

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 NICKNAME LAST SUFFIX NORBERTO RANCEL	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 28 CASA GRANDE Brownsville, TX 75211	Date Received BISD Received OCT 11 2016 4:27 PM Office of the Chief Financial Officer	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 459-7979	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX N/A	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE SAA		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION () SAA		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 8 / 22 / 16 THROUGH 9 / 29 / 16		
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 16	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		BISD Trustee POS#7	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
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14 C/OH NAME Roberto RAN 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.

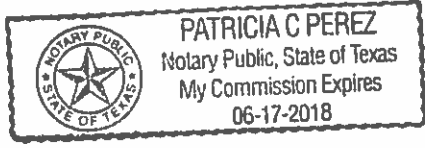
COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 365.71
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	\$

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

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Roberto Rangel, this the 11 day of Oct, 2016, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Patricia C. Perez
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 <i>NORBERTO RANGEL</i>		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	\$ <i>365.71</i>
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 PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME NORBERTO RANGEL	3 Filer ID (Ethics Commission Filers)
4 Date 09/15/2016	5 Payee name NORBERTO RANGEL	
6 Amount (\$) \$324.75 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code c/o NORBERTO RANGEL 28 CASA GRANDE BROWNSVILLE, TX 78521 The GRAFIK SPOT	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expenses	(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 NORBERTO RANGEL	Office sought BISD TRUSTEE #7
		Office held NA
Date 9/21/2016	Payee name NORBERTO RANGEL	
Amount (\$) \$40.96 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code c/o NORBERTO RANGEL 28 CASA GRANDE Home DEPOT BROWNSVILLE, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



1265 n Expressway 83 | Brownsville TX, 78520
 956-621-0381
 admin@thegrafikspot.net

The Grafik Spot, Llc.
 1265 N Expressway
 BROWNSVILLE, TX 78520
 (956) 621-0381
 billingdept@thegrafikspot.net

INVOICE

BILL TO
 Norberto Rangel

INVOICE # 2064
DATE 09/15/2016
DUE DATE 10/15/2016

ACTIVITY	QTY	RATE	AMOUNT
political:coroplast signs Political coroplast 4x4 single sided	10	15.00	150.00T
political:coroplast signs Political coroplast 18x24" yard sign single sided	20	3.00	60.00T
push cards push cards	500	0.15	75.00T
yard signs yard signs wires	20	0.75	15.00T

PAID

No money refunds
 Exchanges only can be made if there hadn't been woking on designs.

SUBTOTAL	300.00
TAX (8.25%)	24.75
TOTAL	324.75
PAYMENT	324.75
BALANCE DUE	\$0.00



More saving.
More doing.™

605 W MORRISON RD
BROWNSVILLE, TX 78520 (956)350-2232

6984 00001 28058 09/21/16 03:01 PM
CASHIER MELISSA

775469922087 2X2-8 WW <A> <M>
 2X2-8FT STRIP
 20@1.85 37.00
 MAX REFUND VALUE \$33.30/20
 049000000443 20OZ COKE <A> <M> 1.78
 20 OZ CLASSIC COCA-COLA
 MAX REFUND VALUE \$1.60
 076174718386 9/16"STAPLE <A> <M> 3.27
 STANLEY 9/16"HEAVY DUTY STAPLES 1250
 MAX REFUND VALUE \$2.94
 -----10% off Military Discount-----
 42.05 10% off Military Discount -4.21
 MUST RETURN ALL ITEMS FOR A FULL REFUND

SUBTOTAL 37.84
 SALES TAX 3.12
 TOTAL \$40.96
 XXXXXXXXXXXXXXX8261 VISA
 AUTH CODE 06313B/4012290 USD\$ 40.96
 Chip Read TA
 AID A0000000031010 VISA CREDIT
 TVR 8080008000
 IAD 06010A03600400
 TSI 6800
 ARC 00

<M> = Military Appreciation



6984 01 28058 09/21/2016 5659

RETURN POLICY DEFINITIONS
 POLICY ID DAYS POLICY EXPIRES ON
 A 1 90 12/20/2016
 THE HOME DEPOT RESERVES THE RIGHT TO
 LIMIT / DENY RETURNS. PLEASE SEE THE
 RETURN POLICY SIGN IN STORES FOR
 DETAILS.

BUY ONLINE PICK-UP IN STORE
 AVAILABLE NOW ON HOMEDEPOT.COM.
 CONVENIENT, EASY AND MOST ORDERS
 READY IN LESS THAN 2 HOURS!

 ENTER FOR A CHANCE
 TO WIN A \$5,000
 HOME DEPOT GIFT CARD!

Tell us about your store visit!
 Complete our short survey and
 enter for a chance to win at:

www.homedepot.com/survey

PARTICIPE EN UNA