

**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)<br><b>1023379561</b>  | 2 Total pages filed:  |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR   | FIRST   | MI  |
|  | NICKNAME  | LAST  | SUFFIX  |
| MS / MRS / MR<br>FIRST<br><b>MARK</b><br>MI<br><b>A.</b><br>NICKNAME<br>LAST<br><b>CORTEZ</b><br>SUFFIX  |   | OFFICE USE ONLY<br><b>BISD</b><br>Date Received<br><b>Received</b><br><b>OCT 09 2018</b><br>1:05 <i>gju</i><br>Office of the<br>Chief Financial Officer |   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS   | ADDRESS / PO BOX;   | APT / SUITE #;  | CITY; STATE; ZIP CODE   |
| <input type="checkbox"/> Change of Address   | <b>2728 BOCA CHICA Blvd.</b><br><b>BROWNSVILLE, TEXAS 78521</b>   |   |   |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION   |
|  | <b>(956)</b>  | <b>572-0033</b>   |   |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR   | FIRST   | MI  |
|  | NICKNAME  | LAST  | SUFFIX  |
| MS / MRS / MR<br>FIRST<br><b>CESAR</b><br>MI<br><b>E.</b><br>NICKNAME<br>LAST<br><b>Amador</b><br>SUFFIX |   | Receipt #   | Amount \$   |
|  |   | Date Processed  |   |
|  |   | Date Imaged   |   |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business)   | STREET ADDRESS (NO PO BOX PLEASE);  | APT / SUITE #;  | CITY; STATE; ZIP CODE   |
|  | <b>524 McDAVITT</b><br><b>BROWNSVILLE, TEXAS 78521</b>  |   |   |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION   |
|  | <b>(956)</b>  | <b>521-9180</b>   |   |
| 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)<br><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  |
|  | <b>06</b>   | <b>08</b>   | <b>18</b>   |
|  | THROUGH   |   | Month Day Year  |
|  |   |   | <b>10 / 05 / 18</b>   |
| 11 ELECTION  | ELECTION DATE   |   | ELECTION TYPE   |
|  | Month   | Day   | Year  |
|  |   | <b>11 / 06 / 18</b>   | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)   |   |
|  | <b>N/A</b>  | <b>BROWNSVILLE ISD</b><br><b>Position #1</b>  |   |

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME MARK A. CORTEZ 15 Filer ID (Ethics Commission Filers) 1023379561

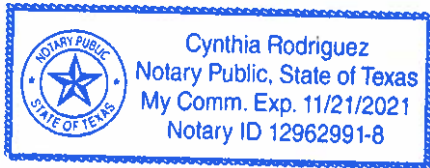
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

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

Additional Pages

|                         |   |             |
|-------------------------|---|-------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ - 0 -    |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 4,950.00 |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ - 0 -    |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 4,895.53 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 54.47    |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ - 0 -    |

**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.

M. Cortez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark A. Cortez, this the 9th day of October 20 18, to certify which, witness my hand and seal of office.

Cynthia Rodriguez Cynthia Rodriguez 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<br><i>MARK A. CORTEZ</i>    |   | 20 Filer ID (Ethics Commission Filers)<br><i>1023379561</i> |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT  |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ <i>4,950.00</i>  |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ <i>1,200.<sup>00</sup></i>                               |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ <i>4,895.53</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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$  |
| 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

2 FILER NAME **MARK A. CORTEZ** 3 Filer ID (Ethics Commission Filers)  
**1023379561**

4 Date **08-20-18** 5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_) **BAL BOA Auction Co.** 7 Amount of contribution (\$) **\$600.<sup>00</sup>**  
6 Contributor address: City: State: Zip Code  
**33120 FM 1575  
LOS FRESNOS, TEXAS 78566**

8 Principal occupation / Job title (See Instructions) **Business OWNER** 9 Employer (See Instructions)

Date **08-22-18** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_) **EAGLE INSURANCE** Amount of contribution (\$) **\$200.<sup>00</sup>**  
Contributor address: City: State: Zip Code  
**P.O. BOX 5788  
MCALLEN, TEXAS 78502**

