

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

\$

670.00

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

\$

147,895.28

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

1,408.74

4. **TOTAL POLITICAL EXPENDITURES**

\$

124,147.43

CONTRIBUTION BALANCE

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

\$

23,055.33

OUTSTANDING LOAN TOTALS

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

\$

19,653.60

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 INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/31 Report: 3/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 12/29/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ABC PAC 6 Contributor address; City; State; Zip Code Autin, TX 78767	7 Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ABC Texas Coastal Bend PAC Contributor address; City; State; Zip Code Corpus Christi, TX 78403	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 12/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alex Alvalos Printing Company Contributor address; City; State; Zip Code South Padre Island, TX 78597	Amount of contribution (\$) \$129.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) in-kind printing of invitation for event
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arnold, Daniel C Contributor address; City; State; Zip Code Houston, TX 77001	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) President		Employer (See Instructions) Road Ranger LLC	
Date 09/22/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AT&T Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$203.90 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) in-kind Austin event
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/31 Report: 4/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 12/10/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bagley, Alita 6 Contributor address; City; State; Zip Code South Padre Island, TX 78597	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/16/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Berlanga, Pam (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bingham, Leslie Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Border Health PAC Contributor address; City; State; Zip Code Pharr, TX 78577	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/16/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Branch, Warren B (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78218	Amount of contribution (\$) \$200.00	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 INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/31 Report: 5/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 12/15/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brandt, Louis K 6 Contributor address; City; State; Zip Code Houston, TX 77027	7 Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/16/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Campos, Roger (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78248	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) Dentist		Employer (See Instructions) Roger Campos DDS	
Date 12/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cawood, Jack Contributor address; City; State; Zip Code San Antonio, TX 78227	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 12/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chantilis, Samuel J (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75205	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) MD		Employer (See Instructions) Texas Fertility/IIF Clinic	
Date 12/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chapa, Jose A Contributor address; City; State; Zip Code South Padre Island, TX 78597	Amount of contribution (\$) \$150.00 (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 INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/31 Report: 6/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 09/08/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Committee for Responsible Gov't of Temple-Inland 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deboben, John R Contributor address; City; State; Zip Code Houston, TX 77056	Amount of contribution (\$) \$200.00 (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 08/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eastham, James E Contributor address; City; State; Zip Code Sugarland, TX 77497	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) Valley Baptist Health Systems		Employer (See Instructions) CEO	
Date 12/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ebeling, James A Contributor address; City; State; Zip Code Houston, TX 77024	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) CFO		Employer (See Instructions) Hollomon Corp	
Date 12/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elkins III, James A Contributor address; City; State; Zip Code Houston, TX 77002	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) Chairman		Employer (See Instructions) Houston Trust Co	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/31 Report: 7/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 08/20/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Embrey, Ty H 6 Contributor address; City; State; Zip Code Austin, TX 78735	7 Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Emergency Medicine PAC of Texas Contributor address; City; State; Zip Code Austin, TX 78746	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 08/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Energy PAC of Texas Contributor address; City; State; Zip Code Dallas, TX 78201	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 12/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Exxon Mobile Corporation PAC of Texas Contributor address; City; State; Zip Code Irving, TX 75039	Amount of contribution (\$) \$750.00 (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 08/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farris, Robert R. Contributor address; City; State; Zip Code Harlingen, TX 78551	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) President		Employer (See Instructions) Valley Transit Co	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/31 Report: 8/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 11/25/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Forshage Jr, E E 6 Contributor address; City; State; Zip Code Weslaco, TX 78599	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Foster, James (Dr.) Contributor address; City; State; Zip Code Weslaco, TX 78485	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Dental Care Associates	
Date 12/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Franke, Dennis A Contributor address; City; State; Zip Code South Padre Island, TX 78597	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/17/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Franke, Richard Contributor address; City; State; Zip Code South Padre Island, TX 78597	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Franke Realtors Inc.	
Date 08/17/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Franke, Richard J Contributor address; City; State; Zip Code South Padre Island, TX 78597	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Franke Realtors Inc.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/31 Report: 9/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 12/31/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frey, Karl (Dr.) 6 Contributor address; City; State; Zip Code Harlingen, TX 78550	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) dentist		10 Employer (See Instructions) Hamilton Enterprises	
Date 11/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garcia, Joe Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) The Garcia Group	
Date 08/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Giles, Troy Contributor address; City; State; Zip