

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 NICKNAME Mojica LAST	MI J. SUFFIX	OFFICE USE ONLY Date Received <div style="text-align: right; font-size: 1.2em;">13 JUL 3 2:15PM</div> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE			
6 CAMPAIGN TREASURER NAME			
7 CAMPAIGN TREASURER ADDRESS (residence or business)			
8 CAMPAIGN TREASURER PHONE			
9 REPORT TYPE			
10 PERIOD COVERED			
11 ELECTION			
12 OFFICE		13 OFFICE SOUGHT (if known)	

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME <u>Hugo Mojica</u>	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 2,164.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,798.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 365.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

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 3rd day of JULY, 2013, to certify which, witness my hand and seal of office.

<i>[Handwritten Signature]</i>	<u>Marsha Gale Clark</u>	<u>NOTARY</u>
Signature of officer administering oath	Printed name of officer administering oath	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

4/30/13

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

Dr. Jay Ferguson

6 Contributor address; City; State; Zip Code

5670 Inwood Dr., Houston, TX 77056

7 Amount of contribution (\$)

\$125

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

5/1/13

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

Maria Aleman

Contributor address; City; State; Zip Code

1310 Amundsen St., Houston, TX 77009

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

5/1/13

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

Sofie Smith

Contributor address; City; State; Zip Code

309 Frawley St. Houston, TX 77009

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

5/1/13

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

Myron Greenfield

Contributor address; City; State; Zip Code

18600 White Oak Dr. # 317, Houston, TX
77336

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

5/1/13

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

Dee Leal

Contributor address; City; State; Zip Code

P.O. Box 3444, Houston, TX 77053

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 5/11/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sylvia Zepeda	7 Amount of contribution (\$) \$ 35	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1107 Lindale, Houston, TX 77022		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily Cole	Amount of contribution (\$) \$ 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1222 Cortlandt St., Houston, TX 77008		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frances Robinson Hunt	Amount of contribution (\$) \$ 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 711 Harvest Moon Lane, Houston, TX 77077		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUPE Garcia	Amount of contribution (\$) \$ 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4930 Fulton, Houston, TX 77009		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Rodriguez	Amount of contribution (\$) \$ 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 907 Joyce, Houston, TX 77009		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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

5/21/13

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

Benilda Johnson

6 Contributor address; City; State; Zip Code

9030 Hazen St., Houston, TX 77036

7 Amount of contribution (\$)

\$20

(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

4/20/13

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

Rose Elrod

Contributor address; City; State; Zip Code

18806 Dempsey Oaks Dr., Humble, TX
77346

Amount of contribution (\$)

\$40

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Ad for program ~~and~~ donation

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/18/13

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

Reynaldo Rodriguez

Contributor address; City; State; Zip Code

3404 Morrison St., Houston, TX
77009

Amount of contribution (\$)

\$30

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/18/13

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

Rose Elrod

Contributor address; City; State; Zip Code

18806 Dempsey Oaks Dr., Humble, TX
77346

Amount of contribution (\$)

\$100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/22/13

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

C. Martinez

Contributor address; City; State; Zip Code

4134 TC Jester, Houston, TX 77018

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)

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 6/17/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyle Cowart	7 Amount of contribution (\$) \$25	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8102 Gray Jay Dr., Houston, TX 77040		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/19/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose Elrod	Amount of contribution (\$) \$50	In-kind contribution description (if applicable) Program ad donation
Contributor address; City; State; Zip Code 18806 Dempsey Oaks Dr., Humble, TX 77346		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Hoffman	Amount of contribution (\$) \$20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 516 Ave. of Oaks, Houston, TX 77009		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sylvia Zepeda	Amount of contribution (\$) \$35	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1107 Lindale, Houston, TX 77022		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mamie Garcia	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11930 Morning Dew, Houston, TX 77067		(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 6/25/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Harper Smith	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5303 Clear Landing CT, Rosharon, TX 77583		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 6/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonia Rivera	Amount of contribution (\$) \$109	In-kind contribution description (if applicable) Donated push cards
Contributor address; City; State; Zip Code 10827 Bazin, Houston, TX 77089		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form. 1 Total pages Schedule E: _____

2 FILER NAME Hugo Mojica 3 ACCOUNT # (Ethics Commission Filers) _____

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$ 1,000.00

5 Date of loan 3/21/13 7 Name of lender Hugo Mojica out-of-state PAC (ID# _____) 9 Loan Amount (\$) \$1,000.00

6 Is lender a financial institution? Y N 8 Lender address; City; State; Zip Code 92 Lyerly St., Houston, Tx 77022 10 Interest rate 0
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 _____ Amount Guaranteed (\$) _____
Guarantor address; City; State; Zip Code _____

Principal Occupation (See Instructions) _____ Employer (See Instructions) _____

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

POLITICAL EXPENDITURES

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: 4	2 FILER NAME Hugo Mojica	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/11/13	5 Payee name Casa Grande Restaurant
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6 Amount (\$) \$25.55	7 Payee address; City; State; Zip Code 3401 N. Main, Houston, TX 77009
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8 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) Campaign kickoff
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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 5/2/13	Payee name PayPal
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Amount (\$) \$0.88	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) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Contribution fee
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/6/13	Payee name Merida Restaurant
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Amount (\$) \$37.21	Payee address; City; State; Zip Code 2509 Navigation Blvd, Houston, TX 77003
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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 5/16/13	Payee name Sam's Club
------------------------	---------------------------------

Amount (\$) \$112.31	Payee address; City; State; Zip Code 325 E. Richie Rd, Houston, TX 77070
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Campaign shirts
------------------------	--	---

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: 4	2 FILER NAME Hugo Mojica	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/16/13	5 Payee name Sprint 2 Print
--------------------------	---------------------------------------

6 Amount (\$) \$168.87	7 Payee address; City; State; Zip Code 8748 Clay Rd, Houston, TX 77080
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing expense	(b) Description (If travel outside of Texas, complete Schedule T) campaign business cards
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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 5/18/13	Payee name Pay Pal
------------------------	------------------------------

Amount (\$) \$3.20	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) Accounting/banking	Description (If travel outside of Texas, complete Schedule T) contribution fee
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/21/13	Payee name 1 2 1 Internet, Inc.
------------------------	---

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) other - website	Description (If travel outside of Texas, complete Schedule T) campaign website
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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 5/22/13	Payee name Pay Pal
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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) Accounting/banking	Description (If travel outside of Texas, complete Schedule T) contribution 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.

1 Total pages Schedule F: 4	2 FILER NAME Hugo Mojica	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/31/13	5 Payee name Spanish Flower Restaurant	
6 Amount (\$) \$20.28	7 Payee address; City; State; Zip Code 4701 N. Main, Houston, TX 77009	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/beverage expense	(b) Description (If travel outside of Texas, complete Schedule T) Meeting food
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/2/13	Payee name Office Depot	
Amount (\$) \$12.98	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) Other - supplies	Description (If travel outside of Texas, complete Schedule T) Name badges
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/7/13	Payee name Sprint 2 Print	
Amount (\$) \$313.38	Payee address; City; State; Zip Code 8748 Clay Rd, Houston, TX 77080	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing expense	Description (If travel outside of Texas, complete Schedule T) Push cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/17/13	Payee name Pay Pal	
Amount (\$) \$1.03	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) Accounting/banking	Description (If travel outside of Texas, complete Schedule T) contribution fee
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: 4	2 FILER NAME Hugo Mojica	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/25/13	5 Payee name Spanish Flower Restaurant
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6 Amount (\$) \$43.87	7 Payee address; City; State; Zip Code 4701 N. Main, Houston, TX 77009
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/beverage expense	(b) Description (If travel outside of Texas, complete Schedule T) Meet & greet food
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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 6/25/13	Payee name Office Depot
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Amount (\$) \$8.10	Payee address; City; State; Zip Code 4444 North Freeway, Houston, TX 77022
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Supplies
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/22/13	Payee name i?i Internet, Inc.
-----------------	----------------------------------

Amount (\$) \$19.99	Payee address; City; State; Zip Code 701 Lee Road, Suite 300, Chesterbrook, PA 19087
------------------------	---

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
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Date	Payee name
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Amount (\$)	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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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: 2	2 FILER NAME Hugo Mojica	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/21/13	5 Payee name Nation Builder	
6 Amount (\$) \$199 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 448 S. Hill st, # 200, Los Angeles, CA 90013	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) other - website	(b) Description (If travel outside of Texas, complete Schedule T) Campaign website
Date 4/21/13	Payee name i3i Internet, Inc.	
Amount (\$) \$19.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 701 Lee Road, Suite 300, Chesterbrook, PA 19087	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) other - website	Description (If travel outside of Texas, complete Schedule T) campaign website
Date 4/23/13	Payee name Spanish Flower Restaurant	
Amount (\$) \$5.31 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4701 N. Main St., Houston, TX 77009	
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
Date 4/26/13	Payee name sprint 2 Print	
Amount (\$) \$633.26 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8748 Clay Road, Suite 300, Houston, TX 77080	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Yard signs

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: 2	2 FILER NAME Hugo Mojica	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/11/13	5 Payee name Sam's Club
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6 Amount (\$) \$21.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 325 E. Richie Rd, Houston, TX 77070
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing expense	(b) Description (If travel outside of Texas, complete Schedule T) Paper & clip boards
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Date 5/2/13	Payee name Harris County Clerk
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Amount (\$) \$16 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 1525, Houston, TX 77251
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) SBA for bank account
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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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