



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**14 C/OH NAME**  
Sergio Lira

**15 Filer ID (Ethics Commission Filers)**

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

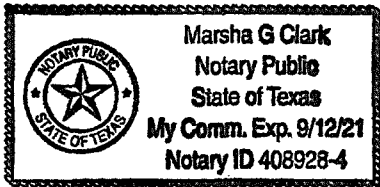
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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

Additional Pages

<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 2,165
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 229.25
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,007.94
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*Sergio Lira*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said SERGIO LIRA, this the 14th day of JANUARY, 2019, to certify which, witness my hand and seal of office.

*Marsha G. Clark*      Marsha G. Clark      NOTARY  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

**19** FILER NAME  
Sergio Lira

**20** Filer ID (Ethics Commission Filers)

<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2165
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 229.25
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6</b>
2 FILER NAME <b>Sergio Lira</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/26/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paula Vargas-Moreno</b>	7 Amount of contribution (\$) <b>\$50</b>
6 Contributor address; City; State; Zip Code <b>Houston, TX 77207</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>7/26/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ruth Ruiz</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code <b>Pearland, TX 77584</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>7/26/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Claudia Cardenas</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code <b>Pearland, TX 77581</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>7/26/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anayd Ponce</b>	Amount of contribution (\$) <b>\$200</b>
Contributor address; City; State; Zip Code <b>Dr. Richmond, TX 77407</b>		
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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME  
Sergio Lira

3 Filer ID (Ethics Commission Filers)

4 Date  
7/26/18

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

7 Amount of contribution (\$)  
\$50

6 Contributor address; City; State; Zip Code  
Porter, TX 77365

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
7/26/18

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

Amount of contribution (\$)  
\$50

Contributor address; City; State; Zip Code  
Houston, TX 77087

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
7/26/18

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

Amount of contribution (\$)  
\$25

Contributor address; City; State; Zip Code  
Houston, TX 77023

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
7/26/18

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

Amount of contribution (\$)  
\$50

Contributor address; City; State; Zip Code  
Houston, TX 77021

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Sergio Lira		3 Filer ID (Ethics Commission Filers)
4 Date 7/26/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roel Saldivar 6 Contributor address; City; State; Zip Code Pasadena, TX 77503	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RB Leadership Consulting Services LLC Contributor address; City; State; Zip Code Houston, TX 77044	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noelia Longoria Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of contribution (\$) \$150
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Penner Contributor address; City; State; Zip Code Houston, TX 77022	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Sergio Lira		3 Filer ID (Ethics Commission Filers)
4 Date 7/26/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olga Escamilla-Reyes	7 Amount of contribution (\$) \$50
6 Contributor address; City; State; Zip Code Houston, TX 77089		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoriano Trevino III	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code Houston, TX 77023		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur R. Eureste	Amount of contribution (\$) \$300
Contributor address; City; State; Zip Code Houston TX 77006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annvi Utter	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code Houston, TX 77055		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Sergio Lira</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/26/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christina Saldivar</b>	7 Amount of contribution (\$) <b>\$50</b>
6 Contributor address; City; State; Zip Code <b>Houston, TX 77023</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>7/26/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nelson Campo</b>	Amount of contribution (\$) <b>\$65</b>
Contributor address; City; State; Zip Code <b>Houston, TX 77077</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>7/26/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Julia Dimmitt</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>Houston, TX 77023</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>7/26/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mireya Gonzales</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>Houston, TX 77023</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:

**2** FILER NAME  
Sergio Lira

**3** Filer ID (Ethics Commission Filers)

**4** Date  
8/3/18

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

**7** Amount of contribution (\$)  
\$100

**6** Contributor address; City; State; Zip Code  
Houston, TX 77091

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
8/13/18

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

Amount of contribution (\$)  
\$250

Contributor address; City; State; Zip Code  
Houston, TX 77076

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Sergio Lira	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 7-26-18	<b>5</b> Payee name Doneraki				
<b>6</b> Amount (\$) \$229.25	<b>7</b> Payee address; City; State; Zip Code 300 Gulfgate Center Mall Houston, TX 77087				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser Event			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name Sergio Lira</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held HISD School Board Trustee, District III</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sergio Lira	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sergio Lira	Office sought	Office held HISD School Board Trustee, District III		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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