CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST Monica	Lira	OFFICE USE ONLY	
1	NICHARD SECTION AND ADDRESS OF THE PARTY OF	800 B000 8000	Date Received	
	NICKNAME LAST Bravo	SUFFIX	RECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	1 42 4 4 3 7 00 . 1 =	eity; state; zip code allas Texas 75204	By: Dans L. Hay	
Change of Address			V Legal Office /	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 390-6294	EXTENSION 3,	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Elisabeth	MI A	Receipt # Amount \$	
NAME	NICKNAME LAST	ROOM ROOM PAST	Date Processed	
	Wilson	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	ITE #; CITY; STATE;	ZIP CODE	
TREASURER	5005 Greenville Ave. Ste.	200 Dallas TX	75206	
ADDRESS				
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 365-4438	EXTENSION		
9 REPORT TYPE	January 15 30th day before ele	ection X Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before elect	tion Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month Day Year	Month	Day Year	
COVERED	04 / 29 / 2016	or /		
	, ,	THROUGH 06 /	08 / 2010	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	X Runoff Other		
	06 / 18 / 2016 General	Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
}	N/A	DCCCD Trustee	e, Place 4	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S						
	COMMITTEE TYPE	COMMITTEE NAME					
	X GENERAL	Stonewall Democrats of Dall	as				
	SPECIFIC	COMMITTEE ADDRESS					
		P.O. Box 192305 Dallas, TX 75	219				
		COMMITTEE CAMPAIGN TREASURER NAME					
X Additional Pages		Michael McCue					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
		P.O. Box 192305 Dallas, TX 75219	•				
17 CONTRIBUTION TOTALS	1. TOTAL P	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$				
8 2000 E000 E00		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,755				
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS,	\$				
70	4. TOTAL POLITICAL EXPENDITURES \$ 17.415.08						
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 13,696						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,000						
18 AFFIDAVIT							
		l swear, or affirm, under penalty of perju true and correct and includes all informa	ry, that the accompanying report is tion required to be reported by me				
Notar My	LILIAN RUIZ ry Public, State of Te Commission Expire March 05, 2019	under Title 15, Election Code.	Ma				
Marian Maria	MQ1CR 05, 2014	Signature of Candida	te or Officeholder				
AFFIX NOTARY STAMP	/SEALABOVE						
Sworn to and subscril	bed before me, by	y the said MMG Liva Brown	, this the				
day of Jule	, 20 <u> </u>	certify which, witness my hand and seal of office.					
Gilling William Ruiz Nation							
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of officer administering oath				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
	▼ GENERAL	Annie's List					
	SPECIFIC	COMMITTEE ADDRESS					
		630 W. 34th St. Ste. 302 Austin, TX 787	03				
		COMMITTEE CAMPAIGN TREASURER NAME					
Additional Pages							
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	I POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,755				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$						
	4. TOTAL POLITICAL EXPENDITURES \$ 17,415.08						
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 13,696						
OUTSTANDING LOAN TOTALS	I V. IOTAL FRUNCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE I						
18 AFFIDAVIT							
		I swear, or affirm, under penalty of perju	rry, that the accompanying report is				
STREET COLOR	LILIAN RUIZ	true and correct and includes all information under Title 15, Election Code.	ation required to be reported by me				
Notary Public, State of Texas My Commission Expires March 05, 2019							
Signature of Candidate or Officeholder							
AFFIX NOTARY STAMP / SEALABOVE							
Sworn to and subscribed before me, by the said MMCa Liva Bravo , this the							
Sworn to and subscribed before me, by the said 110100 11200, this the day of 1100, 2010, to certify which, witness my hand and seal of office.							
Cay of, zo, to certify written, with less my hand and sear of office.							
Allertur Wish Kut Notary							
signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	5 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	▼ GENERAL	Hispanic PAC of Dallas				
		COMMITTEE ADDRESS				
	SPECIFIC	2438 Alco Ave. Dallas, TX 75211				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages		Victor H. Garza				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
		2438 Alco Ave. Dallas, TX 75211				
17 CONTRIBUTION TOTALS	1. TOTAL F	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,755			
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED					
- N - BOR - BORD - BORD - BORD -	4. TOTAL POLITICAL EXPENDITURES \$ 17,415.08					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 13,696					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,000					
18 AFFIDAVIT						
		I swear, or affirm, under penalty of perj				
AND	LILIAN RUIZ	true and correct and includes all inform	nation required to be reported by me			
Not	ary Public, State of	Texas under Title 15, Election Code.				
OF OFFICE	My Commission Exp March 05, 2019		him			
		Signature of Candid	ate or Officeholder			
AFFIX NOTARY STAMP/SEALABOVE						
Sworn to and subscribed before me, by the said 11000 aura broom, this the 10						
day of June, 20 10, to certify which, witness my hand and seal of office.						
Fillund	W3	Lilan Kuiz	Notary			
signature of officer ad	ministering 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 Monica Lira Bravo 20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 29,755
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 75
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	X SCHEDULE E: LOANS	\$ 1,000
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 17,415.08
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date 5 Full name of contributor out-of-state PAC (!D#:____ 7 Amount of contribution (\$) Diana Aguirre 04/29/2016 \$50 6 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Director of Development University of Texas- Dallas Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Kathryn Yates 04/29/2016 \$100 Contributor address; City; State; Zip Code 7341 Heathermore Dr. Dallas TX 75248 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Professor** Richland College Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Brian J. Ratner 04/29/2016 Contributor address; City; State; Zip Code \$500 3355 Blackburn St. #9404 Dallas TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Real Estate Development Forest City Date Full name of contributor ut-of-state PAC (ID#:____ Amount of contribution (\$) Fernando Lira 04/30/2016 Contributor address; \$20 State; Zip Code Dallas TX 75227 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.

Forms provided by Texas Ethics Commission

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date Full name of contributor out-cli-state PAC (ID#._____ 7 Amount of contribution (\$) Stonewall Democrats of Dallas 05/02/2016 \$250 Contributor address; City; State: Zip Code PO Box 192305 Dallas TX 75219 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date put-of-state PAC (ID#:_ Amount of contribution (\$) William A Steingasser 05/03/2016 Contributor address; City; State: Zip Code \$150 6921 Southridge Dr. Dallas TX75214 Principal occupation / Job title (See Instructions) Employer (See Instructions) Realtor Ebby Halliday Full name of contributor Date out-of-state PAC (ID#:___ _ _ Amount of contribution (\$) Nicanor Pesina 05/04/2016 Contributor address: \$150 City; State; Zip Code 118 W. Fourth St. Tyler TX 75701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Roberts & Roberts Date Full name of contributor cut-of-state PAC (ID#:_ Amount of contribution (\$) Susan Bradley 05/04/2016 \$250 Contributor address; City; State; Zip Code Irving TX 75062 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ _ __ Albert C Black III 05/05/2016 \$500 Contributor address: City; State; Zip Code 2426 W 10th St. Dallas TX75211 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) President TreCo Investmens Full name of contributor Date out-of-state FAC (ID#_ Amount of contribution (\$) John Eric Cedillo 05/06/2016 Contributor address: City; State: Zip Code \$1000 6924 Fisher Rd. Dallas TX75214 Principal occupation / Job title (See Instructions) Employer (See Instructions) Law Office of Eric Cedillo Attorney Date Full name of contributor Amount of contribution (\$) Steve Snelson 05/06/2016 \$200 Contributor address: City; State Zip Code 6764 Winterwood Ln. Dallas TX75248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Gerstle Minissale & Snelson Date Full name of contributor Amount of contribution (\$) out-of- tate FAC (ID#:_____ David Bradley 05/07/2016 \$250 Contributor address; City; State: Zip Code Irving TX 75062 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#. Todd Williams 05/10/2016 \$1000 Contributor address: City; State; Zip Code 5119 Seneca Dr. Dallas TX 75209 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Date unt-of-state FAC (ID#._ Amount of contribution (\$) Larry Duncan 05/10/2016 Contributor address; City; State; Zip Code \$1000 5415 Banting Way Dallas TX75227 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ont-of-prate PAC (ID#:_______ Amount of contribution (\$) Dan Donovan 05/11/2016 \$500 Contributor address: City; State; Zip Code 6509 Malcolm Dr. Dallas TX 75214 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor cut-of-state PAC (ID#:_ Amount of contribution (\$) Ronald Steinhart 05/12/2016 \$200 Contributor address; City; State; Zip Code 25 Robledo Dr. Dallas TX 75230 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date Full name of contributor out-of-state FAC (ID#._____ 7 Amount of contribution (\$) Adrienne Dominguez 05/12/2016 \$200 Contributor address; City; State; Zip Code Dallas TX 75219 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Thompson & Knight Full name of contributor Date out-of-state F/IC (ID#_____ Amount of contribution (\$) Lisa Blue Baron 05/13/2016 \$1000 Contributor address; City; State: Zip Code 5950 Deloache Ave. Dallas TX 75225 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state FAC (ID#:___ Amount of contribution (\$) Annie's List 05/13/2016 Contributor address; \$1000 City; State: Zip Code 630 W. 34 St. Ste. 302 Austin TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#____ Amount of contribution (\$) Bridget Lopez 05/17/2016 Contributor address; City; State: Zip Code \$250 Dallas ΤX 75214 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Linebarger Goggan Blair & Sampson 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) Monica Lira Bravo 4 Date Full name of contributor out-of-state PAC (ID#.______ 7 Amount of contribution (\$) Jaime Ramon 05/17/2016 \$100 Contributor address: State; Zip Code City; 4 Cape Ct. Dallas TX 75230 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Dykema Cox Smith Full name of contributor Date out-of- tate PAC (IC #: Amount of contribution (\$) Pauline Bourqui 05/18/2016 \$200 Contributor address; City; State; Zip Code 4111 High Summit Drive Dallas TX 75244 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state_PAC_(ID#:___ Amount of contribution (\$) Minerva Rodriguez 05/18/2016 \$200 Contributor address; State; Zip Code 1036 Opal Dr. Desoto TX 75115 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-employed MRR & Associates Date Full name of contributor cut-of-state PAC (ID#:_____ Amount of contribution (\$) Wendy Balderas 05/18/2016 Contributor address; State; Zip Code \$20 3753 Towne Crossing Blvd. Mesquite, TX 75150 Apt. 510 Principal occupation / Job title (See Instructions) Employer (See Instructions) Student 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 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date ull name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#._ _ Jose Gutierrez 05/18/2016 \$350 Contributor address; City; State; Zip Code 5308 Beeman Ave. Dallas TX 75223 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Electrician Shearer Electric Date Full name of contributor out-of-state P/IC (IF#______ Amount of contribution (\$) Mariza Kelley 05/18/2016 \$30 Contributor address; City; State; Zip Code 1529 Seegar St. Dallas TX 75215 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Realize Strategies Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Stephanie Ritter 05/18/2016 \$100 Contributor address: City; State; Zip Code 10824 Aladdin Dr. Dallas TX 75229 Principal occupation / Job title (See Instructions) Employer (See Instructions) Housewife Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (%) Alejandra Aguirre 05/18/2016 \$40 Contributor address; City; State; Zip Code 10320 Trail Ave. Dallas TX 75217 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date Full name of contributor out-of-state P-C (ID#:_ _ 7 Amount of contribution (\$) Rebecca L. Greenan 05/18/2016 \$100 Contributor address; City; State; Zip Code 511 N. Akard St. Apt. 1501 Dallas TX 75201 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state FAC (ID#. Amount of contribution (\$) Eliodoro Negrete 05/18/2016 Contributor address; \$150 City; State; Zip Code 3122 Spurlock St. Dallas TX 75223 Principal occupation / Job title (See Instructions) Employer (See Instructions) Mechanic David McDavid Full name of contributor Date out-of-state PAC (ID#:_ Aniount of contribution (\$) Carol Donovan 05/18/2016 \$500 Contributor address; City; State; Zip Code 6509 Malcolm Dr. Dallas TX 75214 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Carol Crabtree Donovan PC Date Full name of contributor out-of-ttate FAC (ID#:_ Amount of contribution (\$) **Bryan Fears** 5/18/2016 \$1,500 Contributor address: City: State; Zip Code 1144 Bally Mote Dr. Dallas TX 75218 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Fears & Nachawati Law Firm 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date Full name of contributor out-of-state PAC (ID#._____ 7 Amount of contribution (\$) Linebarger Goggan Blair & Sampson 05/18/2016 \$250 Contributor address; City; State; Zip Code 2777 N. Stemmons Frwy. Dallas TX 75207 Ste. 1000 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Managing Attorney Linebarger Goggan Blair & Sampson, LLP. Full name of contributor Date out-of-state FAC (ID#:______ Amount of contribution (\$) Hugo Aguilar 05/18/2016 \$250 Contributor address; City; State; Zip Code W.Mockingbird Ln. 1357 Dallas TX 75247 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Law Office of Hugo Aguilar Full name of contributor Date out-of-state PAC (ID#:______ Amount of contribution (\$) Kristina Kastl 05/18/2016 \$250 Contributor address; City; State; Zip Code 4144 N. Central Expwy. Dallas TX 75204 Ste. 300 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Kastl Law, PC Date Full name of contributor out-ol-state PAC (ID#:_ Amount of contribution (\$) Omar Narvaez \$100 05/18/2016 Contributor address: City; State; Zip Code Dallas TX 75238 9309 Lynbrook Dr. Principal occupation / Job title (See Instructions) Employer (See Instructions) Educator Lambda Legal ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

		CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Monica Lira Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 05/18/2016	Full name of contributor Jesse Tafalla Jr. Contributor address; 9465 Dale Glade Dr.	out-of-state PA City; State Dallas TX		7 Amount of contribution (\$) \$50
	pation / Job title (See Instructions) truction/Quality Specialist		9 Employer (See Instruct Dal-Tech Enginee	
Date 05/18/2016	Full name of contributor Mauricio Navarro	cut-of-state PA	Ċ (15#)	Amount of contribution (\$)
	Contributor address; 5841 W. University Blvd.	City; State Dallas TX		\$50
Principal occup	ation / Job title (See Instructions)		Employer (See Instruction Raiz	ons)
Date 05/18/2016	Full name of contributor Claudia Sandoval Contributor address: 4464 W. Clarendon	out-of-state FAC City: State Dallas TX	c (lD#:) c; Zip Code 75211	Amount of contribution (\$) \$150
Principal occupa Consult	ation / Job title (See Instructions) ant		Employer (See Instruction Hitachi Consulti	· · · ·
Date 05/18/2016	Full name of contributor Juan Olivo Contributor address; 1418 S. Fitzhugh Ave.	out-of-state FAC City; State Dallas TX	e; Zip Code	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)		Employer (See Instruction	ons)
	ATTACH ADDITIO	NAL COPIES O	F THIS SCHEDULE AS NEI	EDED

The Instruction Guide explains how to complete this form. 2 FILER NAME Monica Lira Bravo 4 Date Full name of contributor Belinda Arroyo Contributor address; PO Box 136638 Ft. Worth TX 76136 8 Principal occupation / Job title (See Instructions) Attorney Dete Full name of contributor Roberto R. Alonzo Contributor address; City: State: Zip Code Sponda Amount of contribution (\$) Principal occupation / Job title (See Instructions) State Representative Dete Full name of contributor State Representative Detection of the title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$1,000 Self-employer Amount of contribution (\$) \$1,000 Self-employer Spond Tokalon Dr. Dallas TX 75206 Employer (See Instructions) Employer (See Instructions)	MONE	TARY POLITICAL	CONTR	IBUTIONS	SCHEDULE A1
Monica Lira Bravo 4 Date Full name of contributor Bellinda Arroyo Solo	The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
Belinda Arroyo Contributor address: PO Box 136638 Principal occupation / Job title (See Instructions) Attorney Date O5/18/2016 Full name of contributor Roberto R. Alonzo Contributor address: City: State: Zip Code Dallas TX 75208 Principal occupation / Job title (See Instructions) State Representative Date Full name of contributor Contributor address: City: State: Zip Code Dallas TX 75208 Principal occupation / Job title (See Instructions) State Representative Date Full name of contributor Contributor address: City: State: Zip Code Dallas TX 75208 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Contributor address: City: State: Zip Code S1,000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Dallas TX 75206 Ste. 407 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	2 FILER NAME	Monica Lira Bravo			3 Filer ID (Ethics Commission Filers)
Attorney Date Full name of contributor Roberto R. Alonzo Contributor address: 400 S. Zang #8200 Principal occupation / Job title (See Instructions) State Representative Date Full name of contributor address; State Representative City: State: Zip Code State Representative State: Zip Code State Representative Date Full name of contributor State Representative Date Full name of contributor State Representative Arriount of contribution (\$) Date Full name of contributor Date R.H. Richmond Jr. Contributor address; City: State: Zip Code Sta		Belinda Arroyo Contributor address;	City; Stat	e; Zip Code	
Roberto R. Alonzo Contributor address: 400 S. Zang #8200 Principal occupation / Job title (See Instructions) State Representative Date Full name of contributor Contributor Address: City: State: Zip Code Dallas TX 75206 Employer (See Instructions) Employer (See Instructions) Arnount of contribution (\$) Arnount of contribution (\$) Arnount of contribution (\$) Date Full name of contributor Date Full name of contributor R.H. Richmond Jr. Contributor address: City: State: Zip Code Dallas TX 75214 Annount of contribution (\$) Annount of contribution (\$) State: Zip Code Dallas TX 75214					•
Principal occupation / Job title (See Instructions) State Representative Date Full name of contributor Obj. Obj.		Roberto R. Alonzo			
J. McDonald Williams Contributor address; City; State; Zip Code 6546 Milton St. Dallas TX 75206 Ste.407 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date R.H. Richmond Jr. Contributor address; City: State; Zip Code 6904 Tokalon Dr. Dallas TX 75214		pation / Job title (See Instructions)		X 75208	ions)
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 05/19/2016 R.H. Richmond Jr. Contributor address; City: State; Zip Code 6904 Tokalon Dr. Dallas TX 75214		J. McDonald Williams Contributor address; 6546 Milton St.	City; State	s; Zip Code	
05/19/2016 R.H. Richmond Jr. Contributor address; City: State; Zip Code 6904 Tokalon Dr. Dallas TX 75214	Principal occup	·		Employer (See Instructi	ons)
Principal occupation / Job title (See Instructions) Employer (See Instructions)		R.H. Richmond Jr. Contributor address;	City: State	e; Zip Code	
	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		A7T/ACH ADDITK	ONAL COPIES O	F THIS SCHEDULE AS NE	E DED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#._ _ Dalyla Jimenez 05/19/2016 \$20 Contributor address; City; State: Zip Code 10384 Wood Heights Dr. Dallas TX 75227 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#_____ Amount of contribution (\$) Casandra Castillo 05/19/2016 \$20 Contributor address; State; Zip Code 913 Fairhaven Dallas TX 75227 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state_PAC (ID#;___ _ _ _ Amount of contribution (\$) Rebeca Acuna 05/19/2016 \$150 Contributor address: City: State: Zip Code 610 S. Cesar Chavez Blvd. Dallas TX 75201 Apt. 5219 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Executive Director** Latino Center for Leadership Development Date Full name of contributor out-of-state FAC (ID#:____ Amount of contribution (\$) Alejandro Faz 05/19/2016 \$200 Contributor address; City; State; Zip Code 1019 Ryan Ave. Carrollton TX 75006 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 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date Full name of contributor out-of-state PAC (ID#:_ _ 7 Amount of contribution (\$) Domingo Garcia 05/18/2016 \$5,000 Contributor address; City; State; Zip Code 460 S. Zang Blvd. Ste. 600 Dallas TX75208 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Domingo Garcia Law Office Full name of contributor Date cut-of-state FXC (IC#:_ Amount of contribution (\$) Angela Lopez 05/20/2016 \$100 Contributor address; City; State; Zip Code 3968 Creekside Ln. Carrollton TX 75010 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Cowles & Thompson Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Chris Luna 05/22/2016 Contributor address: \$200 City; State; Zip Code 801 Holden Court 75044 Garland TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state FAC (ID.E.______ Amount of contribution (\$) Stonewall Democrats of Dallas 05/18/2016 \$500 Contributor address; City; State; Zip Code P.O. Box 192305 Dalllas TX 75219 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 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date Full name of contributor cut-of-state PAC (ID#.____ 7 Amount of contribution (\$) Norinne Ann Bowen 05/18/2016 \$50 Contributor address: State; Zip Code 6574 Gerrad St. Frisco TX 75034 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state EAC (ID#_ Amount of contribution (\$) Guadalupe Sanchez 05/25/2016 Contributor address; City; State; Zip Code \$50 6305 Cascade Dr. Lincoln NE 68504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date mut-cf-state_PAC (ID#.___ Amount of contribution (\$) Marcia Page 05/24/2016 \$25 Contributor address; State Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state FAC (ID#: Amount of contribution (\$) Sarah Howell 05/24/2016 \$100 Contributor address; City: State; Zip Code Dallas TX75225 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 guida for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date Full name of contributor out-of-state PAC (IDili_____ 7 Amount of contribution (\$) Toshica Rathore 05/19/2016 Contributor address; \$10 City; State; Zip Code 2707 Cole Ave. Apt. 509 Dallas TX 75204 8 Principal occupation / Job title (See Instructions) 3 Employer (See Instructions) Full name of contributor aun-of-state FNO (ID#_ _ __ Date Amount of contribution (\$) Nancy Solana 05/18/2016 \$500 Contributor address; City; State; Zìp Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state FAC (IE#:__ Amount of contribution (\$) Sarah Dunning 05/25/2016 \$250 Contributor address; City; State; Zip Code 9239 Hathaway Dallas TX 75220 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ _ Amount of contribution (\$) James Johanns 05/26/2016 Contributor address: City; State; Zip Code \$100 6936 Clayton Ave. Dallas TX 75214 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.

MONE.	TARY POLITICAL	CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Monica Lira Bravo			3 Filer ID (Ethics Commission Filers)
4 Date 05/26/2016	Full name of contributor Cindy Russo	out-of-state PA	C (ID*:	7 Amount of contribution (\$) \$50
	Contributor address; 1833 Kensington C	City; Stat arrollton T		φ50
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Co	onsultant		RIM	
Date	Full name of contributor	out-of-state PA	S (ID#:	Amount of contribution (\$)
05/26/2016	Susamei Khamphong Contributor address;	City; Stat	te; Zip Code	\$50
	430 W. Buckingham #836	Richardso	n TX 75081	
Principal occup Teacher	ation / Job title (See Instructions)		Employer (See Instructi DISD	ons)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
05/26/2016	Janice Sharry Contributor address:	O'h Ot	-	\$100
	6422 Orchid	City; State Dallas TX		
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi	ons)
Date	Full name of contributor	out-of-state PVd	C (iD#:)	Amount of contribution (\$)
05/26/2016	Erika Toledo Contributor address;	City; State	∍; Zip Code	\$50
	2419 Wentworth St.	Dallas TX		400
Principal occups	ation / Job title (See Instructions)		Employer (See Instruction	ons)
Attor	ney			
	ATTACH ADDITION	AL COPIES O	F THIS SCHEDULE AS NE uction guide for additional re	EDED sporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo Date Full name of contributor 7 Amount of contribution (\$) out-of-state FAC (ID#._____ Carol Jablonski 05/26/2016 \$50 Contributor address; State; Zip Code 17221 Earthwind Dr. Dallas TX 75248 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor nut-M-state 750 (150)____ Date Amount of contribution (\$) Robert L. Cantrell 05/26/2016 \$250 Contributor address: City; State; Zip Code 1147 Timplemore Dr. Dallas TX 75218 Principal occupation / Job title (See Instructions) Employer (See Instructions) MD Parkland Hospital Full name of contributor Date out-of-state PAC (IDI): Amount of contribution (\$) Ana Maria Ramos 05/26/2016 \$200 Contributor address; City; State; Zip Code 1502 Forsythe Dr. Richardson TX 75081 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Ramos Law, PLLC. Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Gary Kennedy 05/26/2016 \$200 Contributor address; City; State: Zip Code 6231 Desco Dr. Dallas TX 75225 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired 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 AT 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date Full name of contributor out-of-state FAC (ID#:_ _ 7 Amount of contribution (\$) Lara Jenkins 05/26/2016 \$250 Contributor address; State; Zip Code 516 W. Main St. Waxachie TX 75165 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state FAC (ID#:_ Amount of contribution (\$) Tricia Miller 05/26/2016 \$150 Contributor address: City; State; Zip Code 3618Harvard Dallas TX 75205 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date Gut-of-state PAC (ID#:_______ Amount of contribution (\$) Rebecca Bruder 05/26/2016 \$100 Contributor address; City; State; Zip Code 5506 Wenonah Dallas TX 75209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dute Full name of contributor Jut-of-state PAC (ID#:_ __ Amount of contribution (\$) John Eric Cedillo 05/27/2016 Contributor address; State; Zip Code Citv: \$2,500 6924 Fisher Rd. Dallas TX 75214 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Cedillo Law Firm ATYACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONE	TARY POLITICAL O	ONTR	IBUTIONS	SCHEDULE A'
The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Monica Lira Bravo			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
05/05/001/	Cam Nguyen			\$ 50
05/27/2016	Contributor address;	City; State	,,	\$50
	1109 Hawthorne Ave. B Fo	ort Worth 1	TX 76110	
8 Principal occup Attorne	pation / Job title (See Instructions)		§ Employer (See Instruct	tions)
Date	Full name of contributor Hilda Galvan	out-of-state F-	ं (ID#:	Amount of contribution (\$)
05/30/2016	Contributor address;	City; Stat	e; Zip Code	\$200
	3304 Villanova	Dallas TX		\$200
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi Jones Day	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
05/17/2016	Shanin Shamseddin Mod	jarrad		
03,17,2010	Contributor address; 100 N. Central Expwy.	City; State; Zip Code Richardson TX 75080		\$250
Principal acque	Ste. 1000 ation / Job title (See Instructions)			
Attorne			Employer (See Instructi Modjarrad & Asso	•
	,		T T	Claces I C
Date	Full name of contributor	but-of-state FAC	C(ID#	Amount of contribution (\$)
05/20/2016	Craig Smith			
33, 23, 2323	Contributor address;		e; Zip Code	\$100
	1717 Main St. Ste. 5000	Dallas TX	75201	
Principal occupa	ation / Job title (See Instructions)		Employer (See Instruction	ons)
Judge			Dallas County	
	ATTACH ADDITIONA If contributor is out-of-state PAC, ple		F THIS SCHEDULE AS NE uction guide for additional re	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date Full name of contributor out-of-state PAC (ID#:____ 7 Amount of contribution (\$) Martin J.Hoffman 05/11/2016 \$100 Contributor address; City; State; Zip Code 3833 Peter Pan Dr. Dallas TX 75229 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Judge **Dallas County** Full name of contributor Date cut-of-state FAC (ID#_ _ Amount of contribution (\$) King Fifer 05/16/2016 Contributor address; \$100 City; State; Zip Code PO Box 38562 Dallas TX 75238 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dallas County Judge Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Mark Greenberg 05/11/2016 \$100 Contributor address: City; State; Zip Code 8783 Oak Stream Dallas TX 75243 Principal occupation / Job title (See Instructions) Employer (See Instructions) Judge Dallas County Date Full name of contributor out-of-state GAC (ID#;____ Amount of contribution (\$) Ken Molberg 05/11/2016 Contributor address; \$100 City; State; Zip Code 2214 Main St. Dallas TX75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Judge Dallas County 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ B.L. Goldstein \$100 05/12/2016 Contributor address; City; State; Zip Code 4802 Gaston Ave. Dallas TX 75246 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Judge Dallas County Full name of contributor Date out-of-state PAC (ID#_ Amount of contribution (\$) Ken Tapscott 05/14/2016 Contributor address; \$100 City; State; Zip Code 2242 Ash Grove Way Dallas TX 75228 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dallas County Judge Full name of contributor Date put-of-state PAC (ID#;________ Amount of contribution (\$) Eric Moye 05/20/2016 Contributor address: \$100 City; State; Zip Code 1717 Main St. Ste. 5000 Dallas TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Judge **Dallas County** Date Full name of contributor out-of-state FAC (ID#:_ _ Amount of contribution (\$) Jaime Resendez 06/01/2016 \$250 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney West & Associates, LLP ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONE	TARY POLITICAL	CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Monica Lira Bravo			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor	out-of-state PA	Ç (ID#:	7 Amount of contribution (\$)
05/25/2016	Daniel J. Micciche			\$300
	1140 Bally Mote	City; Stat Dallas T	· •	
8 Principal occu	pation / Job title (See Instructions)	 ·	9 Employer (See Instruc	tions)
Attor	ney		Akin Gump	
Date	Full name of contributor	out-of-state FA	c (IT*)	Amount of contribution (\$)
05/31/2016	Vonda Arlene Manthey			
	Contributor address;	City; Stat	•	\$50
Barrania	1512 Banbury Ct.	Richardso	n TX 75082	
Ряпсіраї оссир	ation / Job title (See Instructions)		Employer (See Instructi	ons)
Date	Full name of contributor	out-of-state PA	C (ID#	Amount of contribution (\$)
06/01/2016	Hispanic PAC of Dallas			Anne
	Contributor address;	City; State	· '	\$250
	2438 Alco Ave.	Dallas TX	75211	
	ation / Job title (See Instructions)		Employer (See Instrucii SMU	ons)
Develor	oment			
Date	Full name of contributor	Jui-of-state Fx(C (ID#	Amount of contribution (\$)
06/05/2016	Lisa Kraus	-		\$500
	Contributor address;	City: State	e; Zip Code	φ300
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi	ons)
	ATTACH ADDITIO	NAL COPIES O	F THIS SCHEDULE AS NE	FDFD
	If contributor is out-of-state PAC,			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date Full name of contributor out-of-state PAC (ID#._____ 7 Amount of contribution (\$) 06/06/2016 Jose Ortiz \$100 Contributor address; City; State; Zip Code 2122 Hogan Drive Irving TX 75038 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID# Amount of contribution (\$) Byron Zarrabi 06/07/2016 Contributor address; \$50 City; State; Zip Code 1715 Ocalla Dallas TX 75218 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:__ _ _ Amount of contribution (\$) Maria Isabel Cruz 06/8/2016 Contributor address; \$300 City: State: Zip Code 1311 Rio Hondo Dr. Dallas TX 75218 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state FAC (ID#:_ _ Amount of contribution (\$) Carlos Morales 06/8/2016 Contributor address: City; State; Zip Code \$200 17003 Davenport Dallas TX 75248 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

Т	he Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:
2 FILER NAM	^E Monica Lira Bravo		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$ 75.00
5 Date 06/08/2016	6 Full name of contributor	e	8 Amount of 9 In-kind contribution Contribution \$ description \$ \$75 Advertising
	3624 Potomac Dallas TX 75205		
Atto	Lupation / Job title (FOR NON-JUDICIAL)(See Instructions) rney	#1 Employe	Check if travel outside of Texas, Complete Schedule T. r (FOR NON-JUD!CIAL)(See Instructions) kins & Jenkins PC
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribut	tor'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 contributorout-of-state PAC (ID#:		Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State; Zip Coo	de	Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	to,'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 TE	ilS SCHEDUI	LE AS NEEDED

Forms provided by Texas Ethics Commission

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME	Monica Lira Bravo		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ut-of-state i	PAC (ID#:)	9 Loan Amount (\$)
02/29/2016	Monica Lira Bravo		\$1,000
6 Is lender a financial Institution?	8 Lender address; City; s 4144 N. Central Expwy. Dallas T	State; Zip Code	10 Interest rate 0%
Y N	Ste. 370	X /3204	11 Maturity date 04/2020
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	0 1/ 2020
Managing At		Lira Bravo Law, PLLC.	
14 Description of Coll	lateral	15 Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION not applicable	4144 N. Central Expwy. Dallas	State; Zip Code TX 75204	19 Amount Guaranteed (\$)
20 Principal Occupat	Ste. 370 tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender ui-of-state F	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; S	State; Zîp Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	L.
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; S	State; Zip Code	
not applicable	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics	By Gift.∕A	/Beverage Expense Awards/Memorials Expense I Services	Polling Expe Printing Exp Salaries/Wa		Travel In District Travel Out Of Dis	trict egory not listed above)
Credit Card Payment	The	e Instruction Guide explai	ns how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	Monica Lira Bravo	0		3 Filer ID (Eth	nics Commission Filers)
4 Date 05/03/2016	5 Payee name	The Order's Desk				
6 Amount (\$)	7 Payee address		•			-
\$960.21	2910 Canton	i St. Dallas TX 75	5226			
8	(a) Category (See (Categories listed at the top of this s	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing/ Mailing Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF		Officeholder name		Office sought		Office held
Date	Рауее пате					
05/06/2016		Edwards & Patters	on Signs			
Amount (\$)	Payee address	; City; State; Z	ip Code			
\$40.59	4733 Don Dr	ive Dallas TX 75	5247			
	Category (See C	ategories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense			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		fficeholder name		Office sought		Office held
Date	Payee name					
05/24/2016		Reilly Echols Print	ing, INC.			
Amount (\$)	Payee address	**	-		un.	-
\$350.73	P.O. Box 152	358 Dallas TX 75	5315			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense			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		Officeholder name		Office sought	-	Office held
	ATTACH	ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officehold:#/Political Committee

Evant Expense Foes Food/Bevarage Expense Gift/Avvards/Memorialb Expense Legal Services Loan Repayment Reimbursement Office Overhead Rental Expense Polling Expense Printing Expense Scienns/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Exponse Travel In District Travel Out Of District

Legal Servions Other (uniter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethica Commission Filers) Monica Lira Bravo 4 Date 5 Payee name 05/25/2016 Democracy Toolbox 6 Amount (\$) 7 Payee address; City; State; Zip Code 405 Rice St. McKinney TX 75069 \$300 (a) Category (Sm. Categories listed at thotop of init schedule) 8 (b) Description Chartifity valouable of Taxes. Complete Schedule 7. **PURPOSE** OF Consulting Expense/Printing Expense Check if Alisan, The calcaholder living expense EXPENDITURE 9 Complete ONI Y if direct Candidate / Officeholder name Office sought Office held expendituretobenefitC/OH Payee name Date Andrew Smith 05/25/2016 Amount (\$) Payee address: City; State; Zip Code \$700 Category (See Categories fished at the tip of this echedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Other:Field work OF Check if Ausen, TX, office holder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expendituretobenefitC/OH Payeename Date 06/01/2016 Reilly Echols Printing, INC Amount (\$) City; State; Zip Ccde Payee address; P.O. Box 152358 Dallas TX 75315 \$4,052.89 Category (See Categories listed at the top of this lich, dulk) Description **PURPOSE** Checkiffrorel anxide of Terra. Complete Schedule T. OF **Printing Expense** Chast, if A istin, T.C. officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expendituretobenefitC/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Faea Food/Beverage Expanse Gill/Awards/Memorials Exponse Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagos/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Total pages Schedule F1:	2 FILER NAME	3 File	r ID (Ethics Commission Filera)		
	Monica Lira Bravo	V 1110	TID (Ethics Commission Filess)		
06/03/2016	5 Payee name The Order Desk				
Amount (\$)	7 Payee address; City; State; Zip Code				
\$2,436.23	2910 Canton St. Dallas TX 75226				
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Checkif travel outside of fever. Complete Schedule T. Chack if Austin, Till, officerolder (http://www.nese			
OF EXPENDITURE	Mailing Expense				
EX ENDITORE					
Complete ONLY if direct expendituretobenefitC/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payeename				
05/07/2016	La Calle Doce-Lakewood				
Amount (\$)	Payee address; City; State; Zip Code				
\$473.05	1925 Skillman Dallas TX 75206				
· · · · · · · · · · · · · · · · · · ·	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Teuras, Complete Schedule T.			
OF EXPENDITURE	Food/Beverage Expense	Check if Austin, Tilk, onlice tolder living expense			
Complete <u>ONLY</u> if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payename				
05/18/2016	The Eberhard				
Amount (\$)	Payee address; City; State; Zip Code				
\$600.00	2107 N. Henderson Ave. Dallas, TX 7520	06			
		Description			
	Category (See Categories listed at the top of this schedule)				
PURPOSE	Category (See Categories liated at the tup of this schedule)	Che J. liftr≥vel outside of [b] :	as. Cumplete Schedule T.		
PURPOSE OF EXPENDITURE	Category (See Categories liates at the top of this schedule) Food/ Beverage Expense				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Candidate/Officeholder/Political Com:nittee

Everit Expense Fees Food/Beverage Eupense Gill/Awards/Memo, lals Expense

Loan Repayment/Reimbursement Office Overhaad/Rental Expense Polling Expense Frinting Expense Shlarias Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Logal Services Offier (uniter a categor, not listed above) Credit Cord Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date 5 Payee name Starbucks 05/07/2016 6 Amount (\$) 7 Payee address: City; State; Zip Code Dallas TX 75218 \$97.43 9440 Garland Rd. Ste. 110-112 (a) Category (See Categoria : listed at metrip of this schedule) 8 (b) Description **PURPOSE** Check if it syclicitiside of Texas, Complete Schedul HT. OF Food/Beverage Expense Chrick if Austin, TX, office! (Ider fiving expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expendituretobenefitC/OH Date Payeename The Order Desk 05/20/2016 Amount (\$) Payee address: City; State; Zip Code 2910 Canton St. Dallas TX 75226 \$405.65 Category (See Categories listed at the top of this subadule) Description PURPOSE Check I, Tavel outside of Turas. Complete Schedule T OF Mailing Expense Childh if Austin, T.Y. officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expendituretobenefitC/OH Payeename Date 06/08/2016 PayPal Amount (\$) Payee address; City; State; Zip Code \$223.41 Category (See Categories listed at the top of this schedule) Description PURPOSE Checkliftravel outside of Texas. Complete Schedule T. Accounting/Banking Expense Check if Austin, TA, officeholder fiving expense EXPENDITURE Complete ONLY if direct expendituretobenefitC/OH Candidate / Officeholder name Office sought Office hald

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Exponse Food/Peverage Expense Loan Ropayment/Reimburschart Office Overhead/Rental Expense Polling E pense Frinting Expense

Soil sitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District Gift/Awards/Memorials Expense Legal Servicus Travel Out Of District Salaries/Wages/Contract Labor Other (uniter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Monica Lira Bravo 3 Filer ID (Ethics Commission Filers) Date 5 Payee name 7-Eleven 04/20/2016 3 Amount (\$) Payee address; City; State; Zip Code 1325 Gross Rd. Mesquite, TX 75149 \$20.24 8 (a) Category (See Categories Filed at the top of this schedule) (b) Description **PURPOSE** Clientifuavol outside of Teras. Complete Schedule T. Transportation Expense OF Check if Austin, TX, officeholder living expanse EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expendituretobenefitC/OH Paveename Date Priscilla Cisneros 05/28/2016 Amount (\$) Payee address; City; State; Zip Code \$50 Category (See Categories hated at the top of this schedule) Description PURPOSE Checkif travel outside of Texas, Complete Schedule T. Other: Block Walk OF Check if Austin, TY, officeholder living appensa **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expendituretobenefitC/OH Payeename Date 06/8/2016 Nisa Ortiz Amount (\$) Payee address; City; State; Zip Code \$80 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Checial trains out lide of Terus. Complete Schedule T. OF Other: Block Walk Check if Alistin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expendituretobenefitC/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Combibutions/Donations Made By
Candidate/Officeholder/Folitical Committee

Event Expense Feca Food/Beverage Expense Gift/Avvards/Mamorials Expense Legal Socions

Loan Repayment/Reimbursement Office Overhend/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations (vicioe B) Candidate/Officeholder/Folitica Credit Card Payment	Tilling L	A	Travel Out Of District Other (enter a category not listed above)		
Clost Card Payment	The Instruction Guide explains how to	complete this form.	,		
i Total pages Schedule F1:	² FILER NAME Monica Lira Bravo		3 Filer ID (Ethics Commission Filers)		
4 Date 06/04/2016	5 Payee name Mary Ann Hall				
5 Amount (\$)	7 Payee address; City; State; Zip Code				
\$30					
8	(a) Category (See Categories to led at the top of this schedule)	(b) Description			
PURPOSE	D. 111 - 17	Chack if Austin, TX, criticaholder living expense			
OF EXPENDITURE	Polling Expense				
9 Complete <u>ONLY</u> if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payeename				
06/05/2016	Rachel Elias				
Amount (\$)	Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·			
\$30					
	Category (See Categories liked at the top of this schedule)	Description			
PURPOSE OF	Dolling Evpanse	Check: if trav.al cutside of Tenas, Complete Schedule T.			
EXPENDITURE	Polling Expense	Check if A⊬∃in, TX	k, chiceholder living axpense		
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payeename				
06/05/2016	Lira Jackson				
Amount (\$)	Payee address; City; State; Zip Ccde				
\$30					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Polling Evnence	Check if travel outside	of Terras, Complete Schedule T,		
EXPENDITURE	Polling Expense	Check if Austin, TX	, officeholder living expense		
Complete <u>ONLY</u> if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS MEEDE	D		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Maile By
Candidata/Officeholder/Political Committee

Event Expense
Foes
Food/Beverage Expense
Gitt/Awards/Memoricals Expense

Loan Repayment/Reimhumamunt Office Overhuad/Reintal Exponse Polling Expense Frinting Exponse Salaries/Manes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Rolated Expense
Travel In District
Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to o	omplete this form.	Other (unter a category not its	ted above)
1 Total pages Schedule F1:	2 FILER MAME Monica Lira Bravo		3 Filer ID (Ethics Commi	ssion Filers)
4 Date 06/05/2016	5 Payee name Amber Beard			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$30				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF			side of Texas Complete Schedule T	
EXPENDITURE	Polling Expense	Check if Austin,	TA officeholder living expense	
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholdor กผme	Office sought	Office	held
Date	Payeename			
06/05/2016	Gina Bolanos			
Amount (\$)	Payee address; City; State; Zip Code			
\$70				
	Category (Eas Categories listed at the top of this nohedula)	Description		
PURPOSE OF	Pollin Expense		de of Texas. Complete Scinedule T.	
EXPENDITURE	2 0 2p 000	Check if Austin.	TX, palueholder living expense	
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder nanie	Office sought	Office	held
Date	Раусспале			
06/05/2016	Chantal Castillo			
Amount (\$)	Payee address; City; State; Zip Ccde			
\$30				
	Catogory (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Polling Expense		de offercial Complete Schedute T.	
EXPENDITURE	I oming Emperior	Check W Austin, T	if afficeholder living expense	
Compicte <u>ONLY</u> if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office	held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Exponse
Focs
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Septical

Loan Repayment/Reinhaument office Overhead/Reinhal Expanse Polling Expanse Pinting Expense

Solinitation/Fundraising Expense Transportation Equipment & Related Exponse Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Sataries/ The Instruction Guide explains how to e	Vages Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	² FILER NAME Monica Lira Bravo		S Filer ID (Ethics Commission Filers)
4 Date 06/05/2016	Priscilla Cisneros		
3 Amount (\$)	7 Payee address; City; State; Zip Code		
\$120			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if it are all outs	side of Texas Complete Schedule T
OF EXPENDITURE	Polling Expense	Charte if Austin,	TX, officeroider living expens
Complete <u>ONLY</u> if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held
Date	Paynename		
06/05/2016	Nisa Ortiz		
Amount (\$)	Payee address; City; State; Zip Code		
\$140			
	Category (Sae Categories listed at the top of this echadula)	Description	
PURPOSE OF	Dolling Evenones	Check if travel outside	de of Texas. Complete Schodule T
EXPENDITURE	Polling Expense	Check if Austin, 1	FX, officeholder living expense
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder nilme	Office sought	Office held
Date	Payeename		
06/07/2016	Alex Esquivel		
Amount (\$)	Payee address; City; State; Zip Code		
\$20			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Polling Expense		de of Tsxas, Complete Schadule T.
EXPENDITURE	I oming Expense	Check if Austin, T	X, officeholder living expense
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ĒD

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made Ely
Candidato/Officehokier/Political Committee
Credit Card Payment

Event Expense
Fons
Food/Beverage Expense
Gff/Awards/Morronals Expense

Loan Repayment/Roimbursement Office Overhead/Rontal Expense Politing Expense Printing Expense Salaries/Wagos/Contract Lotter Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made E, Candidate/Officehol/Jer/Political Credit Card Payment		Vages Contract Letter Other (unter a category not "stad above	e)
Total pages Schedule F1:		3 Filer ID (Ethics Commission Fi	ilers)
06/08/2016	5 Payee name The Order's Desk		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$3,008.16	2910 Canton St. Dallas TX 75226		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Checkif travel nutside of Terras, Complete Schedule T.	
OF EXPENDITURE	Mailing Expense	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payeename		
05/06/2016	Stephanie Roman		
Amount (\$)	Payee address; City; State; Zip Code		-
\$150			
	Category (Sne Categories listed at the top of this schedule)	Description	
PURPOSE		Check: watel outside of Telias. Complete Schedule T.	
OF EXPENDITURE	Other: Block Walk	Cheek if Ausün, Tit, officeholder living expense	
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought Office held	
Date	Paycename		_
05/09/2016	Alma Castro		
Amount (\$)	Payee address; City: State; Zip Code		
\$50			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Od plant	Check if the real outside of Terms, Complete Schedule T.	
EXPENDITURE	Other: Block Walk	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought Office held	
- 14-77-24	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	==

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fee: Food/Beverage Expense Gff/Awarde/Memorials Expense Loan Repayment/Reinnburst ment Office Cverheatd/Rental Ellipense Polling Expense Printing Expense Selaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guid∉ explains how to c	complete this form.	(
1 Total pages Schedule F1:	^{⋧ FILER NAME} Monica Lira Bravo		3 Filer ID (Ethics Commission Filers)
^{4 Date} 05/09/2016	5 Payee name Jessica Castro		
© Amount (\$)	7 Payee address; City; State; Zip Code	3	
\$50			
8	(a) Category (See Categories listed at the top of susschedule)	(b) Description	
PURPOSE	Out District	Chaddif travel o	ide of Texa=. Complete Schedule T.
OF EXPENDITURE	Other: Block Walk	Check if Aua i	n, T.", afficeholder living expense
9 Complete <u>ONLY</u> if direct expendituretobenefitC/OH	Candidate / Offic∋holder name	Office sought	Office held
Date	Payeename		
05/09/2016	Karen Nunez		
Ameunt (\$)	Payee address; City; State; Zip Code		
\$50			
	Category (See Categories listed of the log of thin schodule)	Description	
PURPOSE	Orlean Plant, MAINE	Check:f travel ou	tside ufTo) as Complete Schudulu T.
OF EXPENDITURE	Other: Block Walk	Check if Austin	. TX, officeht∉der living expense
Complete ONLY if direct expendituretobenefitC/OH	Carididate / Officeholder name	Office sought	Office held
Date	Payeename		
05/09/2016	Jehovani Sanchezz		
Amount (\$)	Payee address; City; State; Zip Code		
\$50			
	Category (See Categories listed at the (ap of this schedule)	Description	
PURPOSE OF	Other: Block Walk		side lifTexas, C., mplata Schedule T,
EXPENDITURE	Otner: block walk	Chack :/ Austri	, TX, officeholder living e⊮pense
Complete <u>QNLY</u> if direct expendituretobonefitC/OH	Candidate / Officeholder name	Office sought	Office hald
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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 Feed Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Cvorhead/Reidal Expense Poling Expense Printing Expense Salaries/Wages/Contract Labor

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

	The Instruction Guide explains how to d	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Monica Lira Bravo		3 Filer ID (Ethics Commission Filers)
4 Date 05/09/2016	5 Payes name Ferguson Donut Shop		
6 Amount (\$)	7 Payee address; City; State; Zip Code		W. C
\$41.49			
В	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check(Fuzzra) ou	du of Texas. Complete Scheduln T.
OF EXPENDITURE	Food/Beverage Expense	Oheek if Ausen	, TX. officeholder iiving expense
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payeename		
05/10/2016	Melanie Chaponan		
Amount (\$) \$50	Payee address; City; State; Zip Code		
-	Category (See Categories flated at the top of this echedula)	Description	
PURPOSE		Checks travel outs	de of Suzz. Complete Schedule T.
OF EXPENDITURE	Other: Block Walk	Cheo≒ if Aus⊊n,	Til., afficeholder living expense
Complete ONLY if direct expenditure to be nefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payeename		
05/10/2016	Aylin Segura		
Amount (\$)	Payee address; City; State; Zip Code		
\$50			
***************************************	Category (Ser. Categories listed of the top of this schedule)	Description	
PURPOSE OF		Ched (Ptravs) outsi	de of Taxas Complete Schedule T.
EXPENDITURE	Other: Block Walk	Chack if Justin, 1	TX, officeholder living expense
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office heid
77	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Evont Expanse Fres Food/Beverage Expense Loan Ropalyment/Reimbursement Office Overhaled/Rental Expense

Solinitation/Fundralsing Expense Transportation Equipment & Related Expense

Polling Expense Travel In District Contributions/Donations Made By Printing Expense Sclaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Scrvices Othur (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date 05/12/2016 5 Payee name Gregoria Mercado 6 Amount (\$) 7 Payee address; City; State; Zip Code \$50 (a) Category (Sig Categories listed at tho top of this schedule) 8 (b) Description **PURPOSE** Chack if it ≥ relique of Texas. Complete Schedule T. OF Other: Block Walk Chick if Austin, TK, officeholder fiving expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expendituretobenefitC/OH Date Payeename Democracy Toolbox 05/13/2016 Amount (\$) City; State; Zip Code Payee address; \$2,000 Category (Sea Categories insted at the top of this subridule) Description **PURPOSE** Check if travel outside of Telias, Complete Schodule T. OF Consulting Expense Check if Ausun, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expendituretobenefitC/OH Payeename Date 05/16/2016 Guadalupe Roman Amount (\$) Payee address; City; State; Zip Code \$50 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Chech if travel outside of Texas. Complete Schedule T Other: Block Walk Check if Austic, TX, officeholder living expense **EXPENDITURE** Complete **ONLY** if direct Candidate / Officeholder name Office sought Office held expendituretobenefitC/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 3(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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicimition/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Liges/Contract Labor	Travel Out Of District Other (enter a category not !sied above)
Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date 05/19/2016	5 Payee name Bank of America	·	
6 Amount (\$) \$37	▼ Payee address; City: State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking Expense		ರು of Texas. Complete Schedule T TX, offic=holder living expense
9 Complete <u>ONLY</u> if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payeename		
06/07/2016	K-9 Sports		
Amcunt (\$)	Payee address; City; State; Zip Code		
\$244.00	675 W. Pioneer Grand Prarie TX 750 Pkwy. #105	57	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other: T-shirts		eofTexas CompleteScheduleT. 4. officsh∷id≼r living expense
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office scught	Office held
Date	Paycename		
06/08/2016	Alex Esquivel		
Amount (\$) \$32	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this achedule) Polling Expense	2	e of Texas. Complete Schedule T. (, officeholder living expense
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D

SCHEDULE F1

EXPENDITURE CATEGORIES FOR FIOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officehc/dur/Political Committee
Credi Card Payment

Event Expense
Frees
Food/Baverage Expense
Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Frinting Expense Solicitation/Findraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholdur/Politica Credit Card Payment	ilo	Wages/Contract Labor	Travel Out Of District Other (anter ्रा category not listed above)	
1 Total pages Schedule F1:			Filer ID (Ethics Commission Filers)	
4 Date 06/08/2016	5 Payee name Priscilla Cisneros	<u>_</u>		
6 Amount (\$) \$106	7 Payee address; City; State; Zip Code		A second of the	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories limited at the top of this echedule) Polling Expense	_//V	de c. Turas. Complete Schedule T. X, officehology living expense	
9 Complete ONLY if direct expenditure to be nefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 06/08/2016	Payeename Nisa Ortiz			
Amount (\$) \$106	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories seted at the top of this achadula) Polling Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payeename			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF ÈXPENDITURE	Category (Ses Categories listed at the top of this schedule)		of Texas. Completa Schedule T. , officeholder fiving expense	
Complete <u>ONLY</u> if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Offic∋ held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Monica E LAST Bravo Monica E LAST Bravo MONICA E LAST Bravo MONICA PROVIDE RUMBER MONICA MONICA APT / SUMTE #: Ste. 370 DE PHONE NUMBER MONICA M	CITY: STATE: 21P COED Dallas Texas 7520 EXTENSION M1 A SUPFIX	The second secon
Central Ste. 370 DE PHONE NUMBER) 390-6294 /MR FIRST Elisabeth E LAST Wilson	Dallas Texas 7520 EXTENSION M. A GUMFIX	Date Hand-delivered on Este State State of Descript # Amount 6
) 390-6294 /MR FIRST Elisabeth LAST Wilson	M' A GUPFIM	DECCO Receipt # Ampent 6 Date Freeswed
Elisabeth Last Wilson	A SUMFIX	Date Frocessed
DDIREGS (NO FO FOX PLEAS .): APT		
Greenville Ave.	Ste. 200 Dallas TX	шР ссов 75206
) 365-4438	EXTENSION	
any 15 Solin day before		15th day ofter campaign tracurer appointment (Orticeholder Only) Final Report (Attach C/OH - FR)
02 / 19 2016		onth Diny Year 04 / 07 / 2016
Cuy Your Priso	Description	
LD (feny) N/A	13 OFFICE SOUGHT (#1	O Trustee, Place 4
	02 / 19 2016 ICTION DITE City Year Print 07 / 2016 X Con	02 19 2016 THROUGH 0 ICTION DATE Day Year Prinary Hunoff Other Descrip 07 2016 Secretal Special LD (flexy) 13 OFFICE SOUGHT (A1)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

			SOVER ONLE FOR
14 C/OH NAME Monica Lira Br	avo		15 Filer fD (Ethics Commission Filers)
NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	DITURES MADE BY FOLITICAL COMMITTEES TO MITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S IIS INFORMATION CHLY IF THEY RECEIVE NOTICE	
	COMMITTEE TYPE	COMMITTEE NAME	
	GENSPAL		
	<u></u> ереситк:	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREATURER AUDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	IN S
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,725
EXPENDITURE TOTALS 3. Total Political expenditures of \$100 OR Less, UNLESS ITEMIZED \$		\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 17,081.45
CONTRIBUTION BALANCE	5. TOTAL P OF REP	DAY \$	
OUTSTANDING LOAN TOTALS		RIMCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	* 1,000
18 AFFIDAVIT			
			perjury, that the accompanying report is prmation required to be reported by me
Notary Pub	LIAN RUIZ olic, State of Texas	under Title 15, Election Code.	•
My Com	mission Expires th 05, 2019	Min W	i M
		Signature of Cand	fidate or Officeholder
AFFIXNOTARYSTAME	SEALABOVE		
Sworn to and subscr	ibed hefore me, b	y the said MONICA LIVA Bravo	this the 7th day
Signature of officer as	dministering oath	Ulian Ruiz	NOTATU ALLIC

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

15	Monica Lira Bravo 20 Filer ID (Ethics Com				
21	SCHEDULE SUBTOTALS HAME OF SCHEDULE		SUBTOTAL AMOUNT		
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE E: LOANS		\$ 1,000		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$ 17,081.45		
e.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		ş		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A I	\$			
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	SNC	\$		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo Date 5 Full name of contributor 7 Amount of contribution (a) _____out-of-state FAC (ID#:_____ Jose Ortiz 2/29/16 \$200 5 Contributor address; City; State; Zip Code 2122 Hogan Drive Irving TX 75038 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Department of Education Attorney Full name of contributor Dut-of-state PAC (ID#:_ Date Amount of contribution (\$) Natividad Aguirre 2/29/16 \$50 Contributor address: City; State: Zip Code Dallas ΤX 75214 P.O. Box 7324 Principal occupation / Job title (See Instructions) Employer (See Instructions) Marketing Consultant Self-employed Date Full name of contributor Amount of contribution (\$) Monica Ceja 2/29/16 \$20 Contributor address: Zip Code City; State; 3211 Tower Trail Dallas TX 75229 Principal occupation / Job title (See Instructions) Employer (See Instructions) Marketing Self-employed Full name of contributor Date Out-of-state FAC (ID#._ Amount of contribution (\$) Oscar Escoto 02/29/16 \$100 Contributor address; City; State; Zip Code 509 Roundrock Ln. Ft. Worth TX 76140 Principal occupation / Job title (See Instructions) Employer (See Instructions) Law Student N/A 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 1 Total pages Schedule A1: The Instruction Guido explains how to complete this form. **?** FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo Date Fuil name of contributor out-of-state FAC (ID#:_____ 7 Amount of contribution (\$) Matt Phillips 02/29/16 8 Contributor address; \$25 City; State; Zip Code 6245 Rufe Snow Dr. Ft. Worth TX 76148 Apt # 280 3 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-employed Attorney Full name of contributor out-of-state PAC (ID#:_ _ __ Date Amount of contribution (\$) Lizzette Velazquez 02/29/16 \$100 Contributor address; City; State; Zip Code 99 Lamar Street Terrell TX 75160 Principal occupation / Job title (See Instructions) Employer (See Instructions) Rad Law Firm Paralegal Date Full name of contributor out-of-state FAC (ID#.__ _ _ Amount of contribution (\$) Jacquelina Malafa 02/29/16 \$100 Contributor address; City; State; Zip Code 3223 Basil Court Dallas TX 75204 Principal occupation / Job title (See Instructions) Employer (See Instructions) Aetna Attorney Date Full name of contributor out-of-state PAC (ID#_ _ __ Amount of contribution (\$) **Ebony Rivon** \$100 03/01/16 Contributor address; 510 S. Cesar Chavez State: Zip Code Dallas ΤX 75201 Apt. #5206 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Rivon Law Firm 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date 9 Full name of contributor out-of-state PAC (ID#:_ _ 7 Amount of contribution (\$) Miguel Solis 03/03/16 \$500 10 Contributor address; City; Zip Code State: 2500 Bennett Ave. Dallas TX 75206 Apt. #1122 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) President Latino Center for Leadership Development Full name of contributor Date out-of-state RAC (ID#:_ _ _ Amount of contribution (\$) Frances Devlin 03/03/16 \$50 Contributor address; City; State; Zip Code 2126 Diamond Oaks Garland TX 75044 Principal occupation / Job title (See Instructions) Employer (See Instructions) Senior Series Administrator Concur Technologies Full name of contributor Date Amount of contribution (\$) Laura Geisler 03/7/16 \$50 Contributor address; City; State; Zip Code 2900 McKinnon #1604 Dallas TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Geisler Law Firm Date Full name of contributor out-of-state FAC (ID#: Amount of contribution (\$) Joe Carreon 03/06/16 \$100 Contributor address: City; State; Zip Code 3150 Kendale Dr. **Dallas** 75220 TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Southern Methodist University University Staff 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date 11 Full name of contributor 7 Amount of contribution (\$) out-of-state FAC (ID#:__ Elsa Manzanares 03/10/16 \$200 12 Contributor address; City; State; Zip Code 6936 Clayton Ave. 75214 Dallas TX 2 Principal occupation / Job title (See Instructions) Employer (See Instructions) Gardere Attorney Full name of contributor nut-of-state PAC (ID#:_____ Date Amount of contribution (\$) Cecilia Boone 03/10/16 Contributor address; \$200 City; State; Zip Code 5949 Sherry Lane Dallas TX 75225 Ste. 1010 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired N/A Full name of contributor Date out-of-slate P.-C (ID#:___ Amount of contribution (\$) Cynthia Yung 03/11/16 \$100 Contributor address; City; State; Zip Code 9914 Kilarney Drive Dallas TX 75218 Principal occupation / Job title (See Instructions) Employer (Sea Instructions) **Executive Director Boone Foundation** Date Full name of contributor out-of-state FIIC (ID#: Amount of contribution (\$) Garrett Boone 03/11/16 \$500 Contributor address; State; Zip Code City; 5949 Sherry Lane. Dallas TX 75225 Ste. 1010 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date 13 Full name of contributor out-ol-state FAC (ID#: 7 Amount of contribution (\$) Reina Gonzalez 03/11/16 \$250 14 Contributor address; City: Zip Code State: 10300 N. Central Expwy. Dallas TX 75231 Ste. 235 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Gonzalez Law Group Full name of contributor Date cut-of-state PAC (ID#_ Amount of contribution (\$) Serena Connelly 03/13/16 \$1000 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 (\$) Jorge Baldor 03/11/16 \$10,000 Contributor address; City; State; Zip Code 1999 McKinney #1804 Dallas TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-lints FAC (ID#._ Amount of contribution (\$) Georgeann Elliott Moss 03/10/16 \$50 City: State; Zip Code Contributor address; Sunnyvale TX 75182 453 Stone Canyon Dr Principal occupation / Job title (See Instructions) Employer (See Instructions) Director of Internet Publishing DCCCD ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state FAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date 15 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) Angel Mata 03/15/16 \$100 16 Contributor address; City; State; Zip Code 4314 N. Central Expwy. Dallas TX 75206 8 Principal occupation / Job title (See Instructions) § Employer (See Instructions) The Law Office of Angel Mata Attorney Full name of contributor out-of-state PAC (ID#_ _ ___ Date Amount of contribution (\$) Miriam Miranda 03/16/16 \$50 Contributor address; City; State; Zip Code 4933 Lomax Drive Dallas TX 75227 Principal occupation / Job title (See Instructions) Employer (See Instructions) Legal Assistant Lira Bravo Law, PLLC. Date Full name of contributor out-of-state FAC (ID#:________ Amount of contribution (\$) **Bridget Lopez** 03/16/16 \$250 Contributor address: City; State; Zip Code 6258 Velasco 75214 Dallas TX Principal occupation / Job title (See Instructions) Employer (See Instructions) **Managing Attorney** Linebarger Goggan Blair & Sampson, LLP. Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Claudia Sandoval 03/16/16 \$250 Contributor address; City; State: Zip Code 4464 W. Clarendon Dallas TX 75211 Principal occupation / Job title (See Instructions) Employer (See Instructions) IT Consultant Hitachi Consulting 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date 17 Full name of contributor 7 Amount of contribution (\$) out-of-state FAC (ID#:______ Yesenia Mendez 03/16/16 18 Contributor address; \$100 City; State; Zip Code 4575 Mill Run Rd. Dallas TX 75244 B Principal occupation / Job title (See Instructions) Employer (See Instructions) **Director of BSA Compliance** Santander Consumer USA Fuil name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Jesse Tafalla 03/16/16 \$200 Contributor address; City: State: Zip Code 9465 Dale Glade Dr. Dallas TX 75217 Principal occupation / Job title (See Instructions) Employer (See Instructions) Construction/Quality Specialist **Dal-Tech Engineering** Date Full name of contributor out-of-state FAC (ID#________ Amount of contribution (\$) Susie Hess 03/16/16 \$20 Contributor address; City; State; Zip Code 2905 Clearwater Dr. Mesquite TX 75181 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Marsh USA Inc. Date Full name of contributor out-of-state FAC (ID#: Amount of contribution (\$) Rickey Callahan 03/16/16 \$100 Contributor address; City: State; Zip Code 8344 E.R.L. Thornton Fwy. Dallas TX 75228 Ste. 308 Principal occupation / Job title (See Instructions) Employer (See Instructions) Real Estate Agent Callahan Properties ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS MEEDED If contributor is out-of-state FAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date 19 Full name of contributor 7 Amount of contribution (\$) out-of-state FAC (ID#:_______ Cynthia Jubera 03/16/16 \$40 20 Contributor address; City; State; Zip Code 405 Oxford Drive Wylie TX 75048 3 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Benefits Analyst MHBT** Full name of contributor out-of-state P/-D (ID津_ _ ___ Date Amount of contribution (\$) Israel Rivera 03/16/16 \$50 Contributor address; City: State: Zip Code 710 Spinner Rd. Desoto TX 75115 Principal occupation / Job title (See Instructions) Employer (See Instructions) DISD Principal Date Full name of contributor cut-ci-state FAC (ID#:___ Amount of contribution (\$) Jose De La Cruz 03/16/16 \$30 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Weaver **Audit Associate** Date Full name of contributor out-of-state FRC (ID#._____ Amount of contribution (\$) Cinthia Jaimes 03/16/16 \$20 Contributor address; City: State: Zip Code Colleyville TX 76034 2610 Witten Ave. Principal occupation / Job title (See Instructions) Employer (See Instructions) Office Assistant The Marketing Arm 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date 21 Full name of contributor out-of-state F-C (ID#_____ 7 Amount of contribution (\$) Lino Lozano 03/16/16 \$100 22 Contributor address; City; State: Zip Code 9712 Fitzory Circle Dallas TX 75238 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-employed Self-employed Full name of contributor Date out-of-state PAC (ID#:_ _ Amount of contribution (\$) Sean Cox 03/16/16 Contributor address; City; State: Zip Code \$100 P.O. Box 130864 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Law Offices of Sean R. Cox Full name of contributor Date out-of-state PAC (ID#.___ _ _ _ Amount of contribution (\$) Yolanda Rodriguez 03/16/16 \$200 Contributor address; City; State; Zip Code 7029 Clemson Dr. Dallas TX 75214 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Administrator N/A Date Full name of contributor out-cf-state PAC (ID#:______ Amount of contribution (\$) Marcela Lira Allen 03/16/16 \$40 Contributor address: City; State: Zip Code 626 Taylor Ct. Duncanville TX 75137 Principal occupation / Job title (See Instructions) Employer (See Instructions) Manager Tuesday Morning 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 🐠 Date 23 Full name of contributor out-of-state FAC (ID#:_ _ _____ 7 Amount of contribution (\$) **Dominique Torres** 03/17/16 24 Contributor address; \$100 City; State; Zip Code 212 W. Spring Valley Rd. Richardson TX 75081 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Modjarrad Abusaad Said Law Firm Full name of contributor Date out-cf-state PAC (IL#._____ Amount of contribution (\$) Lindsay Barbee 03/17/16 \$20 Contributor address; City: State: Zip Code 3811 Turtle Creek Blvd. Dallas TX 75219 Ste. 1010 Principal occupation / Job title (See Instructions) Employer (See Instructions) Rochelle Findley Barbee PLLC Attorney Full name of contributor Date out-oi-state FAC (ID#:______ Amount of contribution (\$) Rafael Anchia 03/21/16 \$250 Contributor address; City; State; Zip Code 2323 Victory Ave. Dallas TX 75219 Ste. 700 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Havnes & Boone Date Full name of contributor out-of-state PNC (ID#:_____ Amount of contribution (\$) Angela Lopez 03/21/16 \$200 Contributor address; State; Zip Code 3968 Creekside Ln. Carrollton TX 75010 Principal occupation / Job title (See Instructions) Employer (See Instructions) Cowles & Thompson Attorney ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state FAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo . Date 25 Full name of contributor 7 Amount of contribution (\$) cut-of-state F/C (ID#:_ _ ___ Rebecca Greenan \$100 03/20/16 26 Contributor address; City; State; Zip Code 511 N. Akard St. Dallas TX 75201 Apt#1501 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Associate Dean UNT- Dallas College of Law Full name of contributor Date out-of-state To C (ID#:_ Amount of contribution (\$) Erica Rivera 03/22/16 \$50 Contributor address: City: State; Zip Code 2203 Blue Bayou Dr. Dallas TX 75253 Principal occupation / Job title (See Instructions) Employer (See instructions) Date Full name of contributor out-oi-state FAC (ID#__________ Amount of contribution (\$) Zulema Mendoza 03/22/16 \$200 Contributor address; City; State; Zip Code 75068 Little Elm TX 14212 Signal Hill Dr. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#.____ Amount of contribution (\$) Matt Hinckley 4/4/16 \$200 Contributor address; City: State; Zip Code 8165 Hunnicut Rd. Dallas TX 75228 Principal occupation / Job title (See Instructions) Employer (See Instructions) DCCCD Professor 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date 27 Full name of contributor out-of-state PAC (ID#:______ 7 Amount of contribution (5) Juan Luis Bravo 03/22/16 \$20 25 Contributor address; City; State; Zip Code Lewisville TX 321 Milton St. 75057 Principal occupation / Job title (See Instructions) Employer (See Instructions) Paralegal Ramos Law Firm Full name of contributor Date out-of-state P/C (ID#:_ Amount of contribution (\$) Lissette Villarruel 03/22/16 \$250 Contributor address: City; State; Zip Code 4562 Marcell Ave. Dallas TX 75211 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Haynes & Boone Date Full name of contributor dut-of-siste FNC (ID#:_______ Amount of contribution (\$) Naomi Hernandez 03/22/16 \$100 Contributor address; City; State; Zip Code 2201 Wilson Blvd. Arlington VA 22201 #106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Northrop Gruman Date Full name of contributor out-of-state PAC (ID#:______ Amount of contribution (\$) Javier Olguin 03/23/16 \$100 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) DCCCD **Executive Director** 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 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 5 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date 29 Full name of contributor out-of-state FAC (ID#: 7 Amount of contribution (\$) Andres Correa 03/23/16 \$250 30 Contributor address: City; State; Zip Code Dallas TX 75201 2100 Ross Ave. #2700 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Lynn Pinker Cox & Hurst Full name of contributor cut-of-state P/C (IE#:_ Date Amount of contribution (\$) Minerva Rodriguez 03/24/16 \$50 Contributor address; City; State; Zip Code Dallas 1611 Kinmore St. 75223 Principal occupation / Job title (See Instructions) Employer (See Instructions) Legal Assistant Lira Bravo Law, PLLC. Full name of contributor Date out-of-state FNC (ID#:______ Amount of contribution (\$) Jaime Resendiz 03/23/16 \$250 Contributor address; City; State: Zip Code 320 South R. L. Thornton Dallas TX 75203 Frwy. Ste. 300 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney West & Associates, LLP Date Full name of contributor out-of-state PAC (ID#_____ Amount of contribution (\$) Elisabeth Rutledge 03/23/16 \$100 Contributor address; City; State; Zip Code 7179 Dalewood Ln. Dallas TX 75214 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Public Relation** Jeff Ellen 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date Full name of contributor ? Amount of contribution (\$) Linebarger 03/30/16 \$500 Zip Codc Contributor address; Citv: State: 2777 N. Stemmons Frwy. Dallas 75207 TX Ste. 1000 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A Law Firm Full name of contributor out-of-state FAC (ID#._____ Date Amount of contribution (\$) Dan Micciche 04/04/16 \$250 Contributor address; City: State; Zip Code 1140 Bally Mote Dallas TX 75218 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Akin Gump Strauss Hauer & Feld Full name of contributor Date nut-of-state PAC (ID#:___ Amount of contribution (\$) Yvette Hernandez 4/6/16 \$100 Contributor address; City; State: Zip Code 3302 Lanat Ct. Garland TX 75042 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Development** Rone Engineering Date Full name of contributor out-of-state PAC (ID#:______) Amount of contribution (\$) Dr. Fred Newbury \$200 04/02/16 Contributor address; State; Zip Code City; 6322 Kalani Pl. Dallas TX 75240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor DCCCD 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:______ Jasmit Perez 03/23/16 \$150 Contributor address: City; State; Zip Code 8540 Westfield Dr. Dallas TX 75243 3 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Law Office of Jasmit Dhaliwal-Perez Full name of contributor out-of-state FAO (ID株 Date Amount of contribution (\$) Belinda Arroyo 03/23/16 \$500 Contributor address; City; State: Zip Code Ft. Worth TX P.O. Box 136638 76136 Principal occupation / Job title (See Instructions) Employer (Sec Instructions) Belinda Arroyo Law Office, P.L.L.C Attorney Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Alfonso J. Herrera Contributor address; 03/23/16 City; State; Zip Code \$40 Dallas TX 75252 17401 Marianne Circle Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Rad Law Firm Date Full name of contributor out-of-state PAC (ID#:_ _ Amount of contribution (\$) Stephanie Gonzalez 03/23/16 \$50 Contributor address; State; Zip Code 7014 Casa Lane Dallas TX 75214 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney **Dallas County** 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ _ _____ Marcos G. Ronquillo 04/06/16 \$1000 Contributor address; Zip Code City; State; 5301 Spring Valley Rd. Dallas TX 75254 Ste. 200 3 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Friedman & Feiger Full name of contributor out-of-state PAC (IDS:_______ Date Amount of contribution (\$) Claudia Guerrero 04/07/16 \$250 Contributor address; City; State; Zip Code 9035 San Fernando Way Dallas TX 75218 Principal occupation / Job title (See Instructions) Employer (See Instructions) Associate Attorney Lira Bravo Law, PLLC Date Full name of contributor out-of-state FAC (.C#________ Amount of contribution (\$) Omar Narvaez 04/05/16 \$50 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instruction3) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Diana Oliva 04/07/16 \$50 Contributor address; City; State; Zip Code Dallas TX 5119 Breakwood Dr. 75227 Principal occupation / Job title (See Instructions) Employer (See Instructions) Berry Appleman & Leideman Paralegal 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 comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME	Monica Lira Bravo		3 Filer ID (Ethics Commission Filers)
* TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of Ioan 7 Name of Iender			9 Loan Amount (\$) \$1,000
6 Is lender a financial Institution? Y N	6 Is lender a financial Institution? 8 Lender address; City; State; Zip Code 4144 N. Central Expwy. Dallas TX 75204		10 Interest rate 0% 14 Maturity date 04/2020
****	on / Job title (See Instructions)	11 Employer (See Instructions) Lira Bravo Law, PLLC.	U4/ZUZU
14 Description of Colla	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
†5 GUARANTOR INFORMATION	17 Name of guarantor Monica Lira Bravo		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; Si 4144 N. Central Expwy. Dallas Ste. 370	State; Zip Code s TX 75204	
20 Principal Occupati	on (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of londerout-of-state P.	^AC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interestrate
Y N			Maturitydate
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Collar	teral	Check if personal funds were d account (See Instructions)	teposited into political
GUARANTOR INFORMATION	Name of guarantor		AmountGuaranteed(\$)
not applicable	Guarantor address; City; 5	State; Zip Code	
Principal Occupation	n (See Instructions)	Employer (See Instructions)	
lf I	ATTACH ADDITIONAL COI lender is out-of-state PAC, please see in	PIES OF THIS SCHEDULE AS NE estruction guide for additional re	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR SOX 8(a)

Advertising Expense

Event Expense

Loan Repay ment/Reimbursement

Solicitation/Fundraising Enprinse

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Food/Beverage Expense F Gift/Awards/Memorials Expense F	office Overing advice that Expense folding Expense frinting Expense Glarias/Wages/Contract Labor	Trensportation Equipment & Related Expense Travel In District Travel Out of District Other (enter 9 category not listed above)
Crodit Card Paymont	The Instruction Guide explains h	ow to complete this form.	
Total pages Schedule F1:	² FILER NAME Monica Lira Bravo	3 Filer ID (Ethics Commission Filers)	
4 Date 03/01/16	³ Payee name Mark Lugo		
S Amount (\$)	7 Payes address; City; State; Zip C		
\$350	5434 Belmont Ave Dallas TX 7	5206	
8	(a) Category (See Categories listed at the top of this schedul		
PURPOSE OF EXPENDITURE	Advertising Expense		uiside of Texas. Complete Schedule T. n. T.A. office holder living expanse
9 Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held
Date 03/03/16	Payeename Bank of America		-8
Amount (\$)	Payee address; City; State; Zip C		
\$26			
PURPOSE OF	Category (See Categories filted at the top of this sched	Check (ftravel out	side of Texas. Compilete Schridule T. TX. officeholder living expense
EXPENDITURE			TX. Ollocito act = Ving 3000 je
Complete <u>ONLY</u> if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payeename		
03/14/16	K-9 Sports		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$781	675 W. Pionner Grand TX 75	5051	
	#105 Prairie		
	Category (See Categories listed at the top of this sched	ule) Description	
PURPOSE OF	Advertising Expense	Check if Lavel out	side of the tas, Complete Schedule T.
EXPENDITURE		Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholdcr name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS MEE	nen -

SCHEDULE F1

EXPENDITURE CATEGORIES FOR ECX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Cortifications/Discretizes Made By
Candidate/Officeholder/Political Committee
Cost Cort Research

Event Expense Feurs Food/Beverage Expense Gitt/Awards/Memorials Expense

Loan Repayment/Roimbursement Office Overmad/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment © Related Expense Travel In District Travel Out Of District

Credit Card Payment	The instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	^{2 FILER NAME} Monica Lira Bravo	3 Filer ID (Ethic∋ Commission Filers)		
^{4 Date} 03/12/16	5 Payee name Democracy Toolbox & (Communication		
\$ Amount (\$) \$2,000	7 Payze address; City: State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categorics listed at the top of this achadule) Consulting Expense		side of Twas Complete Schedule T. T.Y., office tolder fiving expense	
9 Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held	
3/16/16	Payeename Alfonso Carmona			
Amount (\$) \$300	Payee address; City; State; Zip Codε 7260 Gaston Ave. Dallas, TX 75214			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/ Beverage Expense	Description Check if ravel outside of Terus. Complete Schedulo T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held	
Date 03/16/16	Payeename Purebuttons			
Amount (\$) \$102.90	Payee address; City; State; Zip Code 4930 Chippewa Rd. Medina, OH 4	4256		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if Larei cuiside of Teras. Cumpliste Schedule T. Check if Ausen, TX, officeholder living expanse		
Complete <u>ONLY</u> if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS MEET	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
AccountingBending
Consulting Expense
Conditations/Donations Made By
Conditate/Officeholder/Political Committee

Event Expense Fens Food/Estverage Expense Giff/Awards/Memorials Expense Logal Services Loan Repayment/Reimbursement Office Overhead/Rental Expunse Polling Expense Frinting Expense Solaries/Viages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date 3 Payee name 03/23/16 Reilly-Echols Printing, Inc. City; State; Zip Code 6 Amount (\$) 7 Payec address; P.O. Box 152358 Dallas, TX 75315 \$1,759.07 (a) Category (See Categories listed at the lop of this schedule) 8 (b) Description Checkifft avel outside of Taxas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **Printing Expense** EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expendituretobenefitC/OH Paveename Date The Order Desk 03/22/16 Amount (\$) Payee address; City; State; Zip Code 2910 Canton St. Dallas, TX 75226 \$1,713.73 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Tables. Complete Schedule T **PURPOSE** Printing/Mailing Expense Check if Austin, T.K. officeholder living emense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expendituretobenefitC/OH Date Paveename 03/24/16 The Tyson Organization Inc. Amount (\$) Payee address; City: State: Zip Code \$5,200 1351 Mistletoe Dr. Ft. Worth, TX 76110 Category (See Categories listed at the top of this schedule) Description PURPOSE Checkifftravel outside of Taxas. Complete Schedule T. Advertising Expense/ OF Chack if Austin, TX, officeholder living expension EXPENDITURE Phone Program Complete ONLY if direct Candidate / Officeholds: name Office sought Office held expendituretobenefitC/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Giff/Avards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Folking Expense Frinting Expense Shiaries Wages/Contract Labor Solicitation/Fundraining Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Cicuit Cald Faying III	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:				
4 Date 03/25/16	5 Payes name La Calle Doce	· · · · · · · · · · · · · · · · · · ·		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$126.91	1925 Skillman St. Dallas, TX 75206	3		
8	(a) Category (See Categories linted at the top of this anneaule)	(b) Description		
PURPOSE		Check if Autin, TM, officeholder living expense		
OF EXPENDITURE	Food/ Beverage Expense			
9 Complete ONLY if direct expendituratobenefitC/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payeename			
03/25/16	City of Mesquite Parks 8	& Rec		
Amount (\$)	Payee address; City; State; Zip Code			
\$40	1515 N. Galloway Ave. Mesquite, TX	75149		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE			itude of Telias, Complete Schedule T	
OF	Advertising Expense	Check if Austin, TX, philocholder living expense		
EXPENDITURE	Advertising Expense			
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholdsः name	Office sought	Office held	
Date	Payeename			
03/25/16	Bank of America			
Amount (\$)	Payee address; City; State; Zip Codo		***	
\$10				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Chacklift travel cutoida of life gas, Compliata Schedulo T.		
OF EXPENDITURE	Accounting/ Banking	Chack if Austin, TX, officeholder living expense		
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fact
Food/Beverage Expense
Gift/Avards/Memorial Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Folling Expense Frinting Expense Colicitation/Fundraising Expense
Transportation Equipment 2 Related Expense
Travel in District
Travel Out Of District

		complete this form.			
Total pages Schedule F1:	* 2 FILER NAME Monica Lira Bravo 3 Filer ID (Sthic3 Commission Filers				
Date 03/28/16	5 Payee name Edward & Patterson Sign	s			
Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,813.19	4733 Don Dr. Dallas TX 75247				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Chacitifitravel outside of toxes. Complete Schedule T.			
OF EXPENDITURE	Advertising Expense	Check if Austin, Tif, afficeholder living expense			
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder пате	Office sought	Office held		
Date	Payeename				
03/28/16	North Texas Young Latino Leaders				
Amount (\$)	Payee address; City; State; Zip Code				
\$105					
	Category (See Categories listed at the top of tinic schedute)	Description	-		
PURPOSE	Advertising Expesne	Checkli tra. d outside of Texas. Complete Sciedule T.			
OF EXPENDITURE	, lateraling Expositio	Chack if Austin, TX, official der living expense			
Complete <u>ONLY</u> if direct expendituretobenefitC/OH	Candidate / Officeholdcr name	Office sought	Office held		
Date	Payeename				
03/29/16	FedEx/Kinko's				
Amount (\$)	Payee address; City; State; Zip Code				
\$181.16	1305 Ross Ave. Dallas, TX 75202				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		Chr.::kiftranel cultide of lexas. Complete 3ch ::tule T.			
EXPENDITURE	Printing Expense	Check if Ausen, TX, officeholder living equanse			
		765			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BCX 8(a)

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

Event Expense Feuil Food/Buverage Expense Gitt/Awards/Mumorials Expense Legal Sorvices Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Pinting Expense Sclarics/Wages/Contract Labor

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

Crec.: Card Payment	The Instruction Guide explains how to co	omplete this form.		
Total pages Schedule F1:	² FILER NAME Monica Lira Bravo		3 Filer ID (Ethics Commission Filers)	
^{4 Date} 04/01/16	5 Payee name Staples			
G Amount (\$)	7 Payee address; City: State; Zip Code 9222 E. R.L.			
97.40	Thornton Frwy.			
8	(a) Category (See Categories listed at lite top of this schedule)	(b) Description		
PURPOSE OF	Printing Expense	Chackliff travel outside of Justia. Complete Schedule T.		
EXPENDITURE	T many Expense	Chack if Austin	n TX, officeholder living explansi	
3 Complete <u>ONLY</u> if direct expenditure to be nefit C/OH	Candidate / Officeholder name	Office sought	Office hald	
Date	Payeename			
04/07/16	Reily Echols Printing, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$2,481.09	P.O. Box 152358 Dallas TX 75315			
	Category (See Categories littled at this top of this schedule)	Description		
PURPOSE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Auglin.	TX, officehoribir (Ming expense	
Complete <u>ONLY</u> if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payeename			
Amount (\$)	Payee address; City; State; Zip Code			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel out	ide of Tevas, Compline Schedule T.	
OF EXPENDITURE		Chock if Ausün,	TA, officeholder living expense	
Complete <u>ONLY</u> if direct experidituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office hold	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED	

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) The C/OH instruction Guide explains how to complete this form. 2 Total pages filed: 3 CANDIDATE/ MS / MRS / MR FIRST Мі **OFFICEHOLDER** OFFICE USE ONLY Monica Lira NAME LAST Date Received NICKNAME SUFFIX Bravo 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #; Dallas STATE: ZIP CODE OFFICEHOLDER Ste. 370 4144 N. Central 75204 MAILING **ADDRESS** Expwy. Change of Address CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION OFFICEHOLDER** (214) 390-6294 Date Hand-delivere PHONE CAMPAIGN MS / MRS / MR FIRST MI Receipt # **TREASURER** Elisabeth Α NAME Date Processed LAST NICKNAME SUFFIX Wilson Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN CITY; STATE; ZIP CODE TREASURER 5005 Greenville Ave. Dallas Ste. 200 TX 75206 **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER (214) 365-4438 PHONE **9 REPORT TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded \$500 fimit Final Report (Attach C/OH - FR) 10 PERIOD Month COVERED Day 04 / 07/2016 04 / 29 / 2016 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Month Runoff Day _ Other Description 05 / 07 / 2016 X General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) N/A DCCCD Trustee, Place 4 **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	-		
14 C/OH NAME			15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE COMMITTEE NAME		
	X GENERAL Hispanic PAC of Dallas		
	_	COMMITTEE ADDRESS	
	SPECIFIC	2438 Alco Ave. Dallas, TX 75211	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		Victor Garza	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		2438 Alco Ave. Dallas, TX 75211	
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$		IAN S
NO WIGO CHOING WICES WI	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 8,570
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$
erana ar	4. TOTAL POLITICAL EXPENDITURES		\$ 10,857.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 1,006.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,000		
18 AFFIDAVIT			
			perjury, that the accompanying report is formation required to be reported by me
Notary	LILIAN RUIZ Public, State of Tex	as //	F 0
	Commission Expires March 05, 2019	Nu	m/n-
		Signature of Can	ndidate or Officeholder
AFFIX NOTARY STAMP	/SEALABOVE		
Sworn to and subscri	a 1		, this the 23
day of HDri	, 20 <u></u> , t	o certify which, witness my hand and seal of office.	•
allin R	1190	Ulian Wit	Notari

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 20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,570
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	X SCHEDULE E: LOANS	\$ 1,000
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$10, 857.47
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date ull name of contributor out-of-state PAC (ID#:_ _ 7 Amount of contribution (\$) Jeff Tillotson 4/7/2016 \$1,500 Contributor address: City; State; Zip Code 750 N. Saint Paul St. Dallas TX 75201 Suite 610 3 Principal occupation / Job title (See Instructions) Employer (Sec Instructions) Attorney Tillotson Law PC Full name of contributor Date out-of- this PAC (Lu# Amount of contribution (\$) Silvia P. Villareal 4/7/2016 \$200 Contributor address; City; State; Zip Code P.O. Box 4773 Dallas TX 75208 Principal occupation / Job title (See Instructions) Employer (See Instructions) Publisher Informate DFW Magazine Date Full name of contributor out-of-state PAC (ID#.__ Amount of contribution (\$) Angelina LaPenotiere 4/7/2016 \$250 Contributor address; City; State: Zip Ccde 9124 Leaside Dr. Dallas TX 75238 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Fannie Mae Date Full name of contributor out-or-state FAC (ID#_ Amount of contribution (\$) Edna Z. Ruano 4/7/2016 \$100 Contributor address; City; State; Zip Code 1659 Trailridge Dr. Dallas TX 75224 Principal occupation / Job title (See Instructions) Employer (See Instructions) Communications/Public Relations U.S. Department of State 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 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Monica Lira Bravo 4 Date Full name of contributor 7 Amount of contribution (\$) Hispanic PAC of Dallas 04/07/2016 \$500 Contributor address: City: State: Zip Code 2438 Alco Ave. Dallas TX 75211 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Hispanic PAC of Dallas Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Theresa Remek 04/07/2016 \$50 Contributor address; City; State; Zip Code 2204 Springhill Dallas TX 75228 Principal occupation / Job title (See Instructions) Employer (See Instructions) Development Officer **SMU** Date Full name of contributor out-of-state PAC (ID#.__ Amount of contribution (\$) Jose Sanchez 04/07/2016 \$1,500 Contributor address: City; State; Zip Code Longview, TX 75601 507 N. Green St. Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Jose Sanchez Law Firm Date Full name of contributor out-of-state PAC (ID#_____ Amount of contribution (\$) Melissa Alfaro 04/07/2016 \$20 Contributor address; City: State; Zip Code 5959 Maple Ave #134 Dallas TX 75235 Principal occupation / Job title (See Instructions) Employer (Sec Instructions) Administrator Latino Center for Leadership Development 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date Full name of contributor out-of-state FAC (ID#._ _ 7 Amount of contribution (\$) Rebecca Acuna 04/07/2016 \$150 Contributor address; City; State; Zip Code 610 S. Cesar Chavez Dallas TX 75201 Apt. 5219 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Executive Director Latino Center for Leadership Development Full name of contributor Date out-of-state FLC (ID#_ _ Amount of contribution (\$) Ruth Nava 04/07/2016 \$200 Contributor address: State: Zip Code 1516 Warm Spring Dr. Allen TX 75002 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#. Amount of contribution (\$) Farid Moghadassi 04/07/2016 \$200 Contributor address; City: Zip Code State 10536 Creekmere Dallas TX 75218 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Khavari & Moghadassi Date Full name of contributor out-of-stat + PAC (ID#._ Amount of contribution (\$) Edna Mitchell 04/09/2016 \$200 Contributor address: City; State; Zip Code 103 Dawn Dr. Waxachie TX 75165 Principal occupation / Job title (See Instructions) Employer (See Instructions) Associate President Bank of America ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
Monica Lira Bravo			3 Filer ID (Ethics Commission Filers)
i			7 Amount of contribution (\$)
9614 Blue Jay			
		9 Employer (See Instruction DISD	tions)
Full name of contributor Rosario E. Heppe	out-of-state PA	C (ID#)	Amount of contribution (\$)
Contributor address; 1116 Bally Mote Dr.			\$250
· · · · · · · · · · · · · · · · · · ·		Employer (See Instruct Fluor Corp	itions)
Full name of contributor Joshua Prywes	nut-of-state PAC	00#)	Amount of contribution (\$)
Contributor address;	•		\$50
· · · · · · · · · · · · · · · · · · ·		Employer (See Instruct Ernst & Young	ions)
Full name of contributor Korey Mack	out-of-state FAC	; (ID#)	Amount of contribution (\$)
Contributor address;	City; State	e; Zip Code	\$20
		Employer (See Instructi Uplift Education	ions)
	Monica Lira Bravo Full name of contributor Mayra Trillo Contributor address; 9614 Blue Jay Ipation / Job title (See Instructions) Full name of contributor Rosario E. Heppe Contributor address; 1116 Bally Mote Dr. Dation / Job title (See Instructions) Attorney Full name of contributor Joshua Prywes Contributor address; 2650 Cedar Springs #3314 Dation / Job title (See Instructions) Anior Associate Full name of contributor Korey Mack	Full name of contributor Mayra Trillo Contributor address; 9614 Blue Jay Irving T2 Ipation / Job title (See Instructions) Full name of contributor Rosario E. Heppe Contributor address; 1116 Bally Mote Dr. Pallas TX Dation / Job title (See Instructions) Attorney Full name of contributor Joshua Prywes Contributor address; City; State 2650 Cedar Springs #3314 Dallas TX Dation / Job title (See Instructions) Attorney Full name of contributor Joshua Prywes Contributor address; City; State Contributor Associate Full name of contributor Contributor address; City; State	Monica Lira Bravo Full name of contributor Mayra Trillo Contributor address;

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
The	Instruction Guide explains how	1 Total pages Schedule A1:			
2 FILER NAME	Monica Lira Bravo			3 Filer ID (Ethics Commission Filers)	
4 Date 04/13/2016	Full name of contributor Ken Malcomson Contributor address; 3217 Armstrong	Cíty; State;	# = Zip Code 75205	7 Amount of contribution (\$) \$200	
S Principal occup	pation / Job title (See Instructions)	9	Employer (See Instruct Afferent Provider S	tions) olutions	
Date	Full name of contributor Dominga Mendez	out-of-state FAC (ID:	#	Amount of contribution (\$)	
04/14/2016	Contributor address; 3143 Dusty Oak	City; State; Dallas TX	Zip Code 75227	\$200	
Principal occupation / Job title (See Instructions) Teacher			Employer (See Instructi Responsive Edu	ions) ucation Solutions	
Date	Full name of contributor	out-of-state FAC (ID#	*	Amount of contribution (\$)	
04/14/2016	Nancy Bernardino Contributor address; 3138 Dusty Oak	City; State; Dallas TX	Zip Code 75227	\$100	
Principal occup Principal	ation / Job title (See Instructions)		Employer (See Instructi DISD	ons)	
Date 04/18/2016	Full name of contributor Megan Fears Contributor address; 1150 Bally Mote		Zip Code 55218	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Office Manager			Employer (See Instruction Fears Nachawati	ons)	
			HIS SCHEDULE AS NE		
	If contributor is out-of-state PA	C, please see instruction	on guide for additional re	eporting requirements.	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE AT 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#_ _ _ Joanna Jordan \$100 04/19/2016 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#_ Amount of contribution (\$) Yuri Strain 04/22/2016 \$40 Contributor address; State; Zip Code 5050 Capitol Ave. # 101 Dallas TX 75206 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:___ Amount of contribution (\$) Blanca Chavarria 04/23/2016 \$100 Contributor address; City; State; Zip Code 105 Country Circle Waxachie TX 75165 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Celina Diaz 04/25/2016 \$100 Contributor address; City; State; Zip Code 1255 Bridle Blvd. Frisco TX 75034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Carson & Calhoun 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Brayo Date Full name of contributor out-of-state PAC (ID#_ _ _ 7 Amount of contribution (\$) Lauro Banda 04/26/2016 \$150 Contributor address: City; State: Zip Code 5050 Capitol Dallas TX 75206 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Envestment Attorney Full name of contributor Date nut-of-state FAC (IL# Armount of contribution (\$) Nathaniel Means 04/27/2016 \$100 Contributor address; City, State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor nut-of-state FAC (ID#:__ _ _ Amount of contribution (\$) Paula Rosales 04/07/2016 \$50 Contributor address; City; State; Zip Code 6005 E. University No. 138 Dallas TX 75206 Principal occupation / Job title (See Instructions) Municipal Judge Employer (See Instructions) City of Dallas Date Full name of contributor cut-o.-state PAC (iD#:_ Amount of contribution (\$) Rebecca Gonzalez 04/15/2016 \$200 Contributor address; City; State; Zip Code P.O. Box 180433 Dallas TX 75218 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date ull name of contributor out-of-state FAC (ID#:_____ 7 Amount of contribution (\$) Roy Vu 04/26/2016 \$100 Contributor address; City: State: Zip Code 600 Cumberland Pl. Irving TX 75063 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor DCCCD Full name of contributor Date out-of-state F.-C (ID# Amount of contribution (\$) Clarice McCoy \$200 04/26/2016 Contributor address; City: State: Zip Code 75220 Dallas 4111 Tomberra Way TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Professor **DCCCD** Full name of contributor Date out-of-state PAC (ID#_ Amount of contribution (\$) Jed Schwegman 04/26/2016 \$250 Contributor address; City; State Zip Code 3624 Timberview Rd. 75229 Dallas TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Higher Education-Development **SMU** Date Full name of contributor cut-of-state PAC (ID#_ Amount of contribution (\$) Alexandra Meaders 04/28/2016 \$20 Contributor address; City: State: Zip Code 1623 Main Street Dallas TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Unemployed 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 1 Total pages Schodule A1: The Instruction Gulde explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date Full name of contributor cut-of-state FkC (ID#______ 7 Amount of contribution (\$) Mark Vasquez 04/28/2016 \$200 Contributor address; City: State: Zip Code 10501 N. Central Expwy. Dallas TX 75231 Ste. 307 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Mark K. Vasquez Law Firm PLLC Full name of contributor out-of-state FAC (IF#_ Date Amount of contribution (\$) Larry Duncan 04/21/2016 \$100 Contributor address; City; State; Zip Code 75227 5415 Banting Way Dallas TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-ril-state FAC (ID#___ _ _ _ _ Amount of contribution (\$) North Dallas Democrats 04/22/2016 Contributor address: \$100 City; State; Zip Code 17201 Hidden Glen Dr Dallas TX 75248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor cut-of- tate FAC (IDI):_ Amount of contribution: (\$) Jiroko Lopez 04/29/2016 \$100 Contributor address; City; State; Zip Cods 981 Easton Place Dallas TX 75218 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date Full name of contributor 7 Amount of contribution (\$) cut-of-state PAC (ID#: Clay Jenkins 4/7/2016 \$250 Contributor address: City; State; Zip Code 411 Elm Dallas TX 75205 Principal occupation / Job title (See Instructions) Employer (Sea Instructions) County Judge Dallas County Full name of contributor Date out-of-state FAC (IC# Amount of contribution (\$) Dr. Elba Garcia 4/7/2016 Contributor address: City: Zip Code \$200 State: 75208 618 W Jefferson Blvd. Dallas TX Principal occupation / Job title (See Instructions) Employer (See Instructions) **Dentist** Elba Garcia Dental Clinic Full name of contributor Date out-of-state PAC (ID#:___ Amount of contribution (\$) Rebecca L. Greenan 4/7/2016 \$250 Contributor address; City; State; Zip Code 511 N. Akard St. Apt. 1501 Dallas TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Associate Dean UNT- Dallas College of Law Date Full name of contributor out-oi-state PAC (ID#: Amount of contribution (\$) Eric Puente 4/7/2016 \$150 Contributor address: City: State; Zip Code 3300 Oak Lawn Ave. Dallas TX 75219 Ste. 401 Principal occupation / Job title (See Instructions) Employer (See Instructions) Puente, Hindieh & Fernandez PLLC Attorney 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 comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME	Monica Lira Bravo		3 Filer ID (Ethics Commission Filers)
† TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan 02/19/2016	7 Name of lenderbut-of-state #AC (ID#:) Monica Lira Bravo		9 Loan Amount (\$) \$1,000
6 Is lender a financial Institution?	8 Lender address; City; S 4144 N. Central Expwy. Dalla Ste. 370	State; Zip Code AS TX 75204	10 Interest rate 0% 11 Maturity date
Y N			04/2020
12 Principal occupation Managing A	on / Job title (See Instructions) Attorney	13 Employer (See Instructions) Lira Bravo Law, PLLC.	
14 Description of Colle	ateral	15 Check if personal funds were account (See In structions)	deposited into political
I6 GUARANTOR INFORMATION	17 Nameofguarantor Monica Lira Bravo		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; St. 4144 N. Central Expwy. Dallas Ste. 370	tate; Zip Code s TX 75204	
20 Principal Occupati	on (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender □out-of-state F#	AC (ID#:)	LoanAmount(\$)
Is lender a financial Institution?	Lender address; City; S	State; Zìp Code	Interestrate
Y N			Maturitydate
Principal occupation	n / Job title (See Instructions)	Employer (Sea Instructions)	<u></u>
Description of Collat	teral	Check if personal funds were d	leposited into political
none			
GUARANTOR INFORMATION	Name of guarantor		AmountGuaranteed(\$)
☐ not applicable	'Guarantor address; City; S	State; Zip Code	
Principal Occupation	n (Sce Instructions)	Employer (See Instructions)	
If I	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE struction guide for additional rep	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Losin Repayment/Reimburseinent Office Overhand/Reimbil Expense Polling Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Exponse Travel In District Gift/Awards/Memorials Expende Printing Expense Travel Out Of District Salaries/Wages/Contract Lation Other (enter a category not list id above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Monica Lira Bravo 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 04/18/2016 Aylin Segura 5 Amount (\$) 7 Payee address; City; State; Zip Code Dallas TX 75227 \$50 7777 Forney Rd (a) Category (See Categories listed at the top of files achadule) R (b) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. Other: Block Walk Check if Aurin, TA, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expendituretobenefitC/OH Payeename 04/18/2016 Markecia Morgan Amount (\$) Payee address; City; State; Zip Code \$60 7777 Forney Rd. Dallas, TX 75227 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schudle T. Other: Block Walk OF Chack if Auctin, TX, officeholder living expensa-EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expendituretobenefitC/OH Payeename Date Nia Houston 04/18/2016 Amount (\$) Payee address; City: State; Zip Code 7777 Forney Rd. Dallas TX 75227 \$60 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Charle if travel outside of Terus. Complete Schedule T. Other: Block Walk Check if Ausun, TX, officeholder living e-pensis **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office shught Office held expendituretobenefitC/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholds//Political Committee
Conditional Research

Event Expense
Foes
Food/Beverage Expense
Giff/Awards/Memorinit: Expense
Leanl Services

Loan Repayment/Reimbursement Office Overhead/Rental Expanse Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expanse
Salarian/Wager/Contract Labor Legal Services Other (Uniter a category not listed above) Credit Card Peyment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 5 Payee name 04/19/2016 Elizabeth Soto 6 Amount (\$) 7 Payee address; City; State; Zip Code 7777 Forney Rd. Dallas TX 75227 \$50 (a) Category (Size Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Other: Block Walk Check if travel outside of Texas. Complete Schedule T. Chack if Austin, TX, officeholder living expense EXPENDITURE S Complete ONLY if direct Candidate / Officeholder name Office sought Office held expendituretobenefitC/OH Date Payeoname 04/19/2016 Ivan Garcia Amount (\$) Payee address; City; State; Zip Code \$500 Category (See Categories listed at the top of this ichnolols) Description PURPOSE Check if 'ravel outside of Texas Complete Schedule T. Other: Campaign work OF Check it Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expendituretobenefitC/OH Payeename Date 04/19/2016 Kiera Powers Amount (\$) Payee address: City; State; Zip Code 7777 Forney Rd. Dallas TX 75227 \$50 Category (See Categories listed at the top of this achaeule) Description **PURPOSE** Checkifftravel cut ide of Texas. Complete Schedule T. Other: Block Walk Check if Auctin, TX, officeholder !hing expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expendituretobenefitC/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Foes Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Exprinse

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Frinting Expense Sciaries/Wages/Contract Lubor Gift//wards/Memorials Expense Legal Survices Other (enter a category not listed above) Credit Card Paymont The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date 5 Payee name 04/19/2016 Order's Desk 6 Amount (\$) 7 Payee address; City; State; Zip Code \$2,729.70 2910 Canton Dallas TX 75226 (a) Category (Size Cutegories listed at the top of this schedule) 8 (b) Description **PURPOSE** Chuckif travel cuts, let of let as. Complete Sighed to T. Printing/Mailing Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expendituretobenefitC/OH Paveename Date Miranda Ramirez 04/20/2016 Amount (\$) City; State; Zip Code Payee address: 7777 Forney Rd. Dallas TX 75227 \$50 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Other: Block Walk Chack if travel outside of Texas. Complete Ship dule T. OF Check if Austin, TX, officeholds fiving expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expendituretobenefitC/OH Payeename Date 04/25/2016 Aylin Segura Amount (\$) City; State; Zip Code Payee address; 7777 Forney Rd. Dallas TX 75227 \$50 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Chisck if travel outside of Texas. Complete Schedule T. OF Other: Block Walk Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expendituretobenefitC/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expenso
Fees
Food/Beverage Expense
Gitt/waards/Memorinals Expense

Loan Repayment/Reimbursement Office Overhuad/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Gift//wards/Memorials Expense Legal Survices Travel Out Of District Candidate/Officeholder/Political Committee 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: 2 FILER NAME J Filer ID (Ethics Commission Filers) Monica Lira Bravo Date 5 Payee name 04/25/2016 Henry Aguirre 6 Amount (\$) 7 Payee address; City; State; Zip Code \$50 7777 Forney Rd. Dallas TX 75227 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description PURPOSE Check if travel outside of Terras, Complete Schedule T. Other: Block Walk OF Check if Austin, T.s., officeholder living expunse EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expendituretobenefitC/OH Payeename Date Melanie Chaponan 04/25/2016 Amount (\$) Pavee address: City; State; Zip Code 7777 Forney Rd. Dallas TX 75227 \$100 Category (Sea Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T OF Other: Block Walk Chenk if Austin, TX, difficeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expendituretobenefitC/OH Payecnamo Date Jablar Gray 04/25/2016 Amount (\$) Payee address; City; State; Zip Code 7777 Forney Rd. Dallas, TX 75227 \$50 Category (See Categories tisted at the top of this schedule) Description **PURPOSE** Checl, if traval culside of Teles Complete Schedule T. Other: Block Walk **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expendituretobenefitC/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Conditional Committee
Confliction (Confliction) (Con

Event Expense Fees Food/Beverage Expense Giff/wards/Memorial Expense Loan Repayment/Reimbursement Office Overhand/Rental Expense Polling Expense Führting Exjenze Salaries/Wages/Contract Labor Solicitation/Fundmising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Legal Services Other (Pritter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date 5 Payee name 04/26/2016 Reilly Echols 6 Amount (\$) 7 Payee address; City; State; Zip Code \$1,136.63 1710 Harwood St. Dallas, TX 75215 8 (a) Category (See Categories list adult the top of this schodule) (b) Description **PURPOSE** Chack if travel outside of Texas. Complete Schedule T. Printing Expense Chack if Austin, TX, officeholder living expanse EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expendituretobenefitC/OH Payeename Date Edward & Patterson Signs 04/27/2016 Amount (\$) Payee address; City: State: 4733 Don Drive Dallas TX 75247 \$844.35 Category (See Categories listed at the ten of this achiequie) Description **PURPOSE** Check if a svel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising/Printing Expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expendituretobenefitC/OH Date Payeename **Tyson Organization** 04/27/2016 Amount (\$) Payee address; City; State; Zip Code \$248.98 1351 Mistletoe Drive Ft. Worth, TX 76110 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Advertising Expense OF EXPENDITURE Chack if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expendituretobenefitC/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS MEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR SOX 8(a)

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

Event Exponse
Free
Free
Froot/Bevarage Exponse
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Reinfal Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Travel Out Of District Candidate/Officeholder/Political Committico Logal Services Salaries/Wages/Contract Lation Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Monica Lira Bravo 4 Date 5 Payee name 04/27/2016 Victor Huertas 6 Amount (\$) 7 Payee address; City; State; Zip Code \$25 7777 Forney Rd. Dallas TX 75227 (a) Category (See Datogories listed at the top of this schedule) 8 (b) Description PURPOSE Chartelf travel nutride of Travas Complete Schedule T Other: Block Walk OF Check if Austin, TA, offic sholder fiving expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expendituretobenefitC/OH Payeename Date Evangelina Rivera 04/27/2016 Amount (\$) Pavee address: City; State; Zip Corie 7777 Forney Rd. Dallas TX 75227 \$25 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Charlifftravel cutride of Texas. Complete Schedule T. OF Other: Block Walk Check if Austin, T.S. officeholder being expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expendituretobenefitC/OH Payeename Date 04/16/2016 Jessica Sierra Amount (\$) Payee address; City; State; Zip Code 7777 Forney Rd. Dallas TX 75227 \$50 Category (See Categories listed at the top of this achedule) Description PURPOSE Check if travel out tide of Texas. Complete Sthedule T. Other: Block Walk OF EXPENDITURE Check if Ausun, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expendituretobenefitC/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Exponse
Fees
Food/Bevarage Expense
Gift/Awards/Memorials Expense
Legal Sections

Loan Repayment/Reimbuser.nent Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

	Committee Legal Services Salaries/ The Instruction Guide explains how to	Nages/Contralt Letter	Other (enter is category not listed above)
Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
04/22/2016	5 Payee name Democracy Toolbox		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$1500	405 Rice St. McKinney, TX 75069		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Consulting Expense		ds of Teas: Complete Schedule T. FX, cifical holder living expense
Complete <u>ONLY</u> if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payeename		
04/23/2016	Karen Nunez		
Amount (\$)	Payee address; City; State; Zip Code		
\$50	7777 Forney Rd. Dallas TX 75227		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Od Di i Will	Check if travel outside	of Texas. Complete Schedule T.
OF EXPENDITURE	Other: Block Walk	Check if Austin, TX	Cofficeholder i dna expense
OF	Other: Block Walk Candidate / Officeholder name	Check if Austin, TX Offic√ sought	
OF EXPENDITURE Complete ONLY if direct			C. officeholder intra express
OF EXPENDITURE Complete ONLY if direct expenditure to be ne fit C/OH	Candidate / Officeholder name		C officeholder intra express
OF EXPENDITURE Complete ONLY if direct expendituretobenefitC/OH Date	Candidate / Officeholder name Payce name		C officeholder intra express
OF EXPENDITURE Complete ONLY if direct expendituretobenefitC/OH Date 04/23/2016 Amount (\$)	Candidate / Officeholder name Paycename Rayshon Battee Payee address; City; State; Zip Code		C officeholder intra express
OF EXPENDITURE Complete ONLY if direct expendituretobenefitC/OH Date 04/23/2016 Amount (\$)	Paycename Rayshon Battee Payee address; City; State; Zip Code 7777 Forney Rd. Dallas TX 75227	Office sought Description Check if travel cuivide	C. officeholder intra express

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Feas Food/Beverage Expense Gitt/wards/Momorisis Expense

Loen Repayment/Reimburservant Office Overhand/Rental Expense Foliag Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Reluted Expense
Travel In District
Travel Out Of District

Total pages Schedule FT.	² FILER NAME Monica Lira Bravo	3 F	iler ID (Ethics Commission Filers)
Date 4/26/2016	5 Payee name The Order's Desk		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$2,503.88	2910 CantonSt. Dallas, TX 75226		
	(a) Category (See Categories listed at the top of this acheduly)	(b) Description	
PURPOSE		Checl. If to avel ou side or	f l'exas Coraplete Schedule T.
OF EXPENDITURE	Printing/Mailing Expense		officeholder living expense
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payeename		
04/27/2016	Breshonda Williams		
Amount (\$)	Payee address; City; State; Zip Code		
\$25	7777 Forney Rd. Dallas TX 75227		
	Category (See Categories listed at the top of thin schedule)	Description	
PURPOSE		Check if travel outside of T	િલ્હાક, Complete Schedule T.
OF EXPENDITURE	Other: Block Walk	Check if Austin, TX, of	floeholder äving ಅಭುense
Complete <u>ONLY</u> if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held
	Payeename		
Date			
Date 04/27/2016	Heaven Fuller		
	Heaven Fuller Payee address; City: State; Zip Code		
04/27/2016	Heaven Fuller		
04/27/2016 Amount (\$)	Heaven Fuller Payee address; City: State; Zip Code	Description	
04/27/2016 Amount (\$) \$25	Heaven Fuller Payee address; City; State; Zip Code 7777 Forney Rd. Dallas TX 75227 Category (See Categories listed at the top of this schedule)	· ·	mas, Complete Schedule T.
04/27/2016 Amount (\$) \$25	Heaven Fuller Payee address; City; State; Zip Code 7777 Forney Rd. Dallas TX 75227	Check if travel cultilde of To	സ്ഥം. Complete Schedule T. Sceholder living expanse

SCHEDULE F1

EXPENDITURE CATEGORIES FOR POX 8(a)

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

Event Expense Fees Food/Baverage Expense Giff/Awards/Memorials Expense Legal Scrvions Looi Repayment/Reinflursement Office Overhaad/Rental Expense Polling Expense Printing Expense Selaries/Wages/Centract Labor

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	² FILER NAME Monica Lira Bravo		3 Filer ID (Ethics Commission Filers)
4 Date 04/27/2016	5 Payee name Liliana Mendoza		<u> </u>
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$25	7777 Forney Rd. Dallas TX 75227		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Other: Block Walk		utaide of Texas. Complete Schedule T
Complete <u>ONLY</u> if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payeename		
04/27/2016	Henry Aguirre		
Amount (\$)	Payee address; City; State; Zip Code		
\$25	7777 Forney Rd. Dallas TX 75227		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Chack if travel outside of Texas, Complete Schedule	
OF EXPENDITURE	Other: Block Walk	Check if Austin.	TX, officeholder living expense
Complete <u>ONLY</u> if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payeename		
04/27/2016	Karen Nunez		
Amount (\$)	Payee address; City: State; Zip Code		
\$25	7777 Forney Rd. Dallas TX 75227		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Other: Block Walk		side of Tevas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sou tht	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 3(a)

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

Event Experise Fees Food/Beverage Expense Glf/Award-/Memorials Expenso

Loan Resultment/Relimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expanse
Transpoliation Equipment & Related Expense
Travel In District
Travel Out Of District

Crardicale/Childen Cradit Card Payment	The Instruction Guide explains how to (r (enter a category not listed above)
1 Total pages Schedule F1:	² FILER NAME Monica Lira Bravo	3 Fil	ler ID (Ethics Commission Filers)
4 Date 04/29/2016	5 Payee name PayPal		
\$ Amount (\$) \$298.93	7 Payee address; City; State; Zip Code		18 A
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this achodule) Accounting/ Banking		[éx+۱]. Complet» Schedi /e T. fiiceholder living expense
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payeename		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories licted at the top of this schedule)	Description Check if revel outside of Te Check if Austin, TX, जंत	mas Complete Schedule T.
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payeename		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Chook if brieflounde of Te Check if Austin, TX, offe	
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office Sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR SOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officetholder/Political Cornmittee

Event Expense
Forus
Food/Beverage Expense
Giff/Avandr/Memorials Expense

Loan Replayment/Reimbursemonk Office Overhand/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Crudit Card Payment	al Confirmation Legal Services Salarleut	Nagas/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1:	The Instruction Guide explains how to 2 FILER NAME Monica Lira Bravo		3 Filer ID (Ethics Commission Filers)
	Ivioriica Lira Bravo		The ID (Edies Continues on Files)
04/27/2016	5 Payee name Nia Houston		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$25	7777 Forney Rd. Dallas TX 75227		
1	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Other: Block Walk		de of Texes. Complete Schedulo T.
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held
Date 04/27/2016	Payeenam∌ Jablar Gray		
Amount (\$)	Payee address; City; State; Zip Code		
\$25	7777 Forney Rd. Dallas TX 75227		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Other: Block Walk	and the second s	officials Complete Schedule T. (, officeholder living expense
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payeename		
04/27/2016	Rayshun Batter		
Amount (\$)	Payee address; City; State; Zip Code		<u> </u>
\$25	7777 Forney Rd. Dallas TX 75227		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Other: Block Walk	!	of Terres. Complete Schedule T. officeholder living expense
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDS	D

SCHEDULE F1

EXPENDITURE CATEGORIES FOR EOX 8(a)

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

Event Expense Foos Food/Beverage Expense Giff/Awards/Memorials Expense

Loan Replayment/Reimbursemont Office Dvorheud/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate@fficeholder/Politica Credit Card Payment	ICommittee Legal Services ScientosV The Instruction Guide explains how to d	Vages/Contract Lebor	Offner (enter a category not listed above)
1 Total pages Schedule F1:	² FILER NAME Monica Lira Bravo		3 Filer ID (Ethica Commission Filers)
^{4 Date} 04/27/2016	5 Payee name Alexis Pineda		•
6 Amount (\$)	7 Payee address; City, State; Zip Code		
\$25	7777 Forney Rd. Dallas TX 75227		
8	(a) Category (See Catagories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Other: Block Walk	250	tside of Toxas. Complets Schedule T. , Tik, offic⊮holder living expensa
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payeename		
04/18/2016	Stephanie Roman		
Amount (\$)	Payee address; City; State; Zip Code		
\$50	7777 Forney Rd. Dallas TX 75227		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outs	ide ofTexas. Complete Schedule T
EXPENDITURE	Other: Block Walk	Chock if Austin.	TX. officeholder living expense
Complete <u>ONLY</u> if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held
Date	Paycename		
04/27/2016	Melanie Chapona		
Amount (\$)	Payee address; City; State; Zip Code		
\$25	7777 Forney Rd. Dallas TX 75227		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Other: Block Walk		ide of Texas, Complete Schedule T.
EXPENDITURE	Omer: Block walk	Check if Austin,	TX, offlcsholder living e⊮pense
Complete ONLY if direct expendituretobenefitC/OH	Candidate / Officeholder name	Office sought	Office held
-	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	DED