

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 filled:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **MRS** FIRST **MINERVA** MI **M.**
NICKNAME LAST SUFFIX
PENA

OFFICE USE ONLY

Date Received

BISD
Received

OCT 31 2016

Office of the
Chief Financial Officer

5:07 PM

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
3201 Coffee Port Rd
Brownsville, Tx 78521

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 345-5564

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **MRS** FIRST **MELISSA** MI **M.**
NICKNAME LAST SUFFIX
PENA

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
17372 EL Rancho DR
HARLINGEN, TX 78552

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 454-8687

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 THROUGH Month Day Year
09 / 30 / 2016 THROUGH **10 / 31 / 2016**

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
11 / 08 / 2016 General Special

12 OFFICE

OFFICE HELD (if any)

BISD Trustee PL6

13 OFFICE SOUGHT (if known)

BISD Trustee Ph. 6

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME MINERVA M. PEÑA 15 Filer ID (Ethics Commission Filers)

18 NOTICE FROM POLITICAL COMMITTEE(S)

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

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

Additional Pages

| | | |
|-------------------------|---|----------------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <u>0</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>0</u> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ <u>0</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>356⁰⁰</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>0</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>356⁰⁰</u> |

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.

Minerva M. Peña
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Minerva M. Peña, this the 31 day of October, 2016, to certify which, witness my hand and seal of office.

Patricia C. Perez Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

MINERVA M. PEÑA

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 type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 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 checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 496 ⁰⁰ |
| 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 | \$ |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME MINERVA M. PEÑA | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/17/2016 | 5 Payee name Solice | |
| 6 Amount (\$) 320⁰⁰ | 7 Payee address; City; State; Zip Code 7200 Bonham Rd Brownsville, TX 78521 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Political | (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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: MINERVA M. PEÑA Office sought: BISD Trustee PL6 Office held: BISD Trustee PL6 | |
| Date 10/24/ | Payee name MARCO Jimenez | |
| Amount (\$) 176⁰⁰ | Payee address; City; State; Zip Code 410 S. EXPRESSWAY 77 Brownsville, TX 78520 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Campaign shirts | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: MINERVA M. PEÑA Office sought: BISD Trustee PL6 Office held: BISD Trustee PL6 | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held: | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED