

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID (Ethics Commission Filers)</b>		<b>2 Total pages filed:</b>  44	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI Monica Lira NICKNAME LAST SUFFIX Bravo			<b>OFFICE USE ONLY</b> Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center;">                     RECEIVED                      JUN 10 2016                      By: Daniel L. Hay                      Legal Office                      DCCCD                 </div> Date Hand-delivered or Date Postmarked	
	<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4144 N. Central Ste. 370 Dallas Texas 75204 Expwy. <input type="checkbox"/> Change of Address				
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION ( 214 ) 390-6294			Receipt # Amount \$ Date Processed Date Imaged	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI Elisabeth A NICKNAME LAST SUFFIX Wilson				
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5005 Greenville Ave. Ste. 200 Dallas TX 75206				
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION ( 214 ) 365-4438				
<b>9 REPORT TYPE</b>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
<b>10 PERIOD COVERED</b>	Month Day Year Month Day Year 04 / 29 / 2016 THROUGH 06 / 08 / 2016				
<b>11 ELECTION</b>	<div style="display: flex;"> <div style="flex: 1;">                 ELECTION DATE                  Month Day Year                  06 / 18 / 2016             </div> <div style="flex: 1;">                 ELECTION TYPE  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input type="checkbox"/> General <input type="checkbox"/> Special             </div> </div>				
<b>12 OFFICE</b>	OFFICE HELD (if any)  N/A		<b>13 OFFICE SOUGHT (if known)</b>  DCCCD Trustee, Place 4		
<b>GO TO PAGE 2</b>					

# 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

Stonewall Democrats of Dallas

☐ SPECIFIC

COMMITTEE ADDRESS

P.O. Box 192305 Dallas, TX 75219

COMMITTEE CAMPAIGN TREASURER NAME

Michael McCue

COMMITTEE CAMPAIGN TREASURER ADDRESS

P.O. Box 192305 Dallas, TX 75219

☒ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 29,755

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 17,415.08

EXPENDITURE  
TOTALS

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 13,696

CONTRIBUTION  
BALANCE

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 1,000

OUTSTANDING  
LOAN TOTALS

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Monica Lira Bravo*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Monica Lira Bravo, this the 10 day of June, 20 16, to certify which, witness my hand and seal of office.

*Lilian Ruiz*  
Signature of officer administering oath

Lilian Ruiz  
Printed name of officer administering oath

Notary  
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)

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COMMITTEE TYPE

COMMITTEE NAME

☒ GENERAL

Annie's List

☐ SPECIFIC

COMMITTEE ADDRESS

630 W. 34th St. Ste. 302 Austin, TX 78703

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

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2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

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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  
OF REPORTING PERIOD

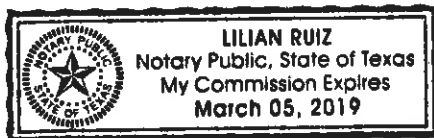
\$ 13,696

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 1,000

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Monica Lira Bravo, this the 10  
day of June, 2016, to certify which, witness my hand and seal of office.

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 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
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COMMITTEE TYPE

COMMITTEE NAME

☒ GENERAL

Hispanic PAC of Dallas

☐ SPECIFIC

COMMITTEE ADDRESS

2438 Alco Ave. Dallas, TX 75211

COMMITTEE CAMPAIGN TREASURER NAME

Victor H. Garza

COMMITTEE CAMPAIGN TREASURER ADDRESS

2438 Alco Ave. Dallas, TX 75211

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER 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  
OF REPORTING PERIOD

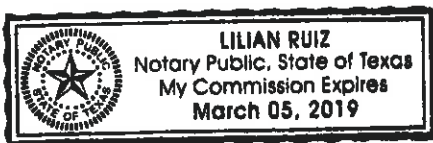
\$ 13,696

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 1,000

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Monica Lira Brard, this the 10  
day of June, 2016, to certify which, witness my hand and seal of office.

Lilian Ruiz  
Signature of officer administering oath

Lilian Ruiz  
Printed name of officer administering oath

Notary  
Title of officer administering oath

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

<b>19 FILER NAME</b> Monica Lira Bravo		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 29,755
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 75
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 17,415.08
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**2** FILER NAME  
Monica Lira Bravo**3** Filer ID (Ethics Commission Filers)**4** Date  
04/29/2016**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Diana Aguirre  
**6** Contributor address; City; State; Zip Code**7** Amount of contribution (\$)  
\$50**8** Principal occupation / Job title (See Instructions)  
Director of Development**9** Employer (See Instructions)  
University of Texas- DallasDate  
04/29/2016Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Kathryn Yates  
Contributor address; City; State; Zip Code  
7341 Heathermore Dr. Dallas TX 75248Amount of contribution (\$)  
\$100Principal occupation / Job title (See Instructions)  
ProfessorEmployer (See Instructions)  
Richland CollegeDate  
04/29/2016Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Brian J. Ratner  
Contributor address; City; State; Zip Code  
3355 Blackburn St. #9404 Dallas TX 75201Amount of contribution (\$)  
\$500Principal occupation / Job title (See Instructions)  
Real Estate DevelopmentEmployer (See Instructions)  
Forest CityDate  
04/30/2016Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Fernando Lira  
Contributor address; City; State; Zip Code  
Dallas TX 75227Amount of contribution (\$)  
\$20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Monica Lira Bravo

3 Filer ID (Ethics Commission Filers)

4 Date

05/02/2016

Full name of contributor

Stonewall Democrats of Dallas

out-of-state PAC (ID#)

Contributor address;

PO Box 192305

City; State; Zip Code

Dallas TX 75219

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/03/2016

Full name of contributor

William A Steingasser

out-of-state PAC (ID#)

Contributor address;

6921 Southridge Dr.

City; State; Zip Code

Dallas TX 75214

Amount of contribution (\$)

\$150

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Ebby Halliday

Date

05/04/2016

Full name of contributor

Nicanor Pesina

out-of-state PAC (ID#)

Contributor address;

118 W. Fourth St.

City; State; Zip Code

Tyler TX 75701

Amount of contribution (\$)

\$150

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Roberts & Roberts

Date

05/04/2016

Full name of contributor

Susan Bradley

out-of-state PAC (ID#)

Contributor address;

Irving TX 75062

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Monica Lira Bravo

3 Filer ID (Ethics Commission Filers)

4 Date

05/05/2016

Full name of contributor

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

Albert C Black III

Contributor address;

2426 W 10th St.

City;

Dallas

State;

TX

Zip Code

75211

7 Amount of contribution (\$)

\$500

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

TreCo Investmens

Date

05/06/2016

Full name of contributor

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

John Eric Cedillo

Contributor address;

6924 Fisher Rd.

City;

Dallas

State;

TX

Zip Code

75214

Amount of contribution (\$)

\$1000

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Law Office of Eric Cedillo

Date

05/06/2016

Full name of contributor

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

Steve Snelson

Contributor address;

6764 Winterwood Ln.

City;

Dallas

State;

TX

Zip Code

75248

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Gerstle Minissale & Snelson

Date

05/07/2016

Full name of contributor

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

David Bradley

Contributor address;

City;

Irving

State;

TX

Zip Code

75062

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

05/10/2016

Full name of contributor

Todd Williams

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

Contributor address;

5119 Seneca Dr.

City; State; Zip Code

Dallas TX 75209

7 Amount of contribution (\$)

\$1000

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

05/10/2016

Full name of contributor

Larry Duncan

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

Contributor address;

5415 Banting Way

City; State; Zip Code

Dallas TX 75227

Amount of contribution (\$)

\$1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/11/2016

Full name of contributor

Dan Donovan

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

Contributor address;

6509 Malcolm Dr.

City; State; Zip Code

Dallas TX 75214

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/12/2016

Full name of contributor

Ronald Steinhart

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

Contributor address;

25 Robledo Dr.

City; State; Zip Code

Dallas TX 75230

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

**2 FILER NAME**  
Monica Lira Bravo

**3 Filer ID** (Ethics Commission Filers)

**4 Date**  
05/12/2016

Full name of contributor  
Adrienne Dominguez  
Contributor address;  
City; State; Zip Code  
Dallas TX 75219

**7 Amount of contribution (\$)**  
\$200

**8 Principal occupation / Job title** (See Instructions)  
Attorney

**9 Employer** (See Instructions)  
Thompson & Knight

**Date**  
05/13/2016

Full name of contributor  
Lisa Blue Baron  
Contributor address;  
5950 Deloache Ave.  
City; State; Zip Code  
Dallas TX 75225

**Amount of contribution (\$)**  
\$1000

**Principal occupation / Job title** (See Instructions)

**Employer** (See Instructions)

**Date**  
05/13/2016

Full name of contributor  
Annie's List  
Contributor address;  
630 W. 34 St. Ste. 302  
City; State; Zip Code  
Austin TX 78703

**Amount of contribution (\$)**  
\$1000

**Principal occupation / Job title** (See Instructions)

**Employer** (See Instructions)

**Date**  
05/17/2016

Full name of contributor  
Bridget Lopez  
Contributor address;  
City; State; Zip Code  
Dallas TX 75214

**Amount of contribution (\$)**  
\$250

**Principal occupation / Job title** (See Instructions)  
Attorney

**Employer** (See Instructions)  
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**

Monica Lira Bravo

3 Filer ID (Ethics Commission Filers)

**4 Date**

05/17/2016

Full name of contributor

Jaime Ramon

out-of-state PAC (ID#)

Contributor address;

4 Cape Ct.

City; State; Zip Code

Dallas TX 75230

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Dykema Cox Smith

**Date**

05/18/2016

Full name of contributor

Pauline Bourqui

out-of-state PAC (ID#)

Contributor address;

4111 High Summit Drive

City; State; Zip Code

Dallas TX 75244

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**Date**

05/18/2016

Full name of contributor

Minerva Rodriguez

out-of-state PAC (ID#)

Contributor address;

1036 Opal Dr.

City; State; Zip Code

Desoto TX 75115

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Self-employed

Employer (See Instructions)

MRR & Associates

**Date**

05/18/2016

Full name of contributor

Wendy Balderas

out-of-state PAC (ID#)

Contributor address;

3753 Towne Crossing Blvd.  
Apt. 510

City; State; Zip Code

Mesquite, TX 75150

Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)

Student

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

i 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

Jose Gutierrez

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

Contributor address;

5308 Beeman Ave.

City; State; Zip Code

Dallas TX 75223

7 Amount of contribution (\$)

\$350

8 Principal occupation / Job title (See Instructions)

Electrician

9 Employer (See Instructions)

Shearer Electric

Date

05/18/2016

Full name of contributor

Mariza Kelley

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

Contributor address;

1529 Seegar St.

City; State; Zip Code

Dallas TX 75215

Amount of contribution (\$)

\$30

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Realize Strategies

Date

05/18/2016

Full name of contributor

Stephanie Ritter

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

Contributor address;

10824 Aladdin Dr.

City; State; Zip Code

Dallas TX 75229

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Housewife

Employer (See Instructions)

Date

05/18/2016

Full name of contributor

Alejandra Aguirre

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

Contributor address;

10320 Trail Ave.

City; State; Zip Code

Dallas TX 75217

Amount of contribution (\$)

\$40

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Self-employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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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

Rebecca L. Greenan

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

Contributor address;

City; State; Zip Code

511 N. Akard St. Apt. 1501 Dallas TX 75201

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/18/2016

Full name of contributor

Eliodoro Negrete

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

Contributor address;

City; State; Zip Code

3122 Spurlock St. Dallas TX 75223

Amount of contribution (\$)

\$150

Principal occupation / Job title (See Instructions)

Mechanic

Employer (See Instructions)

David McDavid

Date

05/18/2016

Full name of contributor

Carol Donovan

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

Contributor address;

City; State; Zip Code

6509 Malcolm Dr. Dallas TX 75214

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Carol Crabtree Donovan PC

Date

5/18/2016

Full name of contributor

Bryan Fears

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

Contributor address;

City; State; Zip Code

1144 Bally Mote Dr. Dallas TX 75218

Amount of contribution (\$)

\$1,500

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

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

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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 out-of-state PAC (ID#:  
Linebarger Goggan Blair & Sampson  
Contributor address; City; State; Zip Code  
2777 N. Stemmons Frwy. Dallas TX 75207  
Ste. 1000

7 Amount of contribution (\$)  
\$250

8 Principal occupation / Job title (See Instructions)  
Managing Attorney

9 Employer (See Instructions)  
Linebarger Goggan Blair & Sampson,LLP.

Date  
05/18/2016

Full name of contributor out-of-state PAC (ID#:  
Hugo Aguilar  
Contributor address; City; State; Zip Code  
W.Mockingbird Ln. 1357 Dallas TX 75247

Amount of contribution (\$)  
\$250

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Law Office of Hugo Aguilar

Date  
05/18/2016

Full name of contributor out-of-state PAC (ID#:  
Kristina Kastl  
Contributor address; City; State; Zip Code  
4144 N. Central Expwy. Dallas TX 75204  
Ste. 300

Amount of contribution (\$)  
\$250

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Kastl Law, PC

Date  
05/18/2016

Full name of contributor out-of-state PAC (ID#:  
Omar Narvaez  
Contributor address; City; State; Zip Code  
9309 Lynbrook Dr. Dallas TX 75238

Amount of contribution (\$)  
\$100

Principal occupation / Job title (See Instructions)  
Educator

Employer (See Instructions)  
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.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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  
05/18/2016

Full name of contributor  
Jesse Tafalla Jr.

Contributor address;  
9465 Dale Glade Dr.

City; State; Zip Code  
Dallas TX 75217

out-of-state PAC (ID#)

7 Amount of contribution (\$)  
\$50

8 Principal occupation / Job title (See Instructions)  
Construction/Quality Specialist

9 Employer (See Instructions)  
Dal-Tech Engineering

Date  
05/18/2016

Full name of contributor  
Mauricio Navarro

Contributor address;  
5841 W. University Blvd.

City; State; Zip Code  
Dallas TX 75205

out-of-state PAC (ID#)

Amount of contribution (\$)  
\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)  
Raiz

Date  
05/18/2016

Full name of contributor  
Claudia Sandoval

Contributor address;  
4464 W. Clarendon

City; State; Zip Code  
Dallas TX 75211

out-of-state PAC (ID#)

Amount of contribution (\$)  
\$150

Principal occupation / Job title (See Instructions)  
Consultant

Employer (See Instructions)  
Hitachi Consulting

Date  
05/18/2016

Full name of contributor  
Juan Olivo

Contributor address;  
1418 S. Fitzhugh Ave.

City; State; Zip Code  
Dallas TX 75223

out-of-state PAC (ID#)

Amount of contribution (\$)  
\$20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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

Monica Lira Bravo

3 Filer ID (Ethics Commission Filers)

4 Date

05/18/2016

Full name of contributor

Belinda Arroyo

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

Contributor address;

PO Box 136638

City; State; Zip Code

Ft. Worth TX 76136

7 Amount of contribution (\$)

\$500

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self-employed

Date

05/18/2016

Full name of contributor

Roberto R. Alonzo

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

Contributor address;

400 S. Zang #8200

City; State; Zip Code

Dallas TX 75208

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

State Representative

Employer (See Instructions)

Date

05/13/2016

Full name of contributor

J. McDonald Williams

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

Contributor address;

6546 Milton St.  
Ste.407

City; State; Zip Code

Dallas TX 75206

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/19/2016

Full name of contributor

R.H. Richmond Jr.

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

Contributor address;

6904 Tokalon Dr.

City; State; Zip Code

Dallas TX 75214

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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 **Monica Lira Bravo**

3 Filer ID (Ethics Commission Filers)

4 Date  
05/19/2016

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Dalya Jimenez**  
Contributor address; City; State; Zip Code  
**10384 Wood Heights Dr. Dallas TX 75227**

7 Amount of contribution (\$)  
**\$20**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
05/19/2016

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Casandra Castillo**  
Contributor address; City; State; Zip Code  
**913 Fairhaven Dallas TX 75227**

Amount of contribution (\$)  
**\$20**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/19/2016

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Rebeca Acuna**  
Contributor address; City; State; Zip Code  
**610 S. Cesar Chavez Blvd. Dallas TX 75201  
Apt. 5219**

Amount of contribution (\$)  
**\$150**

Principal occupation / Job title (See Instructions)  
**Executive Director**

Employer (See Instructions)  
**Latino Center for Leadership Development**

Date  
05/19/2016

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Alejandro Faz**  
Contributor address; City; State; Zip Code  
**1019 Ryan Ave. Carrollton TX 75006**

Amount of contribution (\$)  
**\$200**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

i 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

Domingo Garcia

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

Contributor address;

460 S. Zang Blvd. Ste. 600

City;

Dallas

State;

TX

Zip Code

75208

7 Amount of contribution (\$)

\$5,000

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Domingo Garcia Law Office

Date

05/20/2016

Full name of contributor

Angela Lopez

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

Contributor address;

3968 Creekside Ln.

City;

Carrollton TX

State;

TX

Zip Code

75010

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Cowles & Thompson

Date

05/22/2016

Full name of contributor

Chris Luna

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

Contributor address;

801 Holden Court

City;

Garland TX

State;

TX

Zip Code

75044

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/18/2016

Full name of contributor

Stonewall Democrats of Dallas

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

Contributor address;

P.O. Box 192305

City;

Dallas TX

State;

TX

Zip Code

75219

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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

Monica Lira Bravo

3 Filer ID (Ethics Commission Filers)

4 Date

05/18/2016

Full name of contributor

Norinne Ann Bowen

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

Contributor address;

6574 Gerrad St.

City; State; Zip Code

Frisco TX 75034

7 Amount of contribution (\$)

\$50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/25/2016

Full name of contributor

Guadalupe Sanchez

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

Contributor address;

6305 Cascade Dr.

City; State; Zip Code

Lincoln NE 68504

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/24/2016

Full name of contributor

Marcia Page

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

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/24/2016

Full name of contributor

Sarah Howell

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

Contributor address;

Dallas TX 75225

City; State; Zip Code

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

05/19/2016

Full name of contributor

Toshica Rathore

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

Contributor address;

2707 Cole Ave. Apt. 509

City; State; Zip Code

Dallas TX 75204

7 Amount of contribution (\$)

\$10

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/18/2016

Full name of contributor

Nancy Solana

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

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/25/2016

Full name of contributor

Sarah Dunning

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

Contributor address;

9239 Hathaway

City; State; Zip Code

Dallas TX 75220

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/26/2016

Full name of contributor

James Johanns

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

Contributor address;

6936 Clayton Ave.

City; State; Zip Code

Dallas TX 75214

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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  
05/26/2016

Full name of contributor

out-of-state PAC (ID#:

Cindy Russo

Contributor address;

City; State; Zip Code

1833 Kensington

Carrollton TX 75007

7 Amount of contribution (\$)

\$50

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

RIM

Date

Full name of contributor

out-of-state PAC (ID#:

05/26/2016

Susamei Khamphong

Contributor address;

City; State; Zip Code

430 W. Buckingham #836

Richardson TX 75081

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

DISD

Date

Full name of contributor

out-of-state PAC (ID#:

05/26/2016

Janice Sharry

Contributor address;

City; State; Zip Code

6422 Orchid

Dallas TX 75230

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

05/26/2016

Erika Toledo

Contributor address;

City; State; Zip Code

2419 Wentworth St.

Dallas TX 75211

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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  
05/26/2016

Full name of contributor  
Carol Jablonski

Contributor address;  
17221 Earthwind Dr.

out-of-state PAC (ID#:  
City; State; Zip Code  
Dallas TX 75248

7 Amount of contribution (\$)  
\$50

8 Principal occupation / Job title (See Instructions)  
Retired

9 Employer (See Instructions)

Date  
05/26/2016

Full name of contributor  
Robert L. Cantrell

Contributor address;  
1147 Timplemore Dr.

out-of-state PAC (ID#:  
City; State; Zip Code  
Dallas TX 75218

Amount of contribution (\$)  
\$250

Principal occupation / Job title (See Instructions)  
MD

Employer (See Instructions)  
Parkland Hospital

Date  
05/26/2016

Full name of contributor  
Ana Maria Ramos

Contributor address;  
1502 Forsythe Dr.

out-of-state PAC (ID#:  
City; State; Zip Code  
Richardson TX 75081

Amount of contribution (\$)  
\$200

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Ramos Law, PLLC.

Date  
05/26/2016

Full name of contributor  
Gary Kennedy

Contributor address;  
6231 Desco Dr.

out-of-state PAC (ID#:  
City; State; Zip Code  
Dallas TX 75225

Amount of contribution (\$)  
\$200

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

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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  
Monica Lira Bravo

3 Filer ID (Ethics Commission Filers)

4 Date  
05/26/2016

Full name of contributor  
Lara Jenkins

Contributor address;  
516 W. Main St.

out-of-state PAC (ID#:  
City; State; Zip Code  
Waxachie TX 75165

7 Amount of contribution (\$)  
\$250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
05/26/2016

Full name of contributor  
Tricia Miller

Contributor address;  
3618Harvard

out-of-state PAC (ID#:  
City; State; Zip Code  
Dallas TX 75205

Amount of contribution (\$)  
\$150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/26/2016

Full name of contributor  
Rebecca Bruder

Contributor address;  
5506 Wenonah

out-of-state PAC (ID#:  
City; State; Zip Code  
Dallas TX 75209

Amount of contribution (\$)  
\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/27/2016

Full name of contributor  
John Eric Cedillo

Contributor address;  
6924 Fisher Rd.

out-of-state PAC (ID#:  
City; State; Zip Code  
Dallas TX 75214

Amount of contribution (\$)  
\$2,500

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Cedillo Law Firm

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

05/27/2016

Full name of contributor

Cam Nguyen

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

Contributor address;

City; State; Zip Code

1109 Hawthorne Ave. B Fort Worth TX 76110

7 Amount of contribution (\$)

\$50

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

05/30/2016

Full name of contributor

Hilda Galvan

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

Contributor address;

City; State; Zip Code

3304 Villanova

Dallas TX 75225

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Jones Day

Date

05/17/2016

Full name of contributor

Shanin Shamseddin Modjarrad

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

Contributor address;  
100 N. Central Expwy.  
Ste. 1000

City; State; Zip Code

Richardson TX 75080

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Modjarrad & Associates PC

Date

05/20/2016

Full name of contributor

Craig Smith

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

Contributor address;

City; State; Zip Code

1717 Main St. Ste. 5000 Dallas TX 75201

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Judge

Employer (See Instructions)

Dallas County

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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

Monica Lira Bravo

3 Filer ID (Ethics Commission Filers)

4 Date

05/11/2016

Full name of contributor

Martin J. Hoffman

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

Contributor address;

3833 Peter Pan Dr.

City; State; Zip Code

Dallas TX 75229

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

Judge

9 Employer (See Instructions)

Dallas County

Date

05/16/2016

Full name of contributor

King Fifer

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

Contributor address;

PO Box 38562

City; State; Zip Code

Dallas TX 75238

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Judge

Employer (See Instructions)

Dallas County

Date

05/11/2016

Full name of contributor

Mark Greenberg

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

Contributor address;

8783 Oak Stream

City; State; Zip Code

Dallas TX 75243

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Judge

Employer (See Instructions)

Dallas County

Date

05/11/2016

Full name of contributor

Ken Molberg

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

Contributor address;

2214 Main St.

City; State; Zip Code

Dallas TX 75201

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Judge

Employer (See Instructions)

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

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

05/12/2016

Full name of contributor

B.L. Goldstein

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

Contributor address;

4802 Gaston Ave.

City; State; Zip Code

Dallas TX 75246

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

Judge

9 Employer (See Instructions)

Dallas County

Date

05/14/2016

Full name of contributor

Ken Tapscott

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

Contributor address;

2242 Ash Grove Way

City; State; Zip Code

Dallas TX 75228

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Judge

Employer (See Instructions)

Dallas County

Date

05/20/2016

Full name of contributor

Eric Moye

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

Contributor address;

1717 Main St. Ste. 5000

City; State; Zip Code

Dallas TX 75201

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Judge

Employer (See Instructions)

Dallas County

Date

06/01/2016

Full name of contributor

Jaime Resendez

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

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

West & Associates, LLP

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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

Monica Lira Bravo

3 Filer ID (Ethics Commission Filers)

4 Date

05/25/2016

Full name of contributor

Daniel J. Micciche

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

Contributor address;

1140 Bally Mote

City; State; Zip Code

Dallas TX 75218

7 Amount of contribution (\$)

\$300

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Akin Gump

Date

05/31/2016

Full name of contributor

Vonda Arlene Manthey

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

Contributor address;

1512 Banbury Ct.

City; State; Zip Code

Richardson TX 75082

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/01/2016

Full name of contributor

Hispanic PAC of Dallas

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

Contributor address;

2438 Alco Ave.

City; State; Zip Code

Dallas TX 75211

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Development

Employer (See Instructions)

SMU

Date

06/05/2016

Full name of contributor

Lisa Kraus

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

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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

Monica Lira Bravo

3 Filer ID (Ethics Commission Filers)

4 Date

06/06/2016

Full name of contributor

Jose Ortiz

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

Contributor address;

2122 Hogan Drive

City; State; Zip Code

Irving TX 75038

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/07/2016

Full name of contributor

Byron Zarrabi

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

Contributor address;

1715 Ocalla

City; State; Zip Code

Dallas TX 75218

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/8/2016

Full name of contributor

Maria Isabel Cruz

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

Contributor address;

1311 Rio Hondo Dr.

City; State; Zip Code

Dallas TX 75218

Amount of contribution (\$)

\$300

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/8/2016

Full name of contributor

Carlos Morales

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

Contributor address;

17003 Davenport

City; State; Zip Code

Dallas TX 75248

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Monica Lira Bravo		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 75.00	
5 Date 06/08/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lara and Clay Jenkins 7 Contributor address; City; State; Zip Code 3624 Potomac Dallas TX 75205	8 Amount of Contribution \$ \$75	9 In-kind contribution description Advertising  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Attorney		11 Employer (FOR NON-JUDICIAL) (See Instructions) Jenkins & Jenkins PC	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule E:**2** FILER NAME

Monica Lira Bravo

**3** Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS

\$

**5** Date of loan

02/29/2016

**7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_)

Monica Lira Bravo

**9** Loan Amount (\$)

\$1,000

**6** Is lender  
a financial  
institution?

Y N

**8** Lender address; City; State; Zip Code

4144 N. Central Expwy. Dallas TX 75204

Ste. 370

**10** Interest rate

0%

**11** Maturity date

04/2020

**12** Principal occupation / Job title (See Instructions)

Managing Attorney

**13** Employer (See Instructions)

Lira Bravo Law, PLLC.

**14** Description of Collateral☒ none**15** Check if personal funds were deposited into political  
account (See Instructions)☐**16** GUARANTOR  
INFORMATION**17** Name of guarantor

Monica Lira Bravo

**19** Amount Guaranteed (\$)**18** Guarantor address; City; State; Zip Code

4144 N. Central Expwy. Dallas TX 75204

Ste. 370

☐ not applicable**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender  
a financial  
institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ noneCheck if personal funds were deposited into political  
account (See Instructions)☐GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Monica Lira Bravo		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 05/03/2016		<b>5</b> Payee name The Order's Desk			
<b>6</b> Amount (\$) \$960.21		<b>7</b> Payee address; City; State; Zip Code 2910 Canton St. Dallas TX 75226			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing/ Mailing Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/06/2016		Payee name Edwards & Patterson Signs			
Amount (\$) \$40.59		Payee address; City; State; Zip Code 4733 Don Drive Dallas TX 75247			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/24/2016		Payee name Reilly Echols Printing, INC.			
Amount (\$) \$350.73		Payee address; City; State; Zip Code P.O. Box 152358 Dallas TX 75315			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Monica Lira Bravo	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/25/2016	<b>5</b> Payee name Democracy Toolbox	
<b>6</b> Amount (\$) \$300	<b>7</b> Payee address; City; State; Zip Code 405 Rice St. McKinney TX 75069	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Consulting Expense/Printing Expense	<b>(b) Description</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____		

Date 05/25/2016	Payee name Andrew Smith	
Amount (\$) \$700	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Other:Field work	<b>Description</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____		

Date 06/01/2016	Payee name Reilly Echols Printing, INC	
Amount (\$) \$4,052.89	Payee address; City; State; Zip Code P.O. Box 152358 Dallas TX 75315	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense	<b>Description</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <b>Monica Lira Bravo</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>06/03/2016</b>	<b>5</b> Payee name <b>The Order Desk</b>		
<b>6</b> Amount (\$) <b>\$2,436.23</b>	<b>7</b> Payee address; City; State; Zip Code <b>2910 Canton St. Dallas TX 75226</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule)  <b>Mailing Expense</b>		<b>(b) Description</b>  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
Date <b>05/07/2016</b>	Payee name <b>La Calle Doce-Lakewood</b>		
Amount (\$) <b>\$473.05</b>	Payee address; City; State; Zip Code <b>1925 Skillman Dallas TX 75206</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Food/Beverage Expense</b>		Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
Date <b>05/18/2016</b>	Payee name <b>The Eberhard</b>		
Amount (\$) <b>\$600.00</b>	Payee address; City; State; Zip Code <b>2107 N. Henderson Ave. Dallas, TX 75206</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Food/ Beverage Expense</b>		Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Monica Lira Bravo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>05/07/2016</b>		5 Payee name <b>Starbucks</b>			
6 Amount (\$) <b>\$97.43</b>		7 Payee address; City; State; Zip Code <b>9440 Garland Rd. Dallas TX 75218 Ste. 110-112</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>05/20/2016</b>		Payee name <b>The Order Desk</b>			
Amount (\$) <b>\$405.65</b>		Payee address; City; State; Zip Code <b>2910 Canton St. Dallas TX 75226</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Mailing Expense</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>06/08/2016</b>		Payee name <b>PayPal</b>			
Amount (\$) <b>\$223.41</b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Accounting/Banking Expense</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F-1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F-1:		2 FILER NAME <b>Monica Lira Bravo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/20/2016</b>		5 Payee name <b>7-Eleven</b>			
6 Amount (\$) <b>\$20.24</b>		7 Payee address; City; State; Zip Code <b>1325 Gross Rd. Mesquite, TX 75149</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Transportation Expense</b>		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>05/28/2016</b>		Payee name <b>Priscilla Cisneros</b>			
Amount (\$) <b>\$50</b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>06/8/2016</b>		Payee name <b>Nisa Ortiz</b>			
Amount (\$) <b>\$80</b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Monica Lira Bravo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>06/04/2016</b>		5 Payee name <b>Mary Ann Hall</b>			
6 Amount (\$) <b>\$30</b>		7 Payee address; City; State; Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Polling Expense</b>		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>06/05/2016</b>		Payee name <b>Rachel Elias</b>			
Amount (\$) <b>\$30</b>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Polling Expense</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>06/05/2016</b>		Payee name <b>Lira Jackson</b>			
Amount (\$) <b>\$30</b>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Polling Expense</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

**SCHEDULE F-1**

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

Office held

Revised 9/8/2015

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Monica Lira Bravo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>06/05/2016</b>		5 Payee name <b>Priscilla Cisneros</b>			
6 Amount (\$) <b>\$120</b>		7 Payee address; City; State; Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Polling Expense</b>		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>06/05/2016</b>		Payee name <b>Nisa Ortiz</b>			
Amount (\$) <b>\$140</b>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Polling Expense</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>06/07/2016</b>		Payee name <b>Alex Esquivel</b>			
Amount (\$) <b>\$20</b>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Polling Expense</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 3(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Monica Lira Bravo		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 06/08/2016		<b>5</b> Payee name The Order's Desk			
<b>6</b> Amount (\$) \$3,008.16		<b>7</b> Payee address; City; State; Zip Code 2910 Canton St. Dallas TX 75226			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule)  Mailing Expense		<b>(b) Description</b>  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/06/2016		Payee name Stephanie Roman			
Amount (\$) \$150		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Other: Block Walk		Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/09/2016		Payee name Alma Castro			
Amount (\$) \$50		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Other: Block Walk		Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Monica Lira Bravo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>05/09/2016</b>		5 Payee name <b>Jessica Castro</b>			
6 Amount (\$) <b>\$50</b>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>05/09/2016</b>		Payee name <b>Karen Nunez</b>			
Amount (\$) <b>\$50</b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>05/09/2016</b>		Payee name <b>Jehovani Sanchez</b>			
Amount (\$) <b>\$50</b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F-1**

## 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  
Fee  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F-1:		2 FILER NAME <b>Monica Lira Bravo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>05/09/2016</b>		5 Payee name <b>Ferguson Donut Shop</b>			
6 Amount (\$) <b>\$41.49</b>		7 Payee address; City; State; Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>05/10/2016</b>		Payee name <b>Melanie Chaponan</b>			
Amount (\$) <b>\$50</b>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>05/10/2016</b>		Payee name <b>Aylin Segura</b>			
Amount (\$) <b>\$50</b>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Monica Lira Bravo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>05/12/2016</b>		5 Payee name <b>Gregoria Mercado</b>			
6 Amount (\$) <b>\$50</b>		7 Payee address; City; State; Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>05/13/2016</b>		Payee name <b>Democracy Toolbox</b>			
Amount (\$) <b>\$2,000</b>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>05/16/2016</b>		Payee name <b>Guadalupe Roman</b>			
Amount (\$) <b>\$50</b>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 3(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Monica Lira Bravo</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>05/19/2016</b>	5 Payee name <b>Bank of America</b>
-----------------------------	--

6 Amount (\$) <b>\$37</b>	7 Payee address; City; State; Zip Code
------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Accounting/Banking Expense</b>	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
--	---	---

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

Date <b>06/07/2016</b>	Payee name <b>K-9 Sports</b>
---------------------------	---------------------------------

Amount (\$) <b>\$244.00</b>	Payee address; City; State; Zip Code <b>675 W. Pioneer Grand Prairie TX 75057 Pkwy. #105</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other: T-shirts</b>	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
---------------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>06/08/2016</b>	Payee name <b>Alex Esquivel</b>
---------------------------	------------------------------------

Amount (\$) <b>\$32</b>	Payee address; City; State; Zip Code
----------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Polling Expense</b>	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
---------------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F-1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F-1:	2 FILER NAME <b>Monica Lira Bravo</b>	3 Filer ID (Ethics Commission Filers)
-----------------------------	---------------------------------------	---------------------------------------

4 Date <b>06/08/2016</b>	5 Payee name <b>Priscilla Cisneros</b>
--------------------------	--

6 Amount (\$) <b>\$106</b>	7 Payee address; City; State; Zip Code
----------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Polling Expense</b>	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
------------------------------------	--	---

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

Date <b>06/08/2016</b>	Payee name <b>Nisa Ortiz</b>
------------------------	------------------------------

Amount (\$) <b>\$106</b>	Payee address; City; State; Zip Code
--------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Polling Expense</b>	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
-------------------------------	--	---

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

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

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
-------------------------------	--	---

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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

MI

Monica

Lira

NICKNAME

LAST

SUFFIX

Bravo

## OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

4144 N. Central  
Expwy.

Ste. 370

Dallas

Texas

75204

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 214 )

390-6294

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Elisabeth

A

NICKNAME

LAST

SUFFIX

Wilson

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #

CITY

STATE

ZIP CODE

5005 Greenville Ave.

Ste. 200

Dallas

TX

75206

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 214 )

365-4438

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☐ 9th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

02 /

19

2016

THROUGH

Month

Day

Year

04 /

07

2016

11 ELECTION

ELECTION DATE

Month

Day

Year

05 /

07

2016

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

DCCCD Trustee, Place 4

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME  
Monica Lira Bravo

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

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER 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 POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

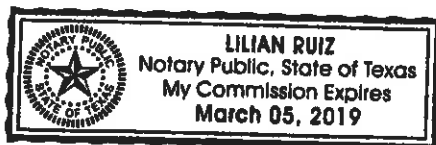
\$

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 perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Monica Lira Bravo*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Monica Lira Bravo, this the 7th day

of April 2016

*Lilian Ruiz*  
Signature of officer administering oath

Lilian Ruiz  
Printed name of officer administering oath

Notary Public  
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 Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 1,000
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 17,081.45
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Monica Lira Bravo

3 Filer ID (Ethics Commission Filer)

4 Date

2/29/16

5 Full name of contributor

Jose Ortiz

☐ out-of-state PAC (ID# \_\_\_\_\_)

6 Contributor address;

City; State; Zip Code

2122 Hogan Drive

Irving TX 75038

7 Amount of contribution (\$)

\$200

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Department of Education

Date

2/29/16

Full name of contributor

Natividad Aguirre

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address;

City; State; Zip Code

P.O. Box 7324

Dallas TX 75214

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Marketing Consultant

Employer (See Instructions)

Self-employed

Date

2/29/16

Full name of contributor

Monica Ceja

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address;

City; State; Zip Code

3211 Tower Trail

Dallas TX 75229

Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)

Marketing

Employer (See Instructions)

Self-employed

Date

02/29/16

Full name of contributor

Oscar Escoto

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address;

City; State; Zip Code

509 Roundrock Ln.

Ft. Worth TX 76140

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Law Student

Employer (See Instructions)

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

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  
02/29/16

7 Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
Matt Phillips  
8 Contributor address; City; State; Zip Code  
6245 Rufe Snow Dr. Ft. Worth TX 76148  
Apt # 280

7 Amount of contribution (\$)  
\$25

5 Principal occupation / Job title (See Instructions)  
Attorney

9 Employer (See Instructions)  
Self-employed

Date  
02/29/16

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
Lizzette Velazquez  
Contributor address; City; State; Zip Code  
99 Lamar Street Terrell TX 75160

Amount of contribution (\$)  
\$100

Principal occupation / Job title (See Instructions)  
Paralegal

Employer (See Instructions)  
Rad Law Firm

Date  
02/29/16

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
Jacquelina Malafa  
Contributor address; City; State; Zip Code  
3223 Basil Court Dallas TX 75204

Amount of contribution (\$)  
\$100

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Aetna

Date  
03/01/16

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
Ebony Rivon  
Contributor address; City; State; Zip Code  
510 S. Cesar Chavez Apt. #5206 Dallas TX 75201

Amount of contribution (\$)  
\$100

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
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

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 03/03/16	9 Full name of contributor Miguel Solis out-of-state PAC (ID#: 10 Contributor address; 2500 Bennett Ave. Apt. #1122 City: State: Zip Code Dallas TX 75206	7 Amount of contribution (\$) \$500
5 Principal occupation / Job title (See Instructions) President		6 Employer (See Instructions) Latino Center for Leadership Development
Date 03/03/16	Full name of contributor Frances Devlin Contributor address; 2126 Diamond Oaks City: State: Zip Code Garland TX 75044	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) Senior Series Administrator		Employer (See Instructions) Concur Technologies
Date 03/7/16	Full name of contributor Laura Geisler Contributor address; 2900 McKinnon #1604 City: State: Zip Code Dallas TX 75201	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Geisler Law Firm
Date 03/06/16	Full name of contributor Joe Carreon Contributor address; 3150 Kendale Dr. City: State: Zip Code Dallas TX 75220	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) University Staff		Employer (See Instructions) Southern Methodist University
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 03/10/16	11 Full name of contributor out-of-state PAC (ID#: Elsa Manzanares 12 Contributor address; City; State; Zip Code 6936 Clayton Ave. Dallas TX 75214	7 Amount of contribution (\$)  \$200
5 Principal occupation / Job title (See Instructions) Attorney		6 Employer (See Instructions) Gardere
Date 03/10/16	Full name of contributor out-of-state PAC (ID#: Cecilia Boone Contributor address; City; State; Zip Code 5949 Sherry Lane Dallas TX 75225 Ste. 1010	Amount of contribution (\$)  \$200
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/11/16	Full name of contributor out-of-state PAC (ID#: Cynthia Yung Contributor address; City; State; Zip Code 9914 Kilarney Drive Dallas TX 75218	Amount of contribution (\$)  \$100
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Boone Foundation
Date 03/11/16	Full name of contributor out-of-state PAC (ID#: Garrett Boone Contributor address; City; State; Zip Code 5949 Sherry Lane. Dallas TX 75225 Ste. 1010	Amount of contribution (\$)  \$500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 03/11/16	13 Full name of contributor out-of-state PAC (ID# _____) Reina Gonzalez 14 Contributor address; City; State; Zip Code 10300 N. Central Expwy. Dallas TX 75231 Ste. 235	7 Amount of contribution (\$)  \$250
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Gonzalez Law Group
Date 03/13/16	Full name of contributor out-of-state PAC (ID# _____) Serena Connelly Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/11/16	Full name of contributor out-of-state PAC (ID# _____) Jorge Baldor Contributor address; City; State; Zip Code 1999 McKinney #1804 Dallas TX 75201	Amount of contribution (\$)  \$10,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/16	Full name of contributor out-of-state PAC (ID# _____) Georgeann Elliott Moss Contributor address; City; State; Zip Code 453 Stone Canyon Dr Sunnyvale TX 75182	Amount of contribution (\$)  \$50
Principal occupation / Job title (See Instructions) Director of Internet Publishing		Employer (See Instructions) DCCCD
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 03/15/16	15 Full name of contributor Angel Mata out-of-state PAC (ID#:_ _ _ _ _) 16 Contributor address; City; State; Zip Code 4314 N. Central Expwy. Dallas TX 75206	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) The Law Office of Angel Mata
Date 03/16/16	Full name of contributor Miriam Miranda out-of-state PAC (ID#:_ _ _ _ _) Contributor address; City; State; Zip Code 4933 Lomax Drive Dallas TX 75227	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Lira Bravo Law, PLLC.
Date 03/16/16	Full name of contributor Bridget Lopez out-of-state PAC (ID#:_ _ _ _ _) Contributor address; City; State; Zip Code 6258 Velasco Dallas TX 75214	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) Managing Attorney		Employer (See Instructions) Linebarger Goggan Blair & Sampson, LLP.
Date 03/16/16	Full name of contributor Claudia Sandoval out-of-state PAC (ID#:_ _ _ _ _) Contributor address; City; State; Zip Code 4464 W. Clarendon Dallas TX 75211	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) IT Consultant		Employer (See Instructions) Hitachi Consulting
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 03/16/16	17 Full name of contributor out-of-state PAC (ID# _____) Yesenia Mendez 18 Contributor address; City; State; Zip Code 4575 Mill Run Rd. Dallas TX 75244	7 Amount of contribution (\$)  \$100
8 Principal occupation / Job title (See Instructions) Director of BSA Compliance		9 Employer (See Instructions) Santander Consumer USA
Date 03/16/16	Full name of contributor out-of-state PAC (ID# _____) Jesse Tafalla Contributor address; City; State; Zip Code 9465 Dale Glade Dr. Dallas TX 75217	Amount of contribution (\$)  \$200
Principal occupation / Job title (See Instructions) Construction/Quality Specialist		Employer (See Instructions) Dal-Tech Engineering
Date 03/16/16	Full name of contributor out-of-state PAC (ID# _____) Susie Hess Contributor address; City; State; Zip Code 2905 Clearwater Dr. Mesquite TX 75181	Amount of contribution (\$)  \$20
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Marsh USA Inc.
Date 03/16/16	Full name of contributor out-of-state PAC (ID# _____) Rickey Callahan Contributor address; City; State; Zip Code 8344 E.R.L. Thornton Fwy. Ste. 308 Dallas TX 75228	Amount of contribution (\$)  \$100
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions) Callahan Properties
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 03/16/16	19 Full name of contributor Cynthia Jubera out-of-state PAC (ID# _____) 20 Contributor address; 405 Oxford Drive City; State; Zip Code Wylie TX 75048	7 Amount of contribution (\$) \$40
3 Principal occupation / Job title (See Instructions) Benefits Analyst		9 Employer (See Instructions) MHBT
Date 03/16/16	Full name of contributor Israel Rivera out-of-state PAC (ID# _____) Contributor address; 710 Spinner Rd. City; State; Zip Code Desoto TX 75115	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) DISD
Date 03/16/16	Full name of contributor Jose De La Cruz out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$30
Principal occupation / Job title (See Instructions) Audit Associate		Employer (See Instructions) Weaver
Date 03/16/16	Full name of contributor Cinthia Jaimes out-of-state PAC (ID# _____) Contributor address; 2610 Witten Ave. City; State; Zip Code Colleyville TX 76034	Amount of contribution (\$) \$20
Principal occupation / Job title (See Instructions) Office Assistant		Employer (See Instructions) The Marketing Arm
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

03/16/16

21 Full name of contributor

Lino Lozano

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

22 Contributor address;

9712 Fitzory Circle

City; State; Zip Code

Dallas TX 75238

7 Amount of contribution (\$)

\$100

6 Principal occupation / Job title (See Instructions)

Self-employed

9 Employer (See Instructions)

Self-employed

Date

03/16/16

Full name of contributor

Sean Cox

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

Contributor address;

P.O. Box 130864

City; State; Zip Code

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Law Offices of Sean R. Cox

Date

03/16/16

Full name of contributor

Yolanda Rodriguez

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

Contributor address;

7029 Clemson Dr.

City; State; Zip Code

Dallas TX 75214

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Retired Administrator

Employer (See Instructions)

N/A

Date

03/16/16

Full name of contributor

Marcela Lira Allen

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

Contributor address;

626 Taylor Ct.

City; State; Zip Code

Duncanville TX 75137

Amount of contribution (\$)

\$40

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

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

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

03/17/16

23 Full name of contributor

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

Dominique Torres

24 Contributor address;

City; State; Zip Code

212 W. Spring Valley Rd. Richardson TX 75081

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Modjarrad Abusaad Said Law Firm

Date

03/17/16

Full name of contributor

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

Lindsay Barbee

Contributor address;

City; State; Zip Code

3811 Turtle Creek Blvd. Dallas TX 75219  
Ste. 1010

Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Rochelle Findley Barbee PLLC

Date

03/21/16

Full name of contributor

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

Rafael Anchia

Contributor address;

City; State; Zip Code

2323 Victory Ave. Dallas TX 75219  
Ste. 700

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Haynes & Boone

Date

03/21/16

Full name of contributor

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

Angela Lopez

Contributor address;

City; State; Zip Code

3968 Creekside Ln. Carrollton TX 75010

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Cowles & Thompson

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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

Monica Lira Bravo

3 Filer ID (Ethics Commission Filers)

4 Date

03/20/16

25 Full name of contributor

Rebecca Greenan

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

26 Contributor address;

511 N. Akard St.  
Apt#1501

City: State: Zip Code  
Dallas TX 75201

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

Associate Dean

9 Employer (See Instructions)

UNT- Dallas College of Law

Date

03/22/16

Full name of contributor

Erica Rivera

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

Contributor address;

2203 Blue Bayou Dr.

City: State: Zip Code  
Dallas TX 75253

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/22/16

Full name of contributor

Zulema Mendoza

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

Contributor address;

14212 Signal Hill Dr.

City: State: Zip Code  
Little Elm TX 75068

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/16

Full name of contributor

Matt Hinckley

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

Contributor address;  
8165 Hunnicut Rd.

City: State: Zip Code  
Dallas TX 75228

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

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

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 03/22/16	27 Full name of contributor out-of-state PAC (ID# _____) Juan Luis Bravo 28 Contributor address; City; State; Zip Code 321 Milton St. Lewisville TX 75057	7 Amount of contribution (\$) \$20
5 Principal occupation / Job title (See Instructions) Paralegal		9 Employer (See Instructions) Ramos Law Firm
Date 03/22/16	Full name of contributor out-of-state PAC (ID# _____) Lissette Villarruel Contributor address; City; State; Zip Code 4562 Marcell Ave. Dallas TX 75211	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Haynes & Boone
Date 03/22/16	Full name of contributor out-of-state PAC (ID# _____) Naomi Hernandez Contributor address; City; State; Zip Code 2201 Wilson Blvd. Arlington VA 22201 #106	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Northrop Gruman
Date 03/23/16	Full name of contributor out-of-state PAC (ID# _____) Javier Olguin Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) DCCCD
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

03/23/16

29 Full name of contributor

Andres Correa

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

30 Contributor address;

2100 Ross Ave. #2700

City; State; Zip Code  
Dallas TX 75201

7 Amount of contribution (\$)

\$250

6 Principal occupation / Job title (See Instructions)

Attorney

5 Employer (See Instructions)

Lynn Pinker Cox & Hurst

Date

03/24/16

Full name of contributor

Minerva Rodriguez

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

Contributor address;

1611 Kinmore St.

City; State; Zip Code  
Dallas TX 75223

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Legal Assistant

Employer (See Instructions)

Lira Bravo Law, PLLC.

Date

03/23/16

Full name of contributor

Jaime Resendiz

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

Contributor address;

320 South R. L. Thornton Frwy. Ste. 300

City; State; Zip Code  
Dallas TX 75203

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

West & Associates,LLP

Date

03/23/16

Full name of contributor

Elisabeth Rutledge

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

Contributor address;

7179 Dalewood Ln.

City; State; Zip Code  
Dallas TX 75214

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Public Relation

Employer (See Instructions)

Jeff Ellen

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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

Monica Lira Bravo

3 Filer ID (Ethics Commission Filers)

4 Date

03/30/16

Full name of contributor

Linebarger

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

Contributor address;

2777 N. Stemmons Frwy. Dallas TX 75207  
Ste. 1000

City; State; Zip Code

7 Amount of contribution (\$)

\$500

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

Law Firm

Date

04/04/16

Full name of contributor

Dan Micciche

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

Contributor address;

1140 Bally Mote Dallas TX 75218

City; State; Zip Code

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Akin Gump Strauss Hauer & Feld

Date

4/6/16

Full name of contributor

Yvette Hernandez

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

Contributor address;

3302 Lanat Ct. Garland TX 75042

City; State; Zip Code

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Business Development

Employer (See Instructions)

Rone Engineering

Date

04/02/16

Full name of contributor

Dr. Fred Newbury

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

Contributor address;

6322 Kalani Pl. Dallas TX 75240

City; State; Zip Code

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

DCCCD

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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

Monica Lira Bravo

3 Filer ID (Ethics Commission Filers)

4 Date

03/23/16

Full name of contributor

Jasmit Perez

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

Contributor address;

8540 Westfield Dr.

City;

Dallas

State;

TX

Zip Code

75243

7 Amount of contribution (\$)

\$150

3 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Law Office of Jasmit Dhaliwal-Perez

Date

03/23/16

Full name of contributor

Belinda Arroyo

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

Contributor address;

P.O. Box 136638

City;

Ft. Worth

State;

TX

Zip Code

76136

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Belinda Arroyo Law Office, P.L.L.C

Date

03/23/16

Full name of contributor

Alfonso J. Herrera

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

Contributor address;

17401 Marianne Circle

City;

Dallas

State;

TX

Zip Code

75252

Amount of contribution (\$)

\$40

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Rad Law Firm

Date

03/23/16

Full name of contributor

Stephanie Gonzalez

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

Contributor address;

7014 Casa Lane

City;

Dallas

State;

TX

Zip Code

75214

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

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

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

04/06/16

Full name of contributor

Marcos G. Ronquillo

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

Contributor address;

5301 Spring Valley Rd.  
Ste. 200

City; State; Zip Code

Dallas TX 75254

7 Amount of contribution (\$)

\$1000

3 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Friedman & Feiger

Date

04/07/16

Full name of contributor

Claudia Guerrero

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

Contributor address;

9035 San Fernando Way

City; State; Zip Code

Dallas TX 75218

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Associate Attorney

Employer (See Instructions)

Lira Bravo Law, PLLC

Date

04/05/16

Full name of contributor

Omar Narvaez

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

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/07/16

Full name of contributor

Diana Oliva

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

Contributor address;

5119 Breakwood Dr.

City; State; Zip Code

Dallas TX 75227

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Paralegal

Employer (See Instructions)

Berry Appleman & Leideman

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Monica Lira Bravo

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan  
02/19/2016

7 Name of lender ☐ out-of-state PAC (ID#:  
Monica Lira Bravo

9 Loan Amount (\$)  
\$1,000

6 Is lender  
a financial  
institution?  
Y N

8 Lender address; City; State; Zip Code  
4144 N. Central Expwy. Dallas TX 75204  
Ste. 370

10 Interest rate  
0%

11 Maturity date  
04/2020

12 Principal occupation / Job title (See Instructions)  
Managing Attorney

13 Employer (See Instructions)  
Lira Bravo Law, PLLC.

14 Description of Collateral  
☒ none

15 Check if personal funds were deposited into political  
account (See Instructions)  
☐

16 GUARANTOR  
INFORMATION

17 Name of guarantor  
Monica Lira Bravo

18 Amount Guaranteed (\$)

☐ not applicable

18 Guarantor address; City; State; Zip Code  
4144 N. Central Expwy. Dallas TX 75204  
Ste. 370

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID#:

Loan Amount (\$)

Is lender  
a financial  
institution?  
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral  
☐ none

Check if personal funds were deposited into political  
account (See Instructions)  
☐

GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Monica Lira Bravo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/01/16</b>		5 Payee name <b>Mark Lugo</b>			
6 Amount (\$) <b>\$350</b>		7 Payee address; City; State; Zip Code <b>5434 Belmont Ave Dallas TX 75206</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>03/03/16</b>		Payee name <b>Bank of America</b>			
Amount (\$) <b>\$26</b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>03/14/16</b>		Payee name <b>K-9 Sports</b>			
Amount (\$) <b>\$781</b>		Payee address; City; State; Zip Code <b>675 W. Pioneer Grand TX 75051 #105 Prairie</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME <b>Monica Lira Bravo</b>		<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <b>03/12/16</b>		<b>5</b> Payee name <b>Democracy Toolbox &amp; Communication</b>					
<b>6</b> Amount (\$) <b>\$2,000</b>		<b>7</b> Payee address; City; State; Zip Code					
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Consulting Expense</b>		<b>(b)</b> Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>					Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held					
<b>Date</b> <b>3/16/16</b>		<b>Payee name</b> <b>Alfonso Carmona</b>					
<b>Amount (\$)</b> <b>\$300</b>		<b>Payee address; City; State; Zip Code</b> <b>7260 Gaston Ave. Dallas, TX 75214</b>					
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  <b>Food/ Beverage Expense</b>		<b>Description</b>  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>					Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held					
<b>Date</b> <b>03/16/16</b>		<b>Payee name</b> <b>Purebuttons</b>					
<b>Amount (\$)</b> <b>\$102.90</b>		<b>Payee address; City; State; Zip Code</b> <b>4930 Chippewa Rd. Medina, OH 44256</b>					
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  <b>Advertising Expense</b>		<b>Description</b>  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>					Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>							

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Monica Lira Bravo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/23/16</b>		5 Payee name <b>Reilly-Echols Printing, Inc.</b>			
6 Amount (\$) <b>\$1,759.07</b>		7 Payee address; City; State; Zip Code <b>P.O. Box 152358 Dallas, TX 75315</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>03/22/16</b>		Payee name <b>The Order Desk</b>			
Amount (\$) <b>\$1,713.73</b>		Payee address; City; State; Zip Code <b>2910 Canton St. Dallas, TX 75226</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Printing/Mailing Expense</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>03/24/16</b>		Payee name <b>The Tyson Organization Inc.</b>			
Amount (\$) <b>\$5,200</b>		Payee address; City; State; Zip Code <b>1351 Mistletoe Dr. Ft. Worth, TX 76110</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Advertising Expense/ Phone Program</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expenses  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Monica Lira Bravo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/25/16</b>		5 Payee name <b>La Calle Doce</b>			
6 Amount (\$) <b>\$126.91</b>		7 Payee address; City; State; Zip Code <b>1925 Skillman St. Dallas, TX 75206</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Food/ Beverage Expense</b>		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>03/25/16</b>		Payee name <b>City of Mesquite Parks &amp; Rec</b>			
Amount (\$) <b>\$40</b>		Payee address; City; State; Zip Code <b>1515 N. Galloway Ave. Mesquite, TX 75149</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>03/25/16</b>		Payee name <b>Bank of America</b>			
Amount (\$) <b>\$10</b>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Accounting/ Banking</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 3(a)

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

Event Expense  
Fees  
Food/Beverage Expenses  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Printing Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Monica Lira Bravo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/28/16</b>		5 Payee name <b>Edward &amp; Patterson Signs</b>			
6 Amount (\$) <b>\$1,813.19</b>		7 Payee address; City; State; Zip Code <b>4733 Don Dr. Dallas TX 75247</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>03/28/16</b>		Payee name <b>North Texas Young Latino Leaders</b>			
Amount (\$) <b>\$105</b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>03/29/16</b>		Payee name <b>FedEx/Kinko's</b>			
Amount (\$) <b>\$181.16</b>		Payee address; City; State; Zip Code <b>1305 Ross Ave. Dallas, TX 75202</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Monica Lira Bravo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/01/16</b>		5 Payee name <b>Staples</b>			
6 Amount (\$) <b>97.40</b>		7 Payee address; City; State; Zip Code <b>9222 E. R.L. Thornton Frwy. Dallas, TX 75228</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>04/07/16</b>		Payee name <b>Reilly Echols Printing, Inc.</b>			
Amount (\$) <b>\$2,481.09</b>		Payee address; City; State; Zip Code <b>P.O. Box 152358 Dallas TX 75315</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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:

26

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Monica

Lira

NICKNAME

LAST

SUFFIX

Bravo

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4144 N. Central  
Expwy.

Ste. 370

Dallas

TX

75204

☐ Change of Address



5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 214 )

390-6294

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Elisabeth

A

NICKNAME

LAST

SUFFIX

Wilson

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5005 Greenville Ave.

Ste. 200

Dallas

TX

75206

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 214 )

365-4438

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 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

04 / 07

/ 2016

THROUGH

Month

Day

Year

04 / 29

/ 2016

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 07 / 2016

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

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

☒ GENERAL

Hispanic PAC of Dallas

☐ SPECIFIC

COMMITTEE ADDRESS

2438 Alco Ave. Dallas, TX 75211

COMMITTEE CAMPAIGN TREASURER NAME

Victor Garza

COMMITTEE CAMPAIGN TREASURER ADDRESS

2438 Alco Ave. Dallas, TX 75211

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

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

\$

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

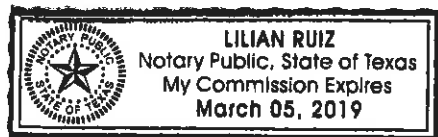
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 1,000

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

*Monica Lira Bravo*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Monica Lira Bravo, this the 29  
day of April, 2016, to certify which, witness my hand and seal of office.

*Lilian Ruiz*  
Signature of officer administering oath

Lilian Ruiz  
Printed name of officer administering oath

Notary  
Title of officer administering oath



**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,570
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,857.47
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Monica Lira Bravo

3 Filer ID (Ethics Commission Filers)

4 Date

4/7/2016

Full name of contributor

Jeff Tillotson

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

Contributor address;  
750 N. Saint Paul St.  
Suite 610

City: State: Zip Code  
Dallas TX 75201

7 Amount of contribution (\$)

\$1,500

3 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Tillotson Law PC

Date

4/7/2016

Full name of contributor

Silvia P. Villareal

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

Contributor address;

P.O. Box 4773

City: State: Zip Code  
Dallas TX 75208

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Publisher

Employer (See Instructions)

Informate DFW Magazine

Date

4/7/2016

Full name of contributor

Angelina LaPenotiere

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

Contributor address;

9124 Leaside Dr.

City: State: Zip Code  
Dallas TX 75238

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Fannie Mae

Date

4/7/2016

Full name of contributor

Edna Z. Ruano

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

Contributor address;

1659 Trailridge Dr.

City: State: Zip Code  
Dallas TX 75224

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Communications/Public Relations

Employer (See Instructions)

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

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  
04/07/2016

Full name of contributor

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

Hispanic PAC of Dallas

Contributor address;

2438 Alco Ave.

City; State; Zip Code

Dallas TX 75211

7 Amount of contribution (\$)

\$500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Hispanic PAC of Dallas

Date

04/07/2016

Full name of contributor

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

Theresa Remek

Contributor address;

2204 Springhill

City; State; Zip Code

Dallas TX 75228

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)  
Development Officer

Employer (See Instructions)  
SMU

Date

04/07/2016

Full name of contributor

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

Jose Sanchez

Contributor address;

507 N. Green St.

City; State; Zip Code

Longview, TX 75601

Amount of contribution (\$)

\$1,500

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Jose Sanchez Law Firm

Date

04/07/2016

Full name of contributor

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

Melissa Alfaro

Contributor address;

5959 Maple Ave #134

City; State; Zip Code

Dallas TX 75235

Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)  
Administrator

Employer (See Instructions)  
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

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

04/07/2016

Full name of contributor

Rebecca Acuna

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

Contributor address;

610 S. Cesar Chavez  
Apt. 5219

City; State; Zip Code

Dallas TX 75201

7 Amount of contribution (\$)

\$150

8 Principal occupation / Job title (See Instructions)

Executive Director

9 Employer (See Instructions)

Latino Center for Leadership Development

Date

04/07/2016

Full name of contributor

Ruth Nava

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

Contributor address;

1516 Warm Spring Dr.

City; State; Zip Code

Allen TX 75002

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/07/2016

Full name of contributor

Farid Moghadassi

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

Contributor address;

10536 Creekmere

City; State; Zip Code

Dallas TX 75218

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Khavari & Moghadassi

Date

04/09/2016

Full name of contributor

Edna Mitchell

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

Contributor address;

103 Dawn Dr.

City; State; Zip Code

Waxachie TX 75165

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Associate President

Employer (See Instructions)

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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

04/10/2016

Full name of contributor

Mayra Trillo

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

Contributor address;

9614 Blue Jay

City; State; Zip Code

Irving TX 75063

7 Amount of contribution (\$)

\$20

8 Principal occupation / Job title (See Instructions)

Teacher

9 Employer (See Instructions)

DISD

Date

04/12/2016

Full name of contributor

Rosario E. Heppe

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

Contributor address;

1116 Bally Mote Dr.

City; State; Zip Code

Dallas TX 75218

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Fluor Corp

Date

04/13/2016

Full name of contributor

Joshua Prywes

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

Contributor address;

2650 Cedar Springs #3314 Dallas TX 75201

City; State; Zip Code

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Senior Associate

Employer (See Instructions)

Ernst & Young

Date

04/13/2016

Full name of contributor

Korey Mack

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

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)

Government Affairs Director

Employer (See Instructions)

Uplift Education

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

Monica Lira Bravo

3 Filer ID (Ethics Commission Filers)

4 Date

04/13/2016

Full name of contributor

Ken Malcomson

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

Contributor address;

3217 Armstrong

City; State; Zip Code

Dallas TX 75205

7 Amount of contribution (\$)

\$200

5 Principal occupation / Job title (See Instructions)

CEO

6 Employer (See Instructions)

Afferent Provider Solutions

Date

04/14/2016

Full name of contributor

Dominga Mendez

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

Contributor address;

3143 Dusty Oak

City; State; Zip Code

Dallas TX 75227

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Responsive Education Solutions

Date

04/14/2016

Full name of contributor

Nancy Bernardino

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

Contributor address;

3138 Dusty Oak

City; State; Zip Code

Dallas TX 75227

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Principal

Employer (See Instructions)

DISD

Date

04/18/2016

Full name of contributor

Megan Fears

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

Contributor address;

1150 Bally Mote

City; State; Zip Code

Dallas TX 75218

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Office Manager

Employer (See Instructions)

Fears Nachawati

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

Monica Lira Bravo

3 Filer ID (Ethics Commission Filers)

4 Date

04/19/2016

Full name of contributor

Joanna Jordan

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

Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/22/2016

Full name of contributor

Yuri Strain

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

Contributor address;  
5050 Capitol Ave. # 101

City; State; Zip Code  
Dallas TX 75206

Amount of contribution (\$)

\$40

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/2016

Full name of contributor

Blanca Chavarria

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

Contributor address;  
105 Country Circle

City; State; Zip Code  
Waxachie TX 75165

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/25/2016

Full name of contributor

Celina Diaz

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

Contributor address;  
1255 Bridle Blvd.

City; State; Zip Code  
Frisco TX 75034

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Carson & Calhoun

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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

Monica Lira Bravo

3 Filer ID (Ethics Commission Filers)

4 Date

04/26/2016

Full name of contributor

Lauro Banda

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

Contributor address;

5050 Capitol

City; State; Zip Code

Dallas TX 75206

7 Amount of contribution (\$)

\$150

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Investment

Date

04/27/2016

Full name of contributor

Nathaniel Means

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

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/07/2016

Full name of contributor

Paula Rosales

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

Contributor address;

6005 E. University No. 138 Dallas TX 75206

City; State; Zip Code

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Municipal Judge

Employer (See Instructions)

City of Dallas

Date

04/15/2016

Full name of contributor

Rebecca Gonzalez

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

Contributor address;

P.O. Box 180433

City; State; Zip Code  
Dallas TX 75218

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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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

Monica Lira Bravo

3 Filer ID (Ethics Commission Filers)

4 Date

04/26/2016

Full name of contributor

Roy Vu

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

Contributor address;

600 Cumberland Pl.

City; State; Zip Code

Irving TX 75063

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

Professor

9 Employer (See Instructions)

DCCCD

Date

04/26/2016

Full name of contributor

Clarice McCoy

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

Contributor address;

4111 Tomberra Way

City; State; Zip Code

Dallas TX 75220

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

DCCCD

Date

04/26/2016

Full name of contributor

Jed Schwegman

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

Contributor address;

3624 Timberview Rd.

City; State; Zip Code

Dallas TX 75229

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Higher Education-Development

Employer (See Instructions)

SMU

Date

04/28/2016

Full name of contributor

Alexandra Meaders

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

Contributor address;

1623 Main Street

City; State; Zip Code

Dallas TX 75201

Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

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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

Monica Lira Bravo

3 Filer ID (Ethics Commission Filers)

4 Date

04/28/2016

Full name of contributor

Mark Vasquez

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

Contributor address;  
10501 N. Central Expwy.  
Ste. 307

City; State; Zip Code  
Dallas TX 75231

7 Amount of contribution (\$)

\$200

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Mark K. Vasquez Law Firm PLLC

Date

04/21/2016

Full name of contributor

Larry Duncan

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

Contributor address;  
5415 Banting Way

City; State; Zip Code  
Dallas TX 75227

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/22/2016

Full name of contributor

North Dallas Democrats

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

Contributor address;  
17201 Hidden Glen Dr

City; State; Zip Code  
Dallas TX 75248

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/29/2016

Full name of contributor

Jiroko Lopez

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

Contributor address;  
981 Easton Place

City; State; Zip Code  
Dallas TX 75218

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self-Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME  
Monica Lira Bravo

3 Filer ID (Ethics Commission Filers)

4 Date  
4/7/2016

Full name of contributor  
Clay Jenkins

Contributor address;  
411 Elm

City; State; Zip Code  
Dallas TX 75205

out-of-state PAC (ID#)

7 Amount of contribution (\$)  
\$250

8 Principal occupation / Job title (See Instructions)  
County Judge

9 Employer (See Instructions)  
Dallas County

Date  
4/7/2016

Full name of contributor  
Dr. Elba Garcia

Contributor address;  
618 W Jefferson Blvd.

City; State; Zip Code  
Dallas TX 75208

out-of-state PAC (ID#)

Amount of contribution (\$)  
\$200

Principal occupation / Job title (See Instructions)  
Dentist

Employer (See Instructions)  
Elba Garcia Dental Clinic

Date  
4/7/2016

Full name of contributor  
Rebecca L. Greenan

Contributor address;  
511 N. Akard St. Apt. 1501

City; State; Zip Code  
Dallas TX 75201

out-of-state PAC (ID#)

Amount of contribution (\$)  
\$250

Principal occupation / Job title (See Instructions)  
Associate Dean

Employer (See Instructions)  
UNT- Dallas College of Law

Date  
4/7/2016

Full name of contributor  
Eric Puente

Contributor address;  
3300 Oak Lawn Ave.  
Ste. 401

City; State; Zip Code  
Dallas TX 75219

out-of-state PAC (ID#)

Amount of contribution (\$)  
\$150

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Puente, Hindieh & Fernandez PLLC

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule E:**2** FILER NAME

Monica Lira Bravo

**3** Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS

\$

**5** Date of loan  
02/19/2016**7** Name of lender☐ out-of-state

PAC

(ID#:

Monica Lira Bravo

**9** Loan Amount (\$)

\$1,000

**6** Is lender  
a financial  
institution?

Y N

**8** Lender address; City; State; Zip Code  
4144 N. Central Expwy. Dallas TX 75204  
Ste. 370**10** Interest rate

0%

**11** Maturity date

04/2020

**12** Principal occupation / Job title (See Instructions)

Managing Attorney

**13** Employer (See Instructions)

Lira Bravo Law, PLLC.

**14** Description of Collateral☒ none**15** Check if personal funds were deposited into political  
account (See Instructions)☐**16** GUARANTOR  
INFORMATION**17** Name of guarantor

Monica Lira Bravo

**19** Amount Guaranteed (\$)☐ not applicable**18** Guarantor address; City; State; Zip Code  
4144 N. Central Expwy. Dallas TX 75204  
Ste. 370**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state

PAC (ID#:

Loan Amount (\$)

Is lender  
a financial  
institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ noneCheck if personal funds were deposited into political  
account (See Instructions)☐GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Monica Lira Bravo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/18/2016</b>		5 Payee name <b>Aylin Segura</b>			
5 Amount (\$) <b>\$50</b>		7 Payee address; City; State; Zip Code <b>7777 Forney Rd Dallas TX 75227</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>04/18/2016</b>		Payee name <b>Markecia Morgan</b>			
Amount (\$) <b>\$60</b>		Payee address; City; State; Zip Code <b>7777 Forney Rd. Dallas, TX 75227</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>04/18/2016</b>		Payee name <b>Nia Houston</b>			
Amount (\$) <b>\$60</b>		Payee address; City; State; Zip Code <b>7777 Forney Rd. Dallas TX 75227</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <b>Monica Lira Bravo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>04/19/2016</b>	<b>5</b> Payee name <b>Elizabeth Soto</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>\$50</b>	<b>7</b> Payee address; City; State; Zip Code <b>7777 Forney Rd. Dallas TX 75227</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
---	--	---

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/19/2016</b>	Payee name <b>Ivan Garcia</b>
---------------------------	----------------------------------

Amount (\$) <b>\$500</b>	Payee address; City; State; Zip Code
-----------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other: Campaign work</b>	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/19/2016</b>	Payee name <b>Kiera Powers</b>
---------------------------	-----------------------------------

Amount (\$) <b>\$50</b>	Payee address; City; State; Zip Code <b>7777 Forney Rd. Dallas TX 75227</b>
----------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Monica Lira Bravo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/19/2016</b>		5 Payee name <b>Order's Desk</b>			
6 Amount (\$) <b>\$2,729.70</b>		7 Payee address; City; State; Zip Code <b>2910 Canton Dallas TX 75226</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Printing/Mailing Expense</b>		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>04/20/2016</b>		Payee name <b>Miranda Ramirez</b>			
Amount (\$) <b>\$50</b>		Payee address; City; State; Zip Code <b>7777 Forney Rd. Dallas TX 75227</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>04/25/2016</b>		Payee name <b>Aylin Segura</b>			
Amount (\$) <b>\$50</b>		Payee address; City; State; Zip Code <b>7777 Forney Rd. Dallas TX 75227</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Monica Lira Bravo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/25/2016</b>		5 Payee name <b>Henry Aguirre</b>			
6 Amount (\$) <b>\$50</b>		7 Payee address; City; State; Zip Code <b>7777 Forney Rd. Dallas TX 75227</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>04/25/2016</b>		Payee name <b>Melanie Chaponan</b>			
Amount (\$) <b>\$100</b>		Payee address; City; State; Zip Code <b>7777 Forney Rd. Dallas TX 75227</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>04/25/2016</b>		Payee name <b>Jablar Gray</b>			
Amount (\$) <b>\$50</b>		Payee address; City; State; Zip Code <b>7777 Forney Rd. Dallas, TX 75227</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 3(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Monica Lira Bravo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/26/2016</b>		5 Payee name <b>Reilly Echols</b>			
6 Amount (\$) <b>\$1,136.63</b>		7 Payee address; City; State; Zip Code <b>1710 Harwood St. Dallas, TX 75215</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____					
Date <b>04/27/2016</b>		Payee name <b>Edward &amp; Patterson Signs</b>			
Amount (\$) <b>\$844.35</b>		Payee address; City; State; Zip Code <b>4733 Don Drive Dallas TX 75247</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising/Printing Expense</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____					
Date <b>04/27/2016</b>		Payee name <b>Tyson Organization</b>			
Amount (\$) <b>\$248.98</b>		Payee address; City; State; Zip Code <b>1351 Mistletoe Drive Ft. Worth, TX 76110</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 9(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Monica Lira Bravo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/27/2016</b>		5 Payee name <b>Victor Huertas</b>			
6 Amount (\$) <b>\$25</b>		7 Payee address; City; State; Zip Code <b>7777 Forney Rd. Dallas TX 75227</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>04/27/2016</b>		Payee name <b>Evangelina Rivera</b>			
Amount (\$) <b>\$25</b>		Payee address; City; State; Zip Code <b>7777 Forney Rd. Dallas TX 75227</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>04/16/2016</b>		Payee name <b>Jessica Sierra</b>			
Amount (\$) <b>\$50</b>		Payee address; City; State; Zip Code <b>7777 Forney Rd. Dallas TX 75227</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Monica Lira Bravo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/22/2016</b>		5 Payee name <b>Democracy Toolbox</b>			
6 Amount (\$) <b>\$1500</b>		7 Payee address; City; State; Zip Code <b>405 Rice St. McKinney, TX 75069</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>04/23/2016</b>		Payee name <b>Karen Nunez</b>			
Amount (\$) <b>\$50</b>		Payee address; City; State; Zip Code <b>7777 Forney Rd. Dallas TX 75227</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>04/23/2016</b>		Payee name <b>Rayshon Battee</b>			
Amount (\$) <b>\$50</b>		Payee address; City; State; Zip Code <b>7777 Forney Rd. Dallas TX 75227</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Printing Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Monica Lira Bravo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/26/2016</b>		5 Payee name <b>The Order's Desk</b>			
6 Amount (\$) <b>\$2,503.88</b>		7 Payee address; City; State; Zip Code <b>2910 Canton St. Dallas, TX 75226</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Printing/Mailing Expense</b>		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>04/27/2016</b>		Payee name <b>Breshonda Williams</b>			
Amount (\$) <b>\$25</b>		Payee address; City; State; Zip Code <b>7777 Forney Rd. Dallas TX 75227</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>04/27/2016</b>		Payee name <b>Heaven Fuller</b>			
Amount (\$) <b>\$25</b>		Payee address; City; State; Zip Code <b>7777 Forney Rd. Dallas TX 75227</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 3(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Award/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Monica Lira Bravo	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 04/29/2016	<b>5</b> Payee name PayPal
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<b>6</b> Amount (\$) \$298.93	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Accounting/ Banking	<b>(b)</b> Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME <b>Monica Lira Bravo</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/27/2016</b>		<b>5</b> Payee name <b>Nia Houston</b>		
<b>6</b> Amount (\$) <b>\$25</b>		<b>7</b> Payee address; City; State; Zip Code <b>7777 Forney Rd. Dallas TX 75227</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Other: Block Walk</b>		<b>(b)</b> Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			
<b>Date</b> <b>04/27/2016</b>		<b>Payee name</b> <b>Jablar Gray</b>		
<b>Amount (\$)</b> <b>\$25</b>		<b>Payee address; City; State; Zip Code</b> <b>7777 Forney Rd. Dallas TX 75227</b>		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  <b>Other: Block Walk</b>		<b>Description</b>  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name _____ Office sought _____ Office held _____			
<b>Date</b> <b>04/27/2016</b>		<b>Payee name</b> <b>Rayshun Batter</b>		
<b>Amount (\$)</b> <b>\$25</b>		<b>Payee address; City; State; Zip Code</b> <b>7777 Forney Rd. Dallas TX 75227</b>		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  <b>Other: Block Walk</b>		<b>Description</b>  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name _____ Office sought _____ Office held _____			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME <b>Monica Lira Bravo</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>04/27/2016</b>		<b>5</b> Payee name <b>Alexis Pineda</b>			
<b>6</b> Amount (\$) <b>\$25</b>		<b>7</b> Payee address; City; State; Zip Code <b>7777 Forney Rd. Dallas TX 75227</b>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		<b>(b) Description</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____					
Date <b>04/18/2016</b>		Payee name <b>Stephanie Roman</b>			
Amount (\$) <b>\$50</b>		Payee address; City; State; Zip Code <b>7777 Forney Rd. Dallas TX 75227</b>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		<b>Description</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____					
Date <b>04/27/2016</b>		Payee name <b>Melanie Chapona</b>			
Amount (\$) <b>\$25</b>		Payee address; City; State; Zip Code <b>7777 Forney Rd. Dallas TX 75227</b>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) <b>Other: Block Walk</b>		<b>Description</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					