



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**14 C/OH NAME** Rios Ybarra, Tara (Dr.)

**15 ACCOUNT #** (Ethics Commission filers)  
00062183

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

.. This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE**

COMMITTEE NAME

**GENERAL**

COMMITTEE ADDRESS

**SPECIFIC**

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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	\$	250.00
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2.	<b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	57,017.67
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**EXPENDITURE TOTALS**

3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	343.97
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4.	<b>TOTAL POLITICAL EXPENDITURES</b>	\$	37,603.96
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**CONTRIBUTION BALANCE**

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	20,861.45
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**OUTSTANDING LOAN TOTALS**

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	21,559.05
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**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.

Tara Rios Ybarra

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Print name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/4 Report: 3/17	
<b>2</b> FILER NAME Rios Ybarra, Tara (Dr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00062183	
<b>4</b> Date  01/19/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boggus, Frank  ..... <b>6</b> Contributor address; City; State; Zip Code Harlingen, TX 78551	<b>7</b> Amount of contribution (\$)  \$100.00   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  01/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burke, Linda T. (Dr.)  ..... Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of contribution (\$)  \$250.00   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/20/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burkholder, James E (Dr.)  ..... Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of contribution (\$)  \$500.00   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) DDS		Employer (See Instructions) James Burkholder DDS	
Date  01/11/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diaz, Roberto (Dr.)  ..... Contributor address; City; State; Zip Code Mission, TX 78572	Amount of contribution (\$)  \$100.00   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eben, Randall H  ..... Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$)  \$250.00   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/4 Report: 4/17	
<b>2</b> FILER NAME Rios Ybarra, Tara (Dr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00062183	
<b>4</b> Date  01/18/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Franks, L R  <b>6</b> Contributor address; City; State; Zip Code Harlingen, TX 78550	<b>7</b> Amount of contribution (\$)  \$100.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  01/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzales, Veronica  Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of contribution (\$)  \$250.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/20/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Great Lakes Dredge & Dock PAC  Contributor address; City; State; Zip Code Oak Brook, IL 60523	Amount of contribution (\$)  \$1,000.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HillCo PAC  Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$)  \$500.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/20/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Joel (Dr.)  Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of contribution (\$)  \$2,000.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Orthodontist		Employer (See Instructions) Joel Martinez DDS	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 4/4 Report: 6/17

**2** FILER NAME Rios Ybarra, Tara (Dr.)

**3** ACCOUNT # (Ethics Commission filers)  
00062183

**4** Date  
01/21/2010

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Ybarra, Richard (Dr.)

**6** Contributor address; City; State; Zip Code  
Harlingen, TX 78550

**7** Amount of contribution (\$) | **8** In-kind contribution description (if applicable)  
\$1,000.00 |

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)  
MD

**10** Employer (See Instructions)  
self employed

Date  
01/05/2010

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

Contributor address; City; State; Zip Code  
San Antonio, TX 78205

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$500.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 1/10 Report: 7/17
<b>2</b> FILER NAME Rios Ybarra, Tara (Dr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00062183
<b>4</b> Date  01/18/2010	<b>5</b> Payee name Alanis Jr, Jorge  <b>6</b> Payee address; City; State; Zip Code PO Box 844 Hebbronville, TX 78361	<b>7</b> Amount (\$)  \$750.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) grassroots work  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/04/2010	Payee name American Legion Post 390  Payee address; City; State; Zip Code 211 W Hidalgo Raymondville, TX 78580	Amount (\$)  \$140.00
Purpose of payment (See instructions regarding type of information required.) hall rental for event  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/07/2010	Payee name Buffalo Wild Wing  Payee address; City; State; Zip Code 1500 W Harrison Ave Harlingen, TX 78550	Amount (\$)  \$355.59
Purpose of payment (See instructions regarding type of information required.) campaign event  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/01/2010	Payee name C&E Communicaitons  Payee address; City; State; Zip Code 8127 Mesa Dr Suite 206-153 Austin, TX 78759	Amount (\$)  \$1,500.00
Purpose of payment (See instructions regarding type of information required.) media consultation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 2/10 Report: 8/17
<b>2</b> FILER NAME Rios Ybarra, Tara (Dr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00062183
<b>4</b> Date  01/01/2010	<b>5</b> Payee name Chanes, Roger  <b>6</b> Payee address; City; State; Zip Code ..... 178 Sugar Tree Brownsville, TX 78520	<b>7</b> Amount (\$)  \$1,900.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) salary  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/15/2010	Payee name Chanes, Roger  Payee address; City; State; Zip Code ..... 178 Sugar Tree Brownsville, TX 78520	Amount (\$)  \$1,900.00
Purpose of payment (See instructions regarding type of information required.) staff salary  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/19/2010	Payee name Dale, Evelon  Payee address; City; State; Zip Code ..... 2314 Hacienda Harlingen, TX 78552	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) grassroot work  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/01/2010	Payee name DeLaFuente, Maribel  Payee address; City; State; Zip Code ..... 2918 Cypress Harlingen, TX 78550	Amount (\$)  \$1,104.00
Purpose of payment (See instructions regarding type of information required.) salary staff  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 3/10 Report: 9/17
<b>2</b> FILER NAME Rios Ybarra, Tara (Dr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00062183
<b>4</b> Date  01/15/2010	<b>5</b> Payee name DeLaFuente, Maribel  <b>6</b> Payee address; City; State; Zip Code 2918 Cypress Harlingen, TX 78550	<b>7</b> Amount (\$)  \$1,056.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) salary staff  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/01/2010	Payee name Esperza, Lucio  Payee address; City; State; Zip Code PO Box 1139 Lyford, TX 78567	Amount (\$)  \$70.00
Purpose of payment (See instructions regarding type of information required.) moon bounce for willacy event  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/19/2010	Payee name Exxon Mobile  Payee address; City; State; Zip Code 950 E Hidalgo Raymondville, TX 78580	Amount (\$)  \$68.89
Purpose of payment (See instructions regarding type of information required.) gas  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/18/2010	Payee name Garza, Lety  Payee address; City; State; Zip Code PO Box 197 Falfurrias, TX 78355	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) grassroot work  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 4/10 Report: 10/17
<b>2</b> FILER NAME Rios Ybarra, Tara (Dr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00062183
<b>4</b> Date  01/06/2010	<b>5</b> Payee name Grande Valley  <b>6</b> Payee address; City; State; Zip Code ..... 3700 Sheraton Suite 4 Pharr, TX 78511	<b>7</b> Amount (\$)  \$1,975.56
<b>8</b> Purpose of payment (See instructions regarding type of information required.) yard signs  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/15/2010	Payee name Grande Valley  Payee address; City; State; Zip Code ..... 3700 Sheraton Suite 4 Pharr, TX 78511	Amount (\$)  \$378.00
Purpose of payment (See instructions regarding type of information required.) campaign material  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/18/2010	Payee name Grande Valley  Payee address; City; State; Zip Code ..... 3700 Sheraton Suite 4 Pharr, TX 78511	Amount (\$)  \$4,248.81
Purpose of payment (See instructions regarding type of information required.) signs  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/07/2010	Payee name Harlingen Hispanic Chamber  Payee address; City; State; Zip Code ..... 2309 N Ed Carey Harlingen, TX 78550	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) event  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 5/10 Report: 11/17
<b>2</b> FILER NAME Rios Ybarra, Tara (Dr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00062183
<b>4</b> Date  01/09/2010	<b>5</b> Payee name Hernandez, Jose  <b>6</b> Payee address; City; State; Zip Code 664 E Gem Raymondville, TX 78580	<b>7</b> Amount (\$)  \$150.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) music for willacy event  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/13/2010	Payee name Judge Raul Ramirez Campaign Fund  Payee address; City; State; Zip Code PO Box 14 Encino, TX 78353	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) contribution  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/15/2010	Payee name Lejia, Sandra Y  Payee address; City; State; Zip Code 10529 W Park Rd La Feria, TX 78559	Amount (\$)  \$1,000.00
Purpose of payment (See instructions regarding type of information required.) grassroot work  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/15/2010	Payee name Loera, Mary  Payee address; City; State; Zip Code 118 CR 2155 Kingsville, TX 78363	Amount (\$)  \$776.00
Purpose of payment (See instructions regarding type of information required.) grassroot work  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 6/10 Report: 12/17
<b>2</b> FILER NAME Rios Ybarra, Tara (Dr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00062183
<b>4</b> Date  01/18/2010	<b>5</b> Payee name Loera, Mary  <b>6</b> Payee address; City; State; Zip Code 118 CR 2155 Kingsville, TX 78363	<b>7</b> Amount (\$)  \$822.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) grassroot work  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/04/2010	Payee name Perez, Marco  Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	Amount (\$)  \$714.99
Purpose of payment (See instructions regarding type of information required.) canvassing expenses  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/12/2010	Payee name Perez, Marco  Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	Amount (\$)  \$724.00
Purpose of payment (See instructions regarding type of information required.) canvassing expenses  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/15/2010	Payee name Perez, Marco  Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	Amount (\$)  \$490.00
Purpose of payment (See instructions regarding type of information required.) canvassing expenses  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 7/10 Report: 13/17
<b>2</b> FILER NAME Rios Ybarra, Tara (Dr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00062183
<b>4</b> Date  01/15/2010	<b>5</b> Payee name Perez, Marco  ..... <b>6</b> Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	<b>7</b> Amount (\$)  \$1,750.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) staff salary  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/18/2010	Payee name Pete de la Garza Campaign  ..... Payee address; City; State; Zip Code PO Box 5914 Kingsville, TX 78364	Amount (\$)  \$1,000.00
Purpose of payment (See instructions regarding type of information required.) golf tournament sponsor  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/05/2010	Payee name Reliant Energy  ..... Payee address; City; State; Zip Code PO Box 650475 Dallas, TX 75265	Amount (\$)  \$106.03
Purpose of payment (See instructions regarding type of information required.) electricity for campaign office  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/01/2010	Payee name Ruiz, Rogelio  ..... Payee address; City; State; Zip Code 2201 Central Blvd Apt C Brownsville, TX 78520	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) signs grassroots work  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 8/10 Report: 14/17
<b>2</b> FILER NAME Rios Ybarra, Tara (Dr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00062183
<b>4</b> Date  01/09/2010	<b>5</b> Payee name Ruiz, Rogelio  <b>6</b> Payee address; City; State; Zip Code ..... 2201 Central Blvd Apt C Brownsville, TX 78520	<b>7</b> Amount (\$)  \$55.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) food for willacy event  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/15/2010	Payee name Ruiz, Rogelio  Payee address; City; State; Zip Code ..... 2201 Central Blvd Apt C Brownsville, TX 78520	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) grassroots  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/18/2010	Payee name Strickland Restaurant  Payee address; City; State; Zip Code ..... 1918 US 281 Falfurrias, TX 78355	Amount (\$)  \$65.90
Purpose of payment (See instructions regarding type of information required.) meals for staff and supporters  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/12/2010	Payee name Stripes  Payee address; City; State; Zip Code ..... Highway 77 Bishop, TX 78343	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) gas cards  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 9/10 Report: 15/17
<b>2</b> FILER NAME Rios Ybarra, Tara (Dr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00062183
<b>4</b> Date  01/18/2010	<b>5</b> Payee name Stripes  <b>6</b> Payee address; City; State; Zip Code 711 N Ed Carey Harlingen, TX 78550	<b>7</b> Amount (\$)  \$80.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) gas  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/01/2010	Payee name Texas A&M Cactus Bowl  Payee address; City; State; Zip Code 700 University Blvd Kingsville, TX 78364	Amount (\$)  \$1,000.00
Purpose of payment (See instructions regarding type of information required.) advertising  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/01/2010	Payee name Victory Data  Payee address; City; State; Zip Code 5196 Sugar Mills Rd. Brownsville, TX 78526	Amount (\$)  \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Pollitical Consulting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/05/2010	Payee name Victory Data  Payee address; City; State; Zip Code 5196 Sugar Mills Rd. Brownsville, TX 78526	Amount (\$)  \$5,000.00
Purpose of payment (See instructions regarding type of information required.) polling data  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 10/10 Report: 16/17

**2** FILER NAME Rios Ybarra, Tara (Dr.)

**3** ACCOUNT # (Ethics Commission filers)  
00062183

<b>4</b> Date	<b>5</b> Payee name Victory Data	<b>7</b> Amount (\$)
01/15/2010	<b>6</b> Payee address; City; State; Zip Code 5196 Sugar Mills Rd. Brownsville, TX 78526	\$1,000.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Pollitical Consulting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Wal Mart	Amount (\$)
01/06/2010	Payee address; City; State; Zip Code 1126 W Business 77 San Benito, TX 78586	\$159.94

Purpose of payment (See instructions regarding type of information required.) supplies and food for event  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/1 Report: 17/17
<b>2</b> FILER NAME Rios Ybarra, Tara (Dr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00062183
<b>4</b> Date  01/08/2010	<b>5</b> Payee name Capital One Bank ..... <b>6</b> Payee address; City; State; Zip Code P.O. Box 4539 Houston, TX 77210  <b>7</b> Purpose of expenditure (See instructions regarding type of information required.) Loan Payment  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>8</b> Amount (\$)  \$1,469.28  <input type="checkbox"/> Reimbursement from political contributions intended
Date  01/18/2010	Payee name Garcia, Gloria ..... Payee address; City; State; Zip Code RR 2 Box 170 Raymondville, TX 78580  Purpose of expenditure (See instructions regarding type of information required.) grassroot work  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$2,000.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended