

# 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:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI <i>Dr. Prisci Roca</i> NICKNAME LAST SUFFIX <i>Tipton</i>	<b>OFFICE USE ONLY</b> <b>BISD</b>	
		Date Received <b>Received</b>  <b>OCT 09 2018</b> <i>3:43 PM</i> <i>Office of the Chief Financial Officer</i>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1484 Sunshine Rd Brownsville TX 78521</i>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <i>(956) 266-4449</i>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI <i>Mr. Alfredo</i> NICKNAME LAST SUFFIX <i>De LA Fuente</i>	Receipt #	Amount \$
		Date Processed	
		Date Imaged	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>7620 Victoria Court Brownsville TX 78521</i>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <i>(956) 838-2700</i>		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month Day Year      Month Day Year <i>7 / 26 / 18</i> THROUGH <i>10 / 06 / 18</i>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <i>11 / 06 / 18</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <i>School District</i>	
<b>12 OFFICE</b>	OFFICE HELD (if any) <i>n/a</i>	<b>13 OFFICE SOUGHT (if known)</b> <i>Brownsville Independent School District, Board of Trustees, PLACE 4</i>	

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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		<u>n/a</u>
	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>206.83</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>14,723.24</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>1,179.11</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>12,436.79</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>20.04</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</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.

Dr. Prisci Roca Tipton  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dr. Prisci Roca Tipton, this the 9 day of Oct, 2018, to certify which, witness my hand and seal of office.

Patricia C Perez      Patricia C Perez      Notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Dr. Prisci Roca Tipton</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>8,550.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>5,966.41</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>3,700.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>11,257.68</i>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>350.00</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 4

2 FILER NAME

Dr. Prisci Roca-Tipton

3 Filer ID (Ethics Commission Filers)

4 Date

8/28/18

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

Samuel Guerrero

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address; City; State; Zip Code

5156 N. EXPRESSWAY BROWNSVILLE TX 77801

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Self-Employed

Date

8/28/18

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

Mary E. Flores

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

1355 Lantana Ln. Brownsville, TX 77826

Principal occupation / Job title (See Instructions)

Retired Educator / Administrator

Employer (See Instructions)

Date

8/28/18

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

Suryaprakash Raguthu

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

P.O. Box 5386 Brownsville, TX 77823

Principal occupation / Job title (See Instructions)

Medical Doctor

Employer (See Instructions)

Self-Employed

Date

9/7/18

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

Ron McKley

Amount of contribution (\$)

\$1,500.00

Contributor address; City; State; Zip Code

3000 N. Westgate Westlaco, TX 78599

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:  
2 of 4

2 FILER NAME  
Dr. Prisci Roca-Torton

3 Filer ID (Ethics Commission Filers)

4 Date: 9/7/18  
5 Full name of contributor: Gilbert Garzoria  
 out-of-state PAC (ID#: \_\_\_\_\_)  
6 Contributor address; City; State; Zip Code  
5260 Wilderness Dr., Brownsville TX 78506

7 Amount of contribution (\$)  
\$1,000.00

8 Principal occupation / Job title (See Instructions)  
Construction / Commercial Roofing

9 Employer (See Instructions)  
Self-Employed

Date: 9/8/18  
Full name of contributor: Samuel Guerrero  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code  
5150 N. EXPRESSWAY Brownsville, TX 78506

Amount of contribution (\$)  
\$1,000.00

Principal occupation / Job title (See Instructions)  
Business Owner

Employer (See Instructions)  
Self-Employed

Date: 9/11/18  
Full name of contributor: Joe De La Fuente  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code  
11081 E. Los Ebanos Brownsville, TX 78501

Amount of contribution (\$)  
\$100.00

Principal occupation / Job title (See Instructions)  
Realtor

Employer (See Instructions)  
Remax Sun Valley Realtor

Date: 9/11/18  
Full name of contributor: Manuel Hinojosa  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code  
1846 N. Shore Dr., Port Isabel, TX 78578

Amount of contribution (\$)  
\$500.00

Principal occupation / Job title (See Instructions)  
Architect

Employer (See Instructions)  
Business Owner

**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: **3 of 4**

2 FILER NAME

**Dr. Pisci Roca Tipton**

3 Filer ID (Ethics Commission Filers)

4 Date

**9/12/18**

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

**Adela Garza**

7 Amount of contribution (\$)

**\$200.00**

6 Contributor address; City; State; Zip Code

**P.O. Box 473 Olmito, TX 78575**

8 Principal occupation / Job title (See Instructions)

**Community Member**

9 Employer (See Instructions)

Date

**9/11/18**

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

**Alfredo De La Fuente**

Amount of contribution (\$)

**\$1,000.00**

Contributor address; City; State; Zip Code

**16632 Amora Dr., Brownsville, TX 78516**

Principal occupation / Job title (See Instructions)

**Commercial Welding**

Employer (See Instructions)

**Self-Employed**

Date

**9/29/18**

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

**John L. Shergold**

Amount of contribution (\$)

**\$500.00**

Contributor address; City; State; Zip Code

**5 Palo Verde, Brownsville, TX 78521**

Principal occupation / Job title (See Instructions)

**Attorney**

Employer (See Instructions)

**Private Practice**

Date

**10/3/18**

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

**Leo R. Garza**

Amount of contribution (\$)

**\$150.00**

Contributor address; City; State; Zip Code

**1426 Tamarack Dr. Brownsville, TX 78520**

Principal occupation / Job title (See Instructions)

**Occupational Therapist Registered**

Employer (See Instructions)

**South Texas Rehabilitation Hospital**

**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 4

2 FILER NAME

Dr. Prisci Rocca Tipton

3 Filer ID (Ethics Commission Filers)

4 Date

8/15/18

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

Michael J. Ceneras

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

67 North Tupelo Circle, Brownsville, TX 78521

8 Principal occupation / Job title (See Instructions)

General Contractor

9 Employer (See Instructions)

Self-Employed

Date

9/28/18

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

Gomez Building Agent

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

777 E. Harrison St., Brownsville, TX 78500

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Private Practice

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
1 of 3

2 FILER NAME  
Dr. Priscu Roca Tioton

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 0

5 Date  
8/11/18

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

8 Amount of Contribution \$ 1,167.88  
9 In-kind contribution description  
Political Signs  
 Check if travel outside of Texas. Complete Schedule T.

7 Contributor address; City; State; Zip Code  
327 Ocean Blvd. Brownsville, TX

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  
Health Office Manager

11 Employer (FOR NON-JUDICIAL) (See Instructions)  
AK Health Care Management

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  
8/23/18

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

Amount of Contribution \$ 2,500  
In-kind contribution description  
Political Signs  
 Check if travel outside of Texas. Complete Schedule T.

Contributor address; City; State; Zip Code  
3000 N. West Gate Westlark, TX 78599

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  
Consultant

Employer (FOR NON-JUDICIAL) (See Instructions)  
Self-Employed

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.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>2 of 3</i>	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>0</i>	
5 Date <i>8/27/18</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edward Bostos</i>	8 Amount of Contribution \$ <i>\$988.40</i>	9 In-kind contribution description <i>Event (Adollo's)</i>
7 Contributor address; City; State; Zip Code <i>327 Ocean Blvd. Brownsville TX 78521</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Health Office Manager</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>AK Health Care Management</i>	
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 <i>9/12/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rene O. Oliveira</i>	Amount of Contribution \$ <i>\$500</i>	In-kind contribution description <i>Event (Cobble heads)</i>
Contributor address; City; State; Zip Code <i>855 W. Price Rd. Brownsville TX 78521</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Attorney</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Private Practice</i>	
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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

3 of 3

2 FILER NAME

Dr. Prisci Roca Tioton

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

0

5 Date

10/3/18

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

Fernando Toledo

7 Contributor address; City; State; Zip Code

114 Calle Reina Brownsville, TX 78521

8 Amount of Contribution \$

\$300.13

9 In-kind contribution description

Event (mynt)

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Marketing

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Self-Employed

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

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

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

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: <u>1</u>
2 FILER NAME <u>Dr. Priscilla Roca Tipton</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>0</u>
5 Date of loan <u>8/1/2018</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Priscilla Roca Tipton</u>	9 Loan Amount (\$) <u>\$3,700.00</u>
6 Is lender a financial institution?  Y N	8 Lender address; City; State; Zip Code <u>1484 Sunshine Rd. Brownsville, TX 78521</u>	10 Interest rate <u>n/a</u>
		11 Maturity date <u>n/a</u>
12 Principal occupation / Job title (See Instructions) <u>Director</u>		13 Employer (See Instructions) <u>Texas Southmost College</u>
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 <u>n/a</u>	19 Amount Guaranteed (\$) <u>n/a</u>
	18 Guarantor address; City; State; Zip Code <u>n/a</u>	
20 Principal Occupation (See Instructions) <u>n/a</u>		21 Employer (See Instructions) <u>n/a</u>
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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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                        | 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 F1: 10 of 2	2 FILER NAME Dr. Ansu Roca Tipton	3 Filer ID (Ethics Commission Filers)
---------------------------------------	--------------------------------------	---------------------------------------

4 Date 9/30/18	5 Payee name Pink Ape Media Consulting LLC
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6 Amount (\$) \$10,000.00	7 Payee address; City; State; Zip Code 301 Pablo Kisel Blvd. Ste. B4, Brownsville, TX 78526
------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Consulting 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
------------------------------------	--	---

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

Date 8/22/18	Payee name CVS
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Amount (\$) \$175.00	Payee address; City; State; Zip Code 1484 Ruben M. Torres, Brownsville, TX 78521
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Gift/Awards Expense	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
--	-------------------------------	---------------	-------------

Date 9/12/18	Payee name Obbble heads Restaurant
-----------------	---------------------------------------

Amount (\$) \$422.83	Payee address; City; State; Zip Code 3154 Central Blvd., Brownsville, TX 78521
-------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Expense	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
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20f2	2 FILER NAME Dr. Anisi Roca Tipton	3 Filer ID (Ethics Commission Filers)
4 Date 9/18/18	5 Payee name Fiesta Graphics	
6 Amount (\$) \$194.85	7 Payee address; City; State; Zip Code 205 Paredes Lane, Brownsville TX 78501	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) 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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/29/18	Payee name Victor Bailey - Texas Girl's State Championship 2018
Amount (\$) \$140.00	Payee address; City; State; Zip Code 1305 Tesoro Avenue, Brownsville, TX 78501

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Award Expense	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
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Date 10/5/18	Payee name Brownsville Border Lions - 13th Biennial Charity Golf Tournament
Amount (\$) \$125.00	Payee address; City; State; Zip Code P.O. Box 6217 Brownsville, TX 78500

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F2: <b>1</b>	2 FILER NAME <b>Dr. Prisci Rocca Tipton</b>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ <b>0</b>
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5 Date <b>9/30/2018</b>	6 Payee name <b>AIM Media Texas</b>
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7 Amount (\$) <b>\$350.00</b>	8 Payee address; City; State; Zip Code <b>P.O. Box 3267 McAllen, TX 78502</b>
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(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
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11 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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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED