2967 S. Sugar Rd
Cedar Run 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)

Developer

Employer (See Instructions)

True Logic Develop Co

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:
5 (2)

2 FILER NAME

Russell Mersley

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. Mission
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 Navarro
San Antonio TX 78205

Amount of contribution (\$)

16000

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 W Hamesel

Contributor address: City: State: Zip Code

4147 2407 N. Shary 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)

Hamesel Group Inc

Date

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

Tom Julie Penn

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)

Contractor

Employer (See Instructions)

Fast Homes

Date

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

Micel Angel Carpent

Contributor address: City: State: Zip Code

2627 McCarroll
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)

Carpent Gout's Affairs

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 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 665 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) Bondsman		Employer (See Instructions) Bail Bonds - 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 FBAL 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 Napier 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) Attorney		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

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:

7 (8)

2 FILER NAME

Donald L. Morales

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-9-13

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

Robert Leftwich

6 Contributor address: City: State: Zip Code

204 E Parkwood
Newington TX 78550

7 Amount of contribution (\$)

150

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Insurance

10 Employer (See Instructions)

ULA

Date

4-1-13

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

Marty Frankel

Contributor address: City: State: Zip Code

3012 Windsor Rd Ste A
Austin TX 78703

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)

Frankel Law Firm

Date

3-17-13

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

David Wise

Contributor address: City: State: Zip Code

214 Hamd Rd
Plover 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)

Attorney

Employer (See Instructions)

West Motor

Date

3-29-13

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

Andy Martinez

Contributor address: City: State: Zip Code

15941 Danville Lane
Newington TX 78552

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)

Engineer

Employer (See Instructions)

GATY Co

Date

4-1-13

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

Erve Flores

Contributor address: City: State: Zip Code

5416 N. Benson Rd
Mittler TX 78504

Amount of contribution (\$)

5,000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Administrator

Employer (See Instructions)

APL PAC

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 (3)

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
Edinburg 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

Mike 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 POSLUSZNY

Contributor address: City: State; Zip Code

1200 S. Cynthia
McAllen TX 78504

2,560

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Cardiologist

Employer (See Instructions)

Posluszny 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 Rick Morales LCM	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/19/2013	5 Payee name Lon with lock Partitions	
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
Date 3/21/2013	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
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
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

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: 10 Run	2 FILER NAME Rick Morales	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/05/13	5 Payee name Sergio Chapo
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6 Amount (\$) 250⁰²	7 Payee address; City; State; Zip Code 1721 Hickory Court Harlingen TX 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(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 4/05/13	Payee name STX Printing
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Amount (\$) 618.13	Payee address; City; State; Zip Code 415 W. Jackson Harlingen TX 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	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 4/07/13	Payee name Lamar
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Amount (\$) 987.25	Payee address; City; State; Zip Code P.O. Box 96030 Baton Rouge 70896
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	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 4/09/13	Payee name Jerry Deal
------------------------	---------------------------------

Amount (\$) 200⁰⁰	Payee address; City; State; Zip Code Hine Dr Harlingen TX 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	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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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: <i>10 Rkm</i>	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>
---------------------------------	--

6 Amount (\$) <i>250.00</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)
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 10 Rev	2 FILER NAME Rick Morales	3 ACCOUNT # (Ethics Commission Filers)
--	-------------------------------------	--

4 Date 3/29/13	5 Payee name Maria C. Gonzalez
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6 Amount (\$) 860⁰⁰	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)
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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 3/29/13	Payee name Edgar Abrigo
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Amount (\$) 250⁰⁰	Payee address; City; State; Zip Code 2307 Susan 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)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Morales	Office sought Mayor	Office held
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Date 4/02/13	Payee name Medina Consulting Group
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Amount (\$) 2,500⁰⁰	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	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. Gonzalez
------------------------	--

Amount (\$) 860⁰⁰	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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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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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: 16 Rev	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 M5 Designs
--------------------------	---------------------------------

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)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rick Morales	Office sought Mayor	Office held
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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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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: <i>Run 10</i>	2 FILER NAME <i>Rick Morales RLM</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>3/22/13</i>	5 Payee name <i>Maria C. Gonzalez</i>
---------------------------------	---

6 Amount (\$) <i>860⁰⁰</i>	7 Payee address: City: State: Zip Code <i>3533 Cessena Ave Edinburg TX 78542</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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9 Complete ONLY 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 <i>3/22/13</i>	Payee name <i>Electric Promotions</i>
------------------------	--

Amount (\$) <i>1,104.15</i>	Payee address: City: State: Zip Code <i>P.O. Box 531041 Harlingen TX 78553</i>
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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)
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Complete ONLY 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 <i>3/29/13</i>	Payee name <i>Consuelo James</i>
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Amount (\$) <i>250⁰⁰</i>	Payee address: City: State: Zip Code <i>806 E. Washington Harlingen TX 78550</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	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 <i>Rick Morales</i>	Office sought <i>Mayor</i>	Office held
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Date <i>3/29/13</i>	Payee name <i>Eloy Cano III</i>
------------------------	------------------------------------

Amount (\$) <i>350⁰⁰</i>	Payee address: City: State: Zip Code <i>404 E. Polk Harlingen TX 78550</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting</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>	Office held
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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: 10 RLM	2 FILER NAME Ricardo L. Morales	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/6/13	5 Payee name MS designs
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6 Amount (\$) 4,292.11	7 Payee address; City, State, Zip Code 1405 S. Palm Court Dr. Harlingen TX 78552
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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 Ricardo L. Morales	Office sought Mayor	Office held
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Date 2/7/13	Payee name Kilowatt Media
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Amount (\$) 2,164.01	Payee address; City, State, Zip Code 917 Lori Lane Harlingen TX 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	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 Ricardo L. Morales	Office sought Mayor	Office held
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Date 2/9/13	Payee name Jimmy Gonzalez Y Grupo Mazz
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Amount (\$) 5,000.00	Payee address; City, State, Zip Code 1106 RLM North Paso Double Circle Brownsville TX 78520
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event 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 Ricardo L. Morales	Office sought Mayor	Office held
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Date RLM 2/29/13	Payee name Lamar Companies
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Amount (\$) 628.29	Payee address; City, State, Zip Code P.O. Box 96030 Baton Rouge LA. 70896
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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)
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Ricardo L. Morales	Office sought Mayor	Office held
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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 <i>not</i> listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10 Num	2 FILER NAME Ricardo L. Mondos	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/22/13	5 Payee name City of Harlingen	
6 Amount (\$) 1,300⁰⁰	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Ricardo L. Mondos	Office sought Mayor
Date 2/23/13	Payee name Medina Consulting Group	
Amount (\$) 2,001³⁹	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Ricardo L. Mondos	Office sought Mayor
Date 2/23/13	Payee name Maria C. Gonzalez	
Amount (\$) 860⁰⁰	Payee address; City; State; Zip Code 3533 Cessena Ave 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Ricardo Mondos	Office sought Mayor
Date 2/23/13	Payee name Consuelo James	
Amount (\$) 250⁰⁰	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Ricardo Mondos	Office sought Mayor

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: <i>10 Run</i>	2 FILER NAME <i>Rick Morales</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>March 7, 2013</i>	5 Payee name <i>Maria C. Donzales</i>
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6 Amount (\$) <i>860⁰⁰</i>	7 Payee address; City; State; Zip Code <i>3533 Cassara Ave. Edinburg 78542</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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9 Complete ONLY 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 <i>March 8, 2013</i>	Payee name <i>Medina Consulting Group</i>
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Amount (\$) <i>1,500</i>	Payee address; City; State; Zip Code <i>320 El Paso St. San Antonio TX 78207</i>
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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)
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Complete ONLY 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 <i>March 12, 2013</i>	Payee name <i>Medina Consulting Group</i>
-------------------------------	--

Amount (\$) <i>597.85</i>	Payee address; City; State; Zip Code <i>320 El Paso St. San Antonio TX 78207</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	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 <i>Rick Morales</i>	Office sought <i>Mayor</i>	Office held
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Date <i>March 15, 2013</i>	Payee name <i>Maria C. Donzales</i>
-------------------------------	--

Amount (\$) <i>665⁰⁰</i>	Payee address; City; State; Zip Code <i>3533 Cassara Ave Edinburg TX 78542</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</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>	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 (\$) ^{PLM} 1,860 ⁰⁰		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 Mayor	
Date March 7, 2013		Payee name Medina Consulting Group			
Amount (\$) ^{PLM} 1,500 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 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 Mayor	
Date March 8, 2013		Payee name Consuelo James			
Amount (\$) ^{PLM} 500 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		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	
Date March 1, 2013		Payee name Maria C. Donzales			
Amount (\$) ^{PLM} 800 ⁰⁰		Payee address; City; State; Zip Code 3533 Cessena Hue Edinburg 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 Mayor	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Mondes* 3 ACCOUNT # (Ethics Commission Filers)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED