

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST <b>Hugo</b>	MI <b>J.</b>	<b>OFFICE USE ONLY</b> <hr/> Date Received  <hr/> Date Hand-delivered or Postmarked <b>13 OCT 7 2:45 PM</b> <hr/> Receipt #      Amount <hr/> Date Processed <hr/> Date Imaged
	NICKNAME	LAST <b>Mojica</b>	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <b>P.O. Box 8713, Houston, TX 77249</b>			
<input type="checkbox"/> change of address				
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION	
	<b>(713)</b>	<b>256-1277</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST <b>Fernando</b>	MI	
	NICKNAME	LAST <b>Cisneros</b>	SUFFIX	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <b>3804 Robertson, Houston, TX 77009</b>			
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION	
	<b>(713)</b>	<b>449-0757</b>		
<b>9 REPORT TYPE</b>	<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)			
<b>10 PERIOD COVERED</b>	Month    Day    Year <b>7 / 1 / 13</b>		THROUGH	Month    Day    Year <b>9 / 27 / 13</b>
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year <b>11 / 5 / 13</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <b>HISD Trustee, District 1</b>		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME

*Hugo Mojica*

15 ACCOUNT # (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

GENERAL

SPECIFIC

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

\$

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

\$ 2,762.61

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2,746.87

CONTRIBUTION BALANCE

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

\$ 15.74

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.



*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Hugo Mojica, this the 7th day of October, 2013, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

MARSHA GATE CLARK  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6

2 FILER NAME

Hugo Mojica

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7-2-13

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Carlos De Hoyos

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7-7-13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mary Gonzalez

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-13-13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Craig Johnson

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-22-13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Rose Elrod

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-26-13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Geneva Green

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6

2 FILER NAME

Hugo Mojica

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-2-13

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Christela Williams

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

# 50

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8-10-13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Elizabeth Harrison

Contributor address; City; State; Zip Code

Amount of contribution (\$)

# 50

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-19-13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Beverly Most

Contributor address; City; State; Zip Code

Amount of contribution (\$)

# 25

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-21-13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Gary Oradat

Contributor address; City; State; Zip Code

Amount of contribution (\$)

# 500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Oradat & Associates

Date

8-20-13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mary Wilson

Contributor address; City; State; Zip Code

Amount of contribution (\$)

# 25

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6

2 FILER NAME

Hugo Mojica

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-29-13

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Laurie Flores

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$35

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8-30-13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Ralph L. Garcia

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-30-13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mary Gonzalez

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-3-13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Christela Williams

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$20

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-5-13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Rick Cloutier

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

3PL Consulting, Inc.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>6</b>	
2 FILER NAME <b>Hugo Mojica</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9-11-13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dora Campa</b>	7 Amount of contribution (\$) <b>\$50</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>9-17-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vishwa Bahl</b>	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Vice President</b>		Employer (See Instructions) <b>Ratnala &amp; Bahl, Inc.</b>	
Date <b>9-18-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sonia Rivera</b>	Amount of contribution (\$) <b>\$37.61</b>	In-kind contribution description (if applicable) <b>Food for fundraiser</b>
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9-18-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edward Rojas</b>	Amount of contribution (\$) <b>\$20</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9-18-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edward Carranco</b>	Amount of contribution (\$) <b>\$25</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6

2 FILER NAME

Hugo Mojica

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9-18-13

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mamie Garcia

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9-19-13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Bertha Martinez

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$30

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-21-13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mary Gonzalez

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-21-13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Myron Greenfield

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-21-13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Dale Davidson

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$10

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6

2 FILER NAME

Hugo Mojica

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9-21-13

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Patrick Rutledge

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$ 100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9-22-13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Roger Montiel

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$ 50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-27-13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Lorraine Ferguson

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$ 10

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-27-13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Katie Ekstrom

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$ 50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.



# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 13	<b>2</b> FILER NAME Hugo Mojica	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 7-2-13	<b>5</b> Payee name Sam's Club
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<b>6</b> Amount (\$) \$91.20	<b>7</b> Payee address; City; State; Zip Code 325 E. Richie Rd., Houston, TX 77070
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Candies & shirts for parade
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-2-13	Payee name Office Depot
----------------	----------------------------

Amount (\$) \$16.98	Payee address; City; State; Zip Code 4444 North Freeway, Houston, TX 77022
------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Copies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-2-13	Payee name Post office - Anson Jones
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Amount (\$) \$5.80	Payee address; City; State; Zip Code 634 W. Cavalcade St., Houston, TX 77009
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Postage for questionnaire
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-7-13	Payee name Pay Pal
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Amount (\$) \$3.20	Payee address; City; State; Zip Code 2211 North First St., San Jose, CA 95131
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) Processing fee
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Complete ONLY 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****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 13	<b>2</b> FILER NAME Hugo Mojica	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 7-10-13	<b>5</b> Payee name Constant Contact	
<b>6</b> Amount (\$) \$15.99	<b>7</b> Payee address; City; State; Zip Code 1601 Trapelo Rd, Waltham, MA 02451	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) E-mail blast
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7-11-13	Payee name Constant Contact	
Amount (\$) \$5.33	Payee address; City; State; Zip Code 1601 Trapelo Rd, Waltham, MA 02451	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) E-mail blast
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7-15-13	Payee name Office Depot	
Amount (\$) \$4.33	Payee address; City; State; Zip Code 4444 North Freeway, Houston, TX 77002	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Copies
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7-16-13	Payee name Lindale Park Civic Club	
Amount (\$) \$25	Payee address; City; State; Zip Code 218 Joyce, Houston, TX 77009	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Donation for parade
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

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 13	<b>2</b> FILER NAME Hugo Mojica	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 7-21-13	<b>5</b> Payee name 1 1/2 Internet, Inc.
--------------------------	---

<b>6</b> Amount (\$) \$19.99	<b>7</b> Payee address; City; State; Zip Code 701 Lee Road, Suite 300, Chesterbrook, PA 19087
---------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Website hosting
---------------------------------	---	--

<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 7-22-13	Payee name Pay Pal
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Amount (\$) \$3.20	Payee address; City; State; Zip Code 2011 North First St., San Jose, CA 95131
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fundraising expense	Description (If travel outside of Texas, complete Schedule T) Processing fee
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-31-13	Payee name Firsta Patrias
-----------------	------------------------------

Amount (\$) \$70	Payee address; City; State; Zip Code P.O. Box 262871, Houston, Tx 77207
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Event expense	Description (If travel outside of Texas, complete Schedule T) Breakfast Meeting
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-1-13	Payee name Houston Black American Democrats
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Amount (\$) \$30	Payee address; City; State; Zip Code P.O. Box 925474, Houston, Tx 77292
---------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Other - membership	Description (If travel outside of Texas, complete Schedule T) Donation
-------------------------------	--	---

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

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13	2 FILER NAME Hugo Mojica	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8-1-13	5 Payee name PayPal
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6 Amount (\$) \$1.75	7 Payee address; City; State; Zip Code 2211 North First St., San Jose, CA 95131
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fundraising expenst	(b) Description (If travel outside of Texas, complete Schedule T) Processing fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-6-13	Payee name HISD
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Amount (\$) \$300	Payee address; City; State; Zip Code 4400 West 18th St., Houston, TX 77092
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Filing Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-8-13	Payee name Constant Contact
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Amount (\$) \$21.32	Payee address; City; State; Zip Code 1601 Trapelo Rd., Waltham, MA 02451
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expensa	Description (If travel outside of Texas, complete Schedule T) E-mail marketing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-12-13	Payee name Montie Beach Civic Club
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Amount (\$) \$30	Payee address; City; State; Zip Code P.O. Box 30111, Houston, TX 77249
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Newsletter ad
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 13	<b>2</b> FILER NAME Hugo Mojica	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 8-19-13	<b>5</b> Payee name PayPal
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<b>6</b> Amount (\$) \$1.03	<b>7</b> Payee address; City; State; Zip Code 2211 North First St., San Jose, CA 95131
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fundraising expense	(b) Description (If travel outside of Texas, complete Schedule T) Processing fee
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-20-13	Payee name PayPal
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Amount (\$) \$3.20	Payee address; City; State; Zip Code 2211 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising expense	Description (If travel outside of Texas, complete Schedule T) Processing fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-21-13	Payee name Target
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Amount (\$) \$12.64	Payee address; City; State; Zip Code 2580 Shearn St., Houston, TX 77007
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Containers for materials
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-21-13	Payee name Spanish Flower Restaurant
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Amount (\$) \$27.76	Payee address; City; State; Zip Code 4701 N. Main, Houston, TX 77009
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Meeting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 13	<b>2</b> FILER NAME Hugo Mojica	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 8-21-13	<b>5</b> Payee name Pay Pal	
<b>6</b> Amount (\$) \$14.80	<b>7</b> Payee address; City; State; Zip Code 2011 North First St., San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fundraising expense	(b) Description (If travel outside of Texas, complete Schedule T) Processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 8-21-13	Payee name 1?1 Internet, Inc.	
Amount (\$) \$19.99	Payee address; City; State; Zip Code 701 Lee Rd., Chesterbrook, PA 19087	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Website hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 8-23-13	Payee name Office Depot	
Amount (\$) \$65.47	Payee address; City; State; Zip Code 4444 North Freeway, Houston, TX 77022	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Copies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 8-29-13	Payee name Pay Pal	
Amount (\$) \$1.32	Payee address; City; State; Zip Code 2011 North First St., San Jose, CA 95131	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising expense	Description (If travel outside of Texas, complete Schedule T) Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 13	<b>2</b> FILER NAME Hugo Mojica	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 8-30-13	<b>5</b> Payee name Texas Barbbque House
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<b>6</b> Amount (\$) \$17.21	<b>7</b> Payee address; City; State; Zip Code 2401 Texas Avenue, Houston, TX 77003
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Meeting
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-30-13	Payee name City of Houston
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Amount (\$) \$2.50	Payee address; City; State; Zip Code 2020 Mckinney, Houston, TX 77003
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Meeting parking fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-30-13	Payee name Harris County Tax Assessor - Collector
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Amount (\$) \$45	Payee address; City; State; Zip Code 1001 Preston St., Houston, TX 77002
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Map & voter files
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-2-13	Payee name Fiesta Patrias
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Amount (\$) \$200	Payee address; City; State; Zip Code P.O. Box 262871, Houston, TX 77207
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Event expense	Description (If travel outside of Texas, complete Schedule T) Parade fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 13	<b>2</b> FILER NAME Hugo Mojica	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 9-3-13	<b>5</b> Payee name Dona Maria Restaurant	
<b>6</b> Amount (\$) \$28.49	<b>7</b> Payee address; City; State; Zip Code 2601 Navigation Blvd, Houston, TX 77003	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Event expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Meeting food
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9-3-13	Payee name PayPal	
Amount (\$) \$0.88	Payee address; City; State; Zip Code 2211 North First St., San Jose, CA 95131	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9-5-13	Payee name Crown Plaza Hotel	
Amount (\$) \$6	Payee address; City; State; Zip Code 1700 Smith St., Houston, TX 77002	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Meeting parking fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9-5-13	Payee name City of Houston	
Amount (\$) \$4	Payee address; City; State; Zip Code 2020 McKinney, Houston, TX 77003	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Meeting parking fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13		2 FILER NAME Hugo Mojica		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-8-13		5 Payee name Constant Contact			
6 Amount (\$) \$37.31		7 Payee address; City; State; Zip Code 1601 Trapelo Road, Waltham, MA 02451			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising expense		(b) Description (If travel outside of Texas, complete Schedule T) E-mail marketing	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-9-13		Payee name McDonald's			
Amount (\$) \$2.48		Payee address; City; State; Zip Code 3611 N. Main, Houston, TX 77009			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event expense		Description (If travel outside of Texas, complete Schedule T) Meeting food	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-9-13		Payee name Woodland Heights Civic Club			
Amount (\$) \$50		Payee address; City; State; Zip Code P.O. Box 7754, Houston, TX 77070			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising expense		Description (If travel outside of Texas, complete Schedule T) Newsletter ad	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-10-13		Payee name Post office - Anson Jones			
Amount (\$) \$36		Payee address; City; State; Zip Code 634 W. Cavalcade St. Houston, TX 77009			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Post office box rental	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 13		<b>2</b> FILER NAME Hugo Mojica		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 9-10-13		<b>5</b> Payee name Evelyn Sotelo			
<b>6</b> Amount (\$) \$198		<b>7</b> Payee address; City; State; Zip Code 915 Joyce, Houston, Tx 77009			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Campaign t-shirts	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-10-13		Payee name Garden Oaks Civic Club			
Amount (\$) \$60		Payee address; City; State; Zip Code P.O. Box 10273, Houston, Tx 77006			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Advertising expense		Description (If travel outside of Texas, complete Schedule T) Newsletter ad	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-13-13		Payee name Galan Graphix			
Amount (\$) \$322		Payee address; City; State; Zip Code 9001 Wurzbach Rd #1706, San Antonio, Tx 78240			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Advertising expense		Description (If travel outside of Texas, complete Schedule T) Post Cards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-13-13		Payee name Walmart			
Amount (\$) \$4.30		Payee address; City; State; Zip Code 1118 Silber Rd., Houston, Tx 77055			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Advertising expense		Description (If travel outside of Texas, complete Schedule T) Magnet tape for signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>13</b>	2 FILER NAME <b>Hugo Mojica</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>9-13-13</b>	5 Payee name <b>Walmart</b>
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6 Amount (\$) <b>\$69.77</b>	7 Payee address; City; State; Zip Code <b>1118 Silber Rd. Houston, TX 77055</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Event expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Candy &amp; water for parade</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9-17-13</b>	Payee name <b>Plat Parking</b>
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Amount (\$) <b>\$2</b>	Payee address; City; State; Zip Code <b>777 South Post Oak Lane, Houston, TX 77056</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting parking fee</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9-16-13</b>	Payee name <b>Harris County Young Democrats</b>
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Amount (\$) <b>\$12</b>	Payee address; City; State; Zip Code <b>P.O. Box 131627, Houston, TX 77219</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting fee</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9-18-13</b>	Payee name <b>Doneraki Restaurant</b>
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Amount (\$) <b>\$171.53</b>	Payee address; City; State; Zip Code <b>300 Gulgata Mall Ct., Houston, TX 77087</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meet &amp; greet food</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13	2 FILER NAME Hugo Mojica	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9-21-13	5 Payee name Pay Pal
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6 Amount (\$) \$8.02	7 Payee address; City; State; Zip Code 2011 North First st., San Jose, CA 95131
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fundraising expense	(b) Description (If travel outside of Texas, complete Schedule T) Processing fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-19-13	Payee name Texas Democratic Party
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Amount (\$) \$300	Payee address; City; State; Zip Code 4818 E. Ben White Blvd., ste. 104, Austin, Tx 78741
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Voter files
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-22-13	Payee name PayPal
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Amount (\$) \$1.75	Payee address; City; State; Zip Code 2011 North First st., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) fundraising expense	Description (If travel outside of Texas, complete Schedule T) Processing fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-21-13	Payee name 121 Internet, Inc.
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Amount (\$) \$19.99	Payee address; City; State; Zip Code 701 Lee Road, Suite 300, Chesterbrook, PA 19087
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Website hosting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13		2 FILER NAME Hugo Mojica		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-25-13		5 Payee name Galan Graphix			
6 Amount (\$) \$353		7 Payee address; City; State; Zip Code 9001 Wurzbach Rd # 1706, San Antonio, TX 78240			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Door hangers	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-26-13		Payee name City of Houston			
Amount (\$) \$2		Payee address; City; State; Zip Code 2020 McKinney, Houston, TX 77003			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Meeting parking fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-27-13		Payee name Pay Pal			
Amount (\$) \$2.34		Payee address; City; State; Zip Code 2011 North First St., San Jose, CA 95131			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fundraising expense		Description (If travel outside of Texas, complete Schedule T) Processing fee	
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			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED