

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Hugo	MI J.	OFFICE USE ONLY Date Received <div style="font-size: 1.2em; font-weight: bold;">13OCT28</div> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged			
	NICKNAME	LAST Mojica	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE				
<input type="checkbox"/> change of address	P.O. Box 8713, Houston, TX 77049						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(713)	256-7277					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Fernando	MI				
	NICKNAME	LAST Cisneros	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE				
	3804 Robertson, Houston, TX 77009						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(713)	449-0757					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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
	9	28	13		10	25	13
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
	11	5	13				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				HISD Trustee, District 1			

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)

\$ 3,008.10

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2,024.41

CONTRIBUTION
BALANCE

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

\$ 296.13

OUTSTANDING
LOAN TOTALS

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

\$ 1,702.30

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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Hugo Mojica, this the 28th day of October, 20 13, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Marsha G. 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:

5

2 FILER NAME

Hugo Mojica

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10-1-13

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

Gloria Montemayor

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$10

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

10-1-13

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

Christela Williams

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

10-1-13

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

Rose Elrod

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$80

In-kind contribution description (if applicable)

Program ad

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-1-13

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

Christine Moreno-Conner

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

10-1-13

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

Roger Montiel

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)

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:

5

2 FILER NAME

Hugo Mojica

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10-2-13

5 Full name of contributor

Rose Elrod

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$ 50

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

10-3-13

Full name of contributor

Sylvia Zepeda

out-of-state PAC (ID#: _____)

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

10-3-13

Full name of contributor

Gary Oradat

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$ 250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-4-13

Full name of contributor

Nikol Pavan

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$ 11.50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-5-13

Full name of contributor

Emily Cole

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$ 46

In-kind contribution description (if applicable)

Roll of
Stamps

(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:
5

2 FILER NAME

Hugo Mojica

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10-6-13

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

Grendolyn Harper-Smith

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

#46

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

10-7-13

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

Dale Davidson

Contributor address; City; State; Zip Code

Amount of contribution (\$)

#9.20

In-kind contribution description (if applicable)

Book of stamps

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-7-13

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

Esperanza Castaneda

Contributor address; City; State; Zip Code

Amount of contribution (\$)

#138

In-kind contribution description (if applicable)

Rolls of stamps

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-8-13

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

Ralph L. Garcia

Contributor address; City; State; Zip Code

Amount of contribution (\$)

#322

In-kind contribution description (if applicable)

Rolls of stamps

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-9-13

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

Dr. Carolyn Evans

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)

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:

5

2 FILER NAME

Hugo Mojica

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10-10-13

5 Full name of contributor

C.C. Lee

out-of-state PAC (ID#: _____)

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

10-10-13

Full name of contributor

Texas Democratic Party

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$1,050

In-kind contribution description (if applicable)

Voters file

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-11-13

Full name of contributor

Yolanda Navarro Flores

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$46

In-kind contribution description (if applicable)

Roll of stamps

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-11-13

Full name of contributor

Larry Flores

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$46

In-kind contribution description (if applicable)

Roll of stamps

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-14-13

Full name of contributor

Sahira Jo Abdool

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$250

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:
5

2 FILER NAME

Hugo Mojica

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10-15-13

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

Myron Greenfield

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$ 18.40

8 In-kind contribution description (if applicable)

Stamps

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10-16-13

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

Alice C. Zamora

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

10-18-13

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

Thelma De La Cruz

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

10-19-13

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

Margaret Tyerina

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

10-23-13

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

James Walker II

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$ 250

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Hugo Mojica

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

10-4-13

7 Name of lender

Hugo J. Mojica

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

*700.30

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

90 Lyerly St., Houston, Tx 77002

10 Interest rate

N/A

11 Maturity date

11-5-13

12 Principal occupation / Job title (See Instructions)

Executive Director

13 Employer (See Instructions)

Northside Chamber of Commerce

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

partial

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

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

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

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

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: 6	2 FILER NAME Hugo Mojica	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9-28-13	5 Payee name NGP VAN, Inc.
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6 Amount (\$) \$30.80	7 Payee address; City; State; Zip Code 48 Grove street, Suite 202
--------------------------	--

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) Robo calls
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-30-13	Payee name UHT Downtown
-----------------	----------------------------

Amount (\$) \$7	Payee address; City; State; Zip Code 1 Main street, Houston, TX 77002
--------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Parking Fee
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-30-13	Payee name Post Office - Anson Jones
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Amount (\$) \$46	Payee address; City; State; Zip Code 634 W. Cavalcade St. Houston, TX 77009
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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) Stamps
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-30-13	Payee name Post office - North Shepherd
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Amount (\$) \$138	Payee address; City; State; Zip Code 7511 N. Shepherd, Houston, TX 77088
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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) Stamps
------------------------	---	---

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.

1 Total pages Schedule F: 6	2 FILER NAME Hugo Mojica	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-1-13	5 Payee name Pay Pal
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6 Amount (\$) \$2.21	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 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 10-2-13	Payee name NGP VAN, Inc.
------------------------	------------------------------------

Amount (\$) \$63.61	Payee address; City; State; Zip Code 48 Grove St., Suite 202, Somerville, MA 02144
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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) Robo calls
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-2-13	Payee name Pay Pal
------------------------	------------------------------

Amount (\$) \$1.75	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
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Date 10-3-13	Payee name Museum of Fine Arts
------------------------	--

Amount (\$) \$3	Payee address; City; State; Zip Code P.O. Box 6826, Houston, TX 77265
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Parking fee
------------------------	--	---

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.

1 Total pages Schedule F: 6	2 FILER NAME Hugo Mojica	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-3-13	5 Payee name PayPal
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6 Amount (\$) \$7.55	7 Payee address; City; State; Zip Code 2211 North First St., San Jose, CA 95131
-------------------------	--

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 10-3-13	Payee name Post office - North Shepherd
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Amount (\$) \$368	Payee address; City; State; Zip Code 7511 N. Shepherd, Houston, TX 77088
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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) Stamps
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-4-13	Payee name PayPal
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Amount (\$) \$0.63	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 10-6-13	Payee name PayPal
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Amount (\$) \$1.63	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
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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: 6		2 FILER NAME Hugo Mojica		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-8-13		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 blast	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-8-13		Payee name Capital One Bank			
Amount (\$) \$35		Payee address; City; State; Zip Code 4414 North Freeway, Suite 1000, Houston, TX 77022			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Bank fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-10-13		Payee name NGP VAN, Inc.			
Amount (\$) \$78.23		Payee address; City; State; Zip Code 48 Grove St., Suite 202, Somerville, MA 02144			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Robo calls	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-13-13		Payee name NGP VAN, Inc.			
Amount (\$) \$135.35		Payee address; City; State; Zip Code 48 Grove St., Suite 202, Somerville, MA 02144			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Robo calls	
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.

1 Total pages Schedule F: 6	2 FILER NAME Hugo Mojica	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-17-13	5 Payee name Campaigns & Promotions
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6 Amount (\$) \$667.31	7 Payee address; City; State; Zip Code 404 I-45 South, Huntsville, Tx 77340
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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) Yard signs
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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 10-18-13	Payee name Pay Pal
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Amount (\$) \$1.75	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 10-21-13	Payee name Luby's
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Amount (\$) \$23.99	Payee address; City; State; Zip Code 1414 Waugh Dr., Houston, Tx 77019
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Meeting food
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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 10-22-13	Payee name 1 & 1 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Hugo Mojica	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-4-13	5 Payee name Office Depot
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6 Amount (\$) \$214.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 13802 North West Freeway, Houston, TX 77022
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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) Stamps ; Labels
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Date 10-5-13	Payee name Post Office - Anson Jones
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Amount (\$) \$138 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 634 W. Cavalcade St., Houston, TX 77009
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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) Stamps
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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