

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) 1023379561 | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: _____ FIRST: _____ MI: _____ NICKNAME: MARK LAST: CORTEZ SUFFIX: A. | OFFICE USE ONLY BISD Date Received: Received OCT 30 2018 3:29 PM Office of the Chief Financial Officer | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX, APT / SUITE #: 2728 BOCA CHICA Blvd. BROWNSVILLE, TEXAS 78521 | Date Hand-delivered or Date Postmarked: | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE: (956) PHONE NUMBER: 572-0033 EXTENSION: _____ | Receipt #: _____ Amount \$: _____ Date Processed: _____ Date Imaged: _____ | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: _____ FIRST: CESAR MI: _____ NICKNAME: _____ LAST: AMADOR SUFFIX: E | Date Hand-delivered or Date Postmarked: | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #: 524 McDavit + BROWNSVILLE, TEXAS 78521 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: (956) PHONE NUMBER: 521-9180 EXTENSION: _____ | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 10 / 06 / 18 THROUGH 10 / 30 / 18 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11 / 06 / 18 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) N/A | 13 OFFICE SOUGHT (if known) BROWNSVILLE ISD Position #1 | |

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 <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) | \$ 6,178.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ - 0 - |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 4,997.37 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 1235.00 |
| 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 30th day of October, 20 18, to certify which, witness my hand and seal of office.

Cynthia Rodriguez
Signature of officer administering oath

Cynthia Rodriguez
Printed name of officer administering oath

notary
Title of officer administering oath

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 MARK A. CORTEZ | | 3 Filer ID (Ethics Commission Filers) 102337956 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 10-06-18 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sergio SANTIAGO | 8 Amount of Contribution \$ 200.⁰⁰ | 9 In-kind contribution description CHICKEN FOR FUNDRAISER ON 10/06/18 |
| 7 Contributor address: City: State: Zip Code 123 OLD PORT ISABEL Rd. STE 4 BROWNSVILLE, TEXAS 77821 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYEE | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) CHULA VISTA CONST. | |
| 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#: Contributor address: City: State: Zip Code | Amount of Contribution \$ | In-kind contribution description |
| | | | <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.

SUBTOTALS - C/OH

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

| | |
|---|--|
| 19 FILER NAME MARK A. CORTEZ | 20 Filer ID (Ethics Commission Filers) 1023379561 |
|---|--|

| | 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|-----|---|--------------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 6,178.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 200.00 |
| 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 | \$4,997.37 |
| 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

10-10-18

5 Full name of contributor

out-of-state PAC (ID#: _____)

NORMAN Z. CORDOVA

6 Contributor address; City; State; Zip Code

1206 SA SAN DRIVE
EDINBURG TEXAS 78539

7 Amount of contribution (\$)

\$ 750.⁰⁰

8 Principal occupation / Job title (See Instructions)

SELF - EMPLOYED - BUSINESS MAN

9 Employer (See Instructions)

Date

10-15-18

Full name of contributor

out-of-state PAC (ID#: _____)

B.B.Q. CHICKEN FUNDRAISER

Contributor address; City; State; Zip Code

4425 E. 14TH
BROWNSVILLE, TEXAS 78521

Amount of contribution (\$)

\$ 728.⁰⁰

Principal occupation / Job title (See Instructions)

TICKETS PLATES FOR
OCTOBER 06, 2018

Employer (See Instructions)

Date

10-18-18

Full name of contributor

out-of-state PAC (ID#: _____)

MARK CORTEZ

Contributor address; City; State; Zip Code

335 PINAR DEL RIO
BROWNSVILLE, TEXAS 78526

Amount of contribution (\$)

\$ 2,000.⁰⁰

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

Date

10-22-18

Full name of contributor

out-of-state PAC (ID#: _____)

JOE SALAZAR III

Contributor address; City; State; Zip Code

611 E. LOOP 499
HARLINGEN, TEXAS 78550

Amount of contribution (\$)

\$ 500.⁰⁰

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

10-23-18

BALBOA Auction Co.

\$200.⁰⁰

6 Contributor address; City; State; Zip Code

33120 Fm 1575
LOS FRESNOS, TEXAS 78566

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

10-23-18

MARK CORTEZ

1,000.⁰⁰

Contributor address; City; State; Zip Code

335 PINAR DEL RIO
BROWNSVILLE, TEXAS 78526

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Business OWNER

Date

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

Amount of contribution (\$)

10-26-18

MARK CORTEZ

1,000.⁰⁰

Contributor address; City; State; Zip Code

335 PINAR DEL RIO
BROWNSVILLE, TEXAS 78526

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Business OWNER

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.

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

4 Date **10-15-18** 5 Payee name **J. A. SPORTS**

6 Amount (\$) **\$250.00** 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): **Political Signs**
 (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 **10-18-18** Payee name **J. A. SPORTS**

Amount (\$) **\$713.43** 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): **POLITICAL SIGNS**
 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 **10-18-18** Payee name **UNLIMITED PRINTING**

Amount (\$) **\$323.67** Payee address: City: State: Zip Code
**2685 N. CORIA STE A-1
 BROWNSVILLE, TEXAS 78520**

PURPOSE OF EXPENDITURE: **POLITICAL PUSH CARDS**
 Category (See categories listed at the top of this schedule): **POLITICAL PUSH CARDS**
 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 | 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 |
| | 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 **10-19-18** 5 Payee name **U.S. PS**

6 Amount (\$) **\$ 1465.80** 7 Payee address City: State Zip Code
**1535 E. LOS EBANOS Blvd.
BROWNSVILLE, TEXAS 78520**

8 PURPOSE OF EXPENDITURE **POLITICAL POSTAGE MAILER**

(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 **10-19-18** Payee name **BORDER PRESS**

Amount (\$) **1179.93** Payee address City: State Zip Code
**620 E. PRICE
BROWNSVILLE, TEXAS 78521**

PURPOSE OF EXPENDITURE **POLITICAL POST 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 **10-24-18** Payee name **LONE STAR NATIONAL BANK**

Amount (\$) **\$ 8.56** Payee address City: State Zip Code
**100 PAREDES LINE Rd.
BROWNSVILLE, TEXAS 78521**

PURPOSE OF EXPENDITURE **BANK FEES**

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

| | |
|---------------------------|----------------------------------|
| 4 Date 10-23-18 | 5 Payee name AIM MEDIA |
|---------------------------|----------------------------------|

| | |
|---|---|
| 6 Amount (\$) 1,050.⁰⁰ | 7 Payee address; City; State; Zip Code 1135 E. VAN BAREN ST. BROWNSVILLE, TEXAS 78520 |
|---|---|

| | | |
|------------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) POLITICAL Advertisement | (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 10-29-18 | Payee name LONE STAR NATIONAL BANK |
|-------------------------|--|

| | |
|----------------------------|--|
| Amount (\$) 5.98 | Payee address; City; State; Zip Code 100 PAREDES LINE Rd. BROWNSVILLE, TEXAS 78521 |
|----------------------------|--|

| | | |
|-------------------------------|--|---|
| 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 |
|-------------------------------|--|---|

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

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|-------------------------------|--|---|
| 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 |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 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