Principal occupation / Job title (See Instructions) **Business OWNER** Employer (See Instructions)

Date **08-22-18** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_) **ERIC WILLIAMS** Amount of contribution (\$) **\$500.<sup>00</sup>**  
Contributor address: City: State: Zip Code  
**13 CROWNRISE  
BROWNSVILLE, TEXAS 78521**

Principal occupation / Job title (See Instructions) **Business OWNER** Employer (See Instructions)

Date **08-31-18** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_) **E2 Used CARS** Amount of contribution (\$) **\$250.<sup>00</sup>**  
Contributor address: City: State: Zip Code  
**1711 N. EXPRESSWAY  
BROWNSVILLE, TEXAS 78520**

Principal occupation / Job title (See Instructions) **Business OWNER** Employer (See Instructions)

*(Empty section for additional contributions)*

**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 FILER NAME

MARK A. CORTEZ

3 Filer ID (Ethics Commission Filers)

1023379561

4 Date

08-22-18

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

MARK CORTEZ

7 Amount of contribution (\$)

\$ 1,000.<sup>00</sup>

6 Contributor address; City; State; Zip Code

335 PINAR DEL RIO  
BROWNSVILLE, TEXAS 78526

8 Principal occupation / Job title (See Instructions)

- BUSINESS OWNER

9 Employer (See Instructions)

Date

09-04-18

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

MARK CORTEZ

Amount of contribution (\$)

\$ 500.<sup>00</sup>

Contributor address; City; State; Zip Code

335 PINAR DEL RIO  
BROWNSVILLE, TEXAS 78526

Principal occupation / Job title (See Instructions)

- BUSINESS OWNER

Employer (See Instructions)

;

Date

09-10-18

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

CHULA VISTA CONST.

Amount of contribution (\$)

\$ 500.<sup>00</sup>

Contributor address; City; State; Zip Code

123 OLD PORT T-SALE RD. STE  
BROWNSVILLE, TEXAS 78521 A-4

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

09-26-18

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

MICHAEL EDWARDS ALLEX

Amount of contribution (\$)

\$ 500.<sup>00</sup>

Contributor address; City; State; Zip Code

5309 HURD CT.  
HARLINGEN, TEXAS 78552

Principal occupation / Job title (See Instructions)

Business - SELF OWNER

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MARK A. CORTEZ

3 Filer ID (Ethics Commission Filers)

102337956

4 Date

09-26-18

5 Full name of contributor

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

B.B.Q. @ HICKEN FUNDRAISER

7 Amount of contribution (\$)

\$900.<sup>00</sup>

6 Contributor address; City; State; Zip Code

4425 E. 14TH  
BROWNSVILLE, TEXAS 78521

8 Principal occupation / Job title (See Instructions)

Ticket plates for  
October 06, 2018

9 Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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:  |   |
| 2 FILER NAME<br><b>MARK A. CORTEZ</b>  |  | 3 Filer ID (Ethics Commission Filers)<br><b>102337956</b>                       |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |  | \$ <b>600.<sup>00</sup></b>   |   |
| 5 Date<br><b>09-07-18</b>  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>GALAXY Embroidery</b> | 8 Amount of Contribution \$<br><b>\$600.<sup>00</sup></b>                       | 9 In-kind contribution description<br><b>POLITICAL SHIRTS</b> |
| 7 Contributor address: _____ City: _____ State: _____ Zip Code<br><b>19 Kaidoso<br/>BROWNSVILLE, TEXAS</b> |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| 10 Principal occupation Job title (FOR NON-JUDICIAL) (See Instructions)<br><b>OWNER</b>                    |  | 11 Employer (FOR NON-JUDICIAL) (See Instructions)<br><b>GALAXY Embroidery</b>   |   |
| 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 <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of Contribution \$  | In-kind contribution description |
|  | Contributor address: _____ City: _____ State: _____ Zip Code                   |  |                                  |
|  |  | <input type="checkbox"/> 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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

|   |  |   |  |
|---|--|---|--|
| The Instruction Guide explains how to complete this form.   |  | 1   |  |
| 2 FILER NAME<br><b>MARK A. CORTEZ</b>   |  | 3 Filer ID (Ethics Commission Filers)<br><b>102337956</b>                       |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS   |  | \$ <b>600.</b>  |  |
| 5 Date<br><b>09-10-18</b>   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#<br><b>Sergio SANTIAGO</b> | 8 Amount of Contribution \$<br><b>\$600.</b>                                    | 9 In-kind contribution description<br><b>POLITICAL SIGNS</b> |
| 7 Contributor address: City: State: Zip Code<br><b>123 Old Port Isabel Rd. STE BROWNSVILLE, TEXAS 77821 A-4</b> |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><b>Self Employee</b>               |  | 11 Employer (FOR NON-JUDICIAL) (See Instructions)<br><b>CHULA VISTA CONST.</b>  |  |
| 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 <input type="checkbox"/> out-of-state PAC ID# | Amount of Contribution \$  | In-kind contribution description |
|  | Contributor address: City: State: Zip Code                             |  |                                  |
|  |  | <input type="checkbox"/> 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.



# 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 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: 2 FILER NAME **MARK A. CORTEZ** 3 Filer ID (Ethics Commission Filers) **1023379561**

4 Date **08-31-18** 5 Payee name **J. A. SPORTS**

6 Amount (\$) **\$400.<sup>00</sup>** 7 Payee address; City; State; Zip Code  
**4627 CENTRAL CIRCLE  
 BROWNSVILLE, TEXAS 78521**

8 PURPOSE OF EXPENDITURE **Political Signs**

(a) Category (See Categories listed at the top of this schedule)

(b) Description  
 Check if travel outside of Texas. Complete Schedule T  
 Check if Austin, TX, officeholder living expense

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

Date **08-31-18** Payee name **UNlimited PRINTING**

Amount (\$) **102.84** Payee address; City; State; Zip Code  
**2685 N. CORIA STREET Ste A-1  
 BROWNSVILLE, TEXAS 78520**

PURPOSE OF EXPENDITURE **Political PUSH CARDS**

Category (See Categories listed at the top of this schedule)

Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense

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

Date **09-04-18** Payee name **J. A. SPORTS**

Amount (\$) **\$411.88** Payee address; City; State; Zip Code  
**4627 CENTRAL CIRCLE  
 BROWNSVILLE, TEXAS 78521**

PURPOSE OF EXPENDITURE **POLITICAL Signs**

Category (See Categories listed at the top of this schedule)

Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES 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

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:                                   |  | 2 FILER NAME<br><i>MARK A. CORTEZ</i>  |  | 3 Filer ID (Ethics Commission Filers)<br><i>1023379561</i>   |  |
| 4 Date<br><i>08-22-18</i>                                    |  | 5 Payee name<br><i>Amigo</i>   |  |  |  |
| 6 Amount (\$) <i>CO</i><br><i>\$1500.</i>                    |  | 7 Payee address; City: State: Zip Code<br><i>355 W. ELIZABETH<br/>BROWNSVILLE, TEXAS 78520</i>           |  |  |  |
| 8 PURPOSE OF EXPENDITURE                                     |  | (a) Category (See categories listed at the top of this schedule)<br><i>POLITICAL GRAPHIC DESIGN</i>      |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><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  |  |
| Date<br><i>08-28-18</i>                                      |  | Payee name<br><i>DeLuxe</i>  |  |  |  |
| Amount (\$) <i>CO</i><br><i>24.45</i>                        |  | Payee address; City: State: Zip Code<br><i>3680 VICTORIA STREET NORTH<br/>SHOREVIEW, MN, 55126</i>       |  |  |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br><i>Political Campaign Account Checks</i> |  | Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><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  |  |
| Date<br><i>09-04-18</i>                                      |  | Payee name<br><i>TEXAS DEMOCRATIC PARTY</i>  |  |  |  |
| Amount (\$) <i>CO</i><br><i>\$190.</i>                       |  | Payee address; City: State: Zip Code<br><i>1106 LAVACA ST #106<br/>AUSTIN, TEXAS 78701</i>               |  |  |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br><i>TEXAS POLITICAL VAN</i>               |  | Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><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  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES 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)  |

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| 1 Total pages Schedule F1:               | 2 FILER NAME<br><b>MARK A. CORTAZ</b>   | 3 Filer ID (Ethics Commission Filers)<br><b>1023379561</b>   |
| 4 Date<br><b>09-04-18</b>                | 5 Payee name<br><b>J. A. SPORTS</b>   |  |
| 6 Amount (\$) <b>\$350.<sup>00</sup></b> | 7 Payee address; City; State; Zip Code<br><b>4627 CENTRAL CIRCLE<br/>BRONNSVILLE, TEXAS 78521</b> |  |
| 8 PURPOSE OF EXPENDITURE                 | (a) Category (See categories listed at the top of this schedule)<br><b>Political signs</b>        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |

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

|                            |   |  |  |
|----------------------------|---|--|--|
| Date<br><b>09-12-18</b>    | Payee name<br><b>UNlimited Printing</b>   |  |  |
| Amount (\$) <b>\$70.36</b> | Payee address; City; State; Zip Code<br><b>2685 N. CORIA Ste A-1<br/>BRONNSVILLE, TEXAS 78520</b> |  |  |
| PURPOSE OF EXPENDITURE     | Category (See categories listed at the top of this schedule)<br><b>Political</b>                  | Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
|                            | <b>B. B. CHICKEN tickets</b>  |  |  |

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

|  |   |  |  |
|--|---|--|--|
| Date<br><b>09-20-18</b>                | Payee name<br><b>J. A. SPORTS</b>   |  |  |
| Amount (\$) <b>\$500.<sup>00</sup></b> | Payee address; City; State; Zip Code<br><b>4627 CENTRAL CIRCLE<br/>BRONNSVILLE, TEXAS 78521</b> |  |  |
| PURPOSE OF EXPENDITURE                 | Category (See categories listed at the top of this schedule)<br><b>Political</b>                | Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
|  | <b>signs</b>  |  |  |

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES 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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | 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:         | 2 FILER NAME<br><b>MARK A. CORTES</b>  | 3 Filer ID (Ethics Commission Filers)<br><b>1023379561</b>   |
| 4 Date<br><b>09-21-18</b>          | 5 Payee name<br><b>J. A. SPORTS</b>  |  |
| 6 Amount (\$)<br><b>\$124.25</b>   | 7 Payee address: City: State: Zip Code<br><b>4627 CENTRAL CIRCLE<br/>BRONNSVILLE, TEXAS 78521</b>  |  |
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See categories listed at the top of this schedule)<br><b>POLITICAL<br/>SIGNS</b>   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|                                    | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |
| Date<br><b>09-24-18</b>            | Payee name<br><b>LONE STAR NATIONAL BANK</b>   |  |
| Amount (\$)<br><b>\$44.54</b>      | Payee address: City: State: Zip Code<br><b>100 PAREDES LINE Rd.<br/>BRONNSVILLE, TEXAS 78521</b>   |  |
| <b>PURPOSE OF EXPENDITURE</b>      | Category (See categories listed at the top of this schedule)<br><b>BANK FEES</b>   | Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|                                    | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |
| Date<br><b>09-27-18</b>            | Payee name<br><b>J. A. SPORTS</b>  |  |
| Amount (\$)<br><b>\$1,177.21</b>   | Payee address: City: State: Zip Code<br><b>4627 CENTRAL CIRCLE<br/>BRONNSVILLE, TEXAS 78521</b>  |  |
| <b>PURPOSE OF EXPENDITURE</b>      | Category (See categories listed at the top of this schedule)<br><b>POLITICAL<br/>SIGNS</b>   | Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|                                    | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED