FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS/MRS/MR **FIRST** MI OFFICE USE ONLY **OFFICEHOLDER** Regoberto NAME RECEIVED DALLAS COUNTY ELECTIONS NICKNAME LAST **SUFFIX** Cortez 2016 JAN 15 02:17 PM CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 6535 Latta St MAILING **ADDRESS** Receipt # Amount Change of Address Dallas, TX 75227 Date Processed Date imaged CAMPAIGN FIRST Edward MS/MRS/MR Sanche 2 TREASURER NAME NICKNAME LAST **SUFFIX CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: STATE: ZIP CODE **TREASURER ADDRESS** 2130 marfa Aye Dallas, Tx 75216 (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 214 794-4351 REPORT TYPE X January 15 30th day before election Runoff 15th day after campaign treasurer lx! appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD Month Day Year Month Day Year COVERED 12/14/2015 **THROUGH** 01/15/2016 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year x Primary Runoff Other 03/01/2016 General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) None Place DALLAS District 1 DALLAS COUNTY COMMISSIONER PRECINCT 1 Place DALLAS COUN District 1 **GO TO PAGE 2** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.0.34225

CANDIDATE / OFFICEHOLDER

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Cortez, Regoberto		14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)		political contributions accepted or political expenditual expenditures may have been made without dofficeholders are required to report this information			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	S		
L6 CONTRIBUTION TOTALS	LOANS, OR GUA	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	HAN PLEDGES,	\$	0.00
	(OTHER THAN P	AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS		\$	1,700.00
EXPENDITURE TOTALS	3. TOTAL POLITICA	AL EXPENDITURES OF \$100 OR LESS, UNLESS I	TEMIZED	\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	1,494.47
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PER	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	ST DAY OF THE	\$	206.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPA OF THE REPORT	AL AMOUNT OF ALL OUTSTANDING LOANS AS C TING PERIOD	OF THE LAST DAY	\$	1,400.00
7 AFFADAVIT					
	KATHY ANN GLYNN Notery Public STATE OF TEXAS My Corum. Exp. Aug. 18, 2016	I swear, or affirm, under penalty of true and correct and includes all under Title 15, Election Code.	of perjury, that the acco	ompanying r be reported	report is I by me
3		Signature of C	andidate or Officehold	er	
AFFIX NOT	TARY STAMP / SEAL ABO	•			
Sworn to and subsc	ribed before me, by the said	d REGORERIO CORTEZ ify which, witness my hand and seal of office.	_, this the	$\nu_{}$	_day
Migrature to office	Affilia er adhirjistering	Printed name of officer administering	Administrat	ive A	Gistant .
rms provided by Tay	as Ethics Commission		LIEUTUMS P	OMINE	strautor
mo provided by Tex	as Eurics Commission	www.ethics.state.tx.us		Version	V1.0.34225

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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Co	ortez, R	egoberto			
20 SC	CHEDUL	E SUBTOTALS	·		
N/	AME OF	SCHEDULE		SUBTO	TAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,700.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
		,		3	
з.		SCHEDULE B. DI EDGED CONTRIBUTIONS			
J 3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
-					
4.	X	SCHEDULE E: LOANS		\$	1,400.00
				·	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		.	1 404 47
L			,	\$	1,494.47
		SCUEDULE FO. LINDAID INCUIDATE ON LOATIONS		-	W
6.	Ll	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
			-		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS I	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
				Ф	
9.		SCHEDING C. DOLLTICAL EVENDETURES TROM DEDOCUMENTO			
Э.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS I	\$	
				Ψ	
12		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R	ETURNED		
12.		TO FILER		\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/9 FILER NAME 3 Filer ID Cortez, Regoberto 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/13/2016 COOPER, STEVEN (Mr.) \$30.00 6 Contributor address; City; State; Zip Code 6207 RIDGEWAY HOUSTON, TX 77087 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 12/14/2015 CORTEZ Jr., REGOBERTO (Mr.) \$1,400.00 Contributor address; City; State; Zip Code 6535 LATTA ST **DALLAS, TX 75227** Principal occupation / Job title (See Instructions) Employer (See Instructions) **DRIVER UBER TECHNOLOGIES** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/01/2016 JARAMILLO, ANITA (Mrs.) \$20.00 Contributor address; City; State; Zip Code 703 NEOMI AVE DALLAS, TX 75217 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED RETIRED Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/12/2016 SALAZAR, MARILU (Mrs.) \$10.00 Contributor address; City; State; Zip Code 9407 COTTONVALLEY RD **DALLAS, TX 75104** Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/29/2015 SANDOVAL, REGOBERTO (Mr.) \$240.00 Contributor address; City; State; Zip Code 321 WISTA VISTA RICHARDSON, TX 75081 Principal occupation / Job title (See Instructions) Employer (See Instructions) Security Whalen Forms provided by Texas Ethics Commission www.ethics.state.tx.us

LOANS				SCHEDULE E
The Instructi	on Guide explains how to complete this	form.	,	ages Schedule E: /1 Rpt: 5/9
2 FILER NAME Cortez, Regobe	erto		3 Filer ID	
4 TOTAL OF U	NITEMIZED LOANS			\$
5 Date of loan 12/14/2015	7 Name of lender out-of-state P CORTEZ Jr., REGOBERTO (Mr.)	AC (ID#:)	9 Loan Amount (\$) \$1,400.00
6 Is lender a financial institution?	8 Lender address; City; State; 6535 Latta St	Zip Code		10 Interest Rate
No	Dallas, TX 75227			11 Maturity Date 03/01/2016
DRIVER	on / Job title (See Instructions)	13 Employer (See Instructions UBER TECHNOLOGIEZ	-	
14 Description of Col X None		15 Check if personal funds we	re deposited	into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City; State;	Zip Code		
20 Principal occupation	on	21 Employer (See Instructions))	

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/VAwards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

L.	Orean Gara Fayment	The Instruction Guide explains how to co	mpk	ete this form.
1	* =	i e		3 Filer ID
L	Sch: 1/4 Rpt: 6/9	Cortez, Regoberto		
4	Date	5 Payee name		
L	01/11/2016	CAFE BRAZIL		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$15.00	3847 CEDAR SPRINGS RD		
L		DALLAS, TX 75219		
8	PURPOSE OF		(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				MEAL
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	H		
	Date	Payee name		
	12/14/2015	DALLAS DEMOCRATIC PARTY		
	Amount (\$)	Payee address; City; State; Zip Cor	de	
	\$1,250.00	4209 PARRY AVE		
	1			
	· · · · · · · · · · · · · · · · · · ·	DALLAS, TX 75223	_	
	PURPOSE OF		(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!			FILING FEE
I	!		į	
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OF	1		
	Date	Payee name		
	01/11/2016	MARISCO		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$16.00			
		LANCASTER, TX		
	PURPOSE		(b)	Description
	OF EXPENDITURE	Food/Beverage Expense	1	Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense MEAL
				WEAL
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OH		j	Office field

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 Glft/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. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 2/4 Rpt: 7/9 Cortez, Regoberto Date Payee name 12/30/2015 STAPLES Amount (\$) Payee address: City: State: Zip Code \$53.57 9222 ERLTHORNTON **DALLAS, TX 75228 PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **OFFICE SUPPLIES EXPENDITURE** Check if Austin, TX, officeholder living expense **OFFICE SUPPLIES** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/30/2015 **STAPLES** Amount (\$) Payee address; City; State; Zip Code \$10.06 9222 ERLTHORNTON DALLAS, TX 75228 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. OFFICE SUPPLIES **EXPENDITURE** Check if Austin, TX, officeholder living expense OFFICE SUPPPLIES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/31/2015 **STAPLES** Amount (\$) Payee address; City; State; Zip Code \$9.09 9222 ERLTHORNTON **DALLAS, TX 75228 PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF **OFFICE SUPPLIES** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense **OFFICE SUPPLIES** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

L		The Instruction Guide explains how to c	omple	ate this form.
1	Total pages Schedule F1: Sch: 3/4 Rpt: 8/9	2 FILER NAME Cortez, Regoberto		3 Filer ID
L	Date 12/16/2015	5 Payee name TROPIES	_	
6	Amount (\$) \$25.87	7 Payee address; City; State; Zip C 4321 LIVE OAK DALLAS, TX 75204	ode	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) NAMES BADGES		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense NAME BADGES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught	Office held
	Date 12/16/2015	Payee name UNITED STATES POSTAL OFFICE		
	Amount (\$) \$41.00	Payee address; City; State; Zip Co 7720 MILITARY PKWY	ode	
		DALLAS, TX 75227		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POST OFFICE BOX RENTAL		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense POST OFFICE BOX RENTAL
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou H	Jght	Office held
	Date 12/28/2015	Payee name UNITED STATES POSTAL OFFICE		
	Amount (\$) \$19.60	Payee address; City; State; Zip Co 7720 MILITARY PKWY	ide	
_		DALLAS, TX 75227	-	
	EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) MAILING STAMPS		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MAILING STAMPS
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ght	Office held
_				

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	3 Filer ID			
	Sch: 4/4 Rpt: 9/9	Cortez, Regoberto				
4	Date	5 Payee name	•			
	12/16/2015	VISTA PRINT				
6	Amount (\$)	7 Payee address; City; State; Zip C	ode			
	\$44.67	ĺ				
		ĺ				
		ME				
8		(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Comp			
	EAPERDITORE	1	Check if Austin, TX, officeholder living	expense		
			BUSINESS CARDS			
Ļ	To the Chill V if direct	0500				
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so	ught Office he	ld		
_						
	Date	Payee name				
	12/21/2015	WALMART				
	Amount (\$)	Payee address; City; State; Zip C	ode			
	\$9.61	7401 SAMUEL BLVD				
	1					
		DALLAS, TX 75228				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	OF EXPENDITURE	OFFICE SUPPLIES	Check if travel outside of Texas. Comp			
			Check if Austin, TX, officeholder living of OFFICE SUPPLIES	expense		
			OFFICE SUFFLIES			
	Complete ONI V if direct	Candidata/Officeholder name Office et	' ITICA NAI	id		
1	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office so	ught Office hel			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ugnit Office nei			
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