

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
**Dr. Prisci Roca**  
 NICKNAME LAST SUFFIX  
**Tipton**

OFFICE USE ONLY

Date Received

Received

JAN 16 2019

5:00 PM

Office of the  
Chief Financial Officer

Date Hand-delivered or Date Postmarked

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**1484 Sunshine Road, Brownsville,  
Texas 78521**

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(956) 266-4449**

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
**Mr. Alfredo**  
 NICKNAME LAST SUFFIX  
**De La Fuente**

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

**7620 Victoria Court, Brownsville, Texas  
78521**

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(956) 838-2700**

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign  
treasurer appointment  
(Officeholder Only)  
 July 15  8th day before election  Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
**10 / 30 / 18 THROUGH 1 / 11 / 19**

11 ELECTION

ELECTION DATE

Month Day Year  
**11 / 6 / 18**

ELECTION TYPE

Primary  Runoff  Other  
Description  
 General  Special

**School District**

12 OFFICE

OFFICE HELD (if any)

**Brownsville Independent  
School District, Board of  
Trustees, Place 4**

13 OFFICE SOUGHT (if known)

**Brownsville Independent  
School District, Board of  
Trustees, Place 4.**

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Dr. Prisci Roca Tipton 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / 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 n/a

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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>25,605.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>109.28</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,054.28</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>40.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3,587.17</u>

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.

Prisci Roca Tipton  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Prisci Roca Tipton, this the 16 day of August, 2016, to certify which, witness my hand and seal of office.

Patricia C. Perez  
Signature of officer administering oath

Patricia C. Perez  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> <i>Dr. Priscu Roca-Tiofen</i>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>21,200</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>1,405</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>3,587.17</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2,054.28</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>16,479</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1076</b>
2 FILER NAME <b>Dr. Prisci Roca Tipton</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/31/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Orthopedic Institute of Dio Gravelandia</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>1203 E. Alton Glen Blvd., Braunsville, TEXAS 78521</b>		
8 Principal occupation / Job title (See Instructions) <b>Medical Professional</b>		9 Employer (See Instructions) <b>Self-Employed</b>
Date <b>10/30/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leslie Bingham</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>7 MEDICAL DRIVE, BRAUNSVILLE TX 78521</b>		
Principal occupation / Job title (See Instructions) <b>Medical Professional</b>		Employer (See Instructions) <b>Self-Employed</b>
Date <b>10/1/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BALTHAZAR SALAZAR</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>8814 BIRCH ACRES, HOUSTON, TX 77074</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Private Practice</b>
Date <b>11/1/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Fernando Ramirez Gomez</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>5806 Hiking Post Drive, Braunsville, TEXAS, 78521</b>		
Principal occupation / Job title (See Instructions) <b>Medical Professional</b>		Employer (See Instructions) <b>Self-Employed</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 6

2 FILER NAME

Dr. Priscilla Roca Tiotun

3 Filer ID (Ethics Commission Filers)

4 Date

11/12/18

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JOSE LUIS AYALA

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

533 Wilderness Lane, Brownsville, TX 78526

8 Principal occupation / Job title (See Instructions)

Medical Professional

9 Employer (See Instructions)

Self-Employed

Date

11/12/18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

John Shergold

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

5 Paloverde, Brownsville, TX 78521

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Private Practice

Date

11/12/18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Lineberger, Goggain, Blair & Simpson, LLP

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

P.O. Box 17426, Austin, TX 78780

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Private Practice

Date

11/15/18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ESPARZA & ESPARZA, LLP

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

964 G. Los Ebanos, Brownsville, TX 78521

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Private Practice

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 6

2 FILER NAME

Dr. Priscilla Roca Tipton

3 Filer ID (Ethics Commission Filers)

4 Date

11/21/18

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ANTONIO JUAREZ

7 Amount of contribution (\$)

300.00

6 Contributor address;

City; State; Zip Code

140 PIZANTO AVE., BROWNSVILLE, TX  
77820

8 Principal occupation / Job title (See Instructions)

CPA

9 Employer (See Instructions)

Self-Employed

Date

11/22/18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Lizzie Ptegnat

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1622 South Houston Dr. Houston, TX  
77050

Principal occupation / Job title (See Instructions)

ACCOUNT EXECUTIVE

Employer (See Instructions)

Schneider Electric

Date

11/29/18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Ron McVey

Amount of contribution (\$)

4,000.00

Contributor address;

City; State; Zip Code

318 E. 18th St. Unit 21, Weslaco, TX  
78596

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Self-Employed

Date

11/30/18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Rogelio OR Ruth GARZA

Amount of contribution (\$)

1,000.00

Contributor address;

City; State; Zip Code

424 Yucca, McAllen, TX 78504

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Self-Employed

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
4 of 6

2 FILER NAME  
Dr. Arisui Roca-Tipton

3 Filer ID (Ethics Commission Filers)

4 Date  
11/26/18

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Edward Barrera

6 Contributor address; City; State; Zip Code  
113 Poplar Drive, Buda, TX 78610

7 Amount of contribution (\$)  
1,200.00

8 Principal occupation / Job title (See Instructions)  
Educational Consultant

9 Employer (See Instructions)  
Self-Employed

Date  
12/15/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Hamilton G. Rucker

Contributor address; City; State; Zip Code  
PO Box 512147, Houston, TX 77254

Amount of contribution (\$)  
200.00

Principal occupation / Job title (See Instructions)  
Consultants

Employer (See Instructions)  
Self-Employed

Date  
12/16/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Alejandro G. Coronado

Contributor address; City; State; Zip Code  
PO Box 4554, Brownsville, TX 78533

Amount of contribution (\$)  
250.00

Principal occupation / Job title (See Instructions)  
Consultants

Employer (See Instructions)  
Self-Employed

Date  
12/15/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Norman Jolly JR.

Contributor address; City; State; Zip Code  
309 Terrace, Houston, TX 77007

Amount of contribution (\$)  
500.00

Principal occupation / Job title (See Instructions)  
Consultants

Employer (See Instructions)  
Self-Employed

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

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 6

2 FILER NAME

Dr. Prisci Roca Tipton

3 Filer ID (Ethics Commission Filers)

4 Date

12/5/18

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Hami Hon G. Pucker

7 Amount of contribution (\$)

200.00

6 Contributor address; City; State; Zip Code

P.O. Box 54247, Houston, TX 77254

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

Self-Employed

Date

11/15/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

TREDA TEXAS ASSOCIATION OF REALTORS  
OF POLITICAL ACTION COMMITTEE

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

P.O. Box 2248, Austin, TX 78708-2248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/5/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Law office of Colby Lewis

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

405 Main Street, Whitefish Bay, Houston, TX 77002

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Private Practice

Date

12/7/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Ron McVey

Amount of contribution (\$)

8,000.00

Contributor address; City; State; Zip Code

318 E. 18th St. Unit 21, Waco, TX 76796

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Self-Employed

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
6 of 6

2 FILER NAME

Dr. Prisci Rocca Tipton

3 Filer ID (Ethics Commission Filers)

4 Date

11/08/18

5 Full name of contributor

Lineberger Foggain Blair & Simpson LLP

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

P.O. Box 17426 Austin, TX 78780

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Private Practice

Date

11/11/19

Full name of contributor

Jordan P. Goldschmidt

Amount of contribution (\$)

1,000.00

Contributor address;

4500 Carmen Ave., Braunschweig, TX 78520

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Self-Employed

Date

11/11/19

Full name of contributor

Ricardo P. Filizola

Amount of contribution (\$)

800.00

Contributor address;

225 Palo Verde, Braunschweig, TX 78521

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Self Employed

Date

11/11/19

Full name of contributor

Jessie R. Gonzalez

Amount of contribution (\$)

1,000.00

Contributor address;

15410 Los Saabales, Braunschweig, TX 78520-8441

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Self-Employed

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages - Schedule A2: 1 of 1	
2 FILER NAME DR. Arisu Roca Tipton		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 11/14/18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BALTAZAR SALAZAR	8 Amount of Contribution \$ \$1,105	9 In-kind contribution description Advertising (Brownsville Herald)
7 Contributor address; City; State; Zip Code 8814 Brae Acres, Houston, TX 77074		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Attorney		11 Employer (FOR NON-JUDICIAL) (See Instructions) Private Practice	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 11/6/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward Bustos	Amount of Contribution \$ \$300	In-kind contribution description EVENT (20cabo's)
Contributor address; City; State; Zip Code 327 Ocean Blvd. Brownsville, TX 78521		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Health Office Manager		Employer (FOR NON-JUDICIAL) (See Instructions) AK HealthCare Management	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			


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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1 of 1</b>
2 FILER NAME <b>Dr. Priscu Roca Tipton</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>0</b>
5 Date of loan <b>11/1/18</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Priscu Roca Tipton</b>	9 Loan Amount (\$) <b>3,587.17</b>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <b>1484 Sunshine Road, Brownsville TEXAS 78521</b>	10 Interest rate <b>n/a</b>
		11 Maturity date <b>n/a</b>
12 Principal occupation / Job title (See Instructions) <b>Director</b>		13 Employer (See Instructions) <b>TEXAS Southmost College</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor <b>n/a</b> 18 Guarantor address; City; State; Zip Code <b>n/a</b>	19 Amount Guaranteed (\$) <b>n/a</b>
20 Principal Occupation (See Instructions) <b>n/a</b>		21 Employer (See Instructions) <b>n/a</b>
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>10 F1</b>	2 FILER NAME <b>Dr. Prisci Roca Tipton</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/31/18</b>	5 Payee name <b>The Brownsville Herald</b>
---------------------------	---

6 Amount (\$) <b>1,400.00</b>	7 Payee address; City; State; Zip Code <b>1135 E. Van Buren, Brownsville, Texas 78520</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>11/2/18</b>	Payee name <b>Mary Mother of Church</b>
------------------------	--

Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>1914 Barnard Road, Brownsville, Texas 78520</b>
------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Gift/Award Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>10/31/18</b>	Payee name <b>EL Yall Noticias</b>
-------------------------	---------------------------------------

Amount (\$) <b>925.00</b>	Payee address; City; State; Zip Code <b>2032 Resaca Vista, Brownsville, Texas 78520</b>
------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>1 of 3</b>	2 FILER NAME <b>Dr. Prisci Rocca Tipton</b>	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date <b>11/6/18</b>	5 Payee name <b>Odivio Rosales</b>
--------------------------	---------------------------------------

6 Amount (\$) <b>3,600</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>36028 FM 2480, LOS FRESNOS, TEXAS 78566</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising (sign-early &amp; general)</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/6/18</b>	Payee name <b>Julia Rosales</b>
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Amount (\$) <b>2,400</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>36028 FM 2480, LOS FRESNOS, TEXAS 78566</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising (sign-early &amp; general)</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/6/18</b>	Payee name <b>Claudia Hernandez</b>
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Amount (\$) <b>2,400</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>36028 FM 2480, LOS FRESNOS, TEXAS 78566</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising (sign-early &amp; general)</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>2013</b>	2 FILER NAME <b>Dr. Pisci Roca Tripton</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>11/6/18</b>	5 Payee name <b>Mauricia Roca</b>
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6 Amount (\$) <b>1,466</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1484 Sunshine Rd, Brownsville, TX 78521</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising (Sign Early) &amp; (General)</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/6/18</b>	Payee name <b>Ricardo Roca</b>
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Amount (\$) <b>1,666</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1484 Sunshine Rd, Brownsville, TX 78521</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising (Sign Early) &amp; (General)</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/6/18</b>	Payee name <b>MAY Roca</b>
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Amount (\$) <b>3,081</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1484 Sunshine Rd, Brownsville, TX 78521</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising (Sign Early) &amp; (General)</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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 MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>3 of 3</b>	2 FILER NAME <b>Dr. Priscilla Roca Tipton</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>11/6/18</b>	5 Payee name <b>Ramiro Garcia</b>
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6 Amount (\$) <b>1,666</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1484 Sunshine Rd., Brownsville, TX 78521</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising (Sign - Early Show)</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY 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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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**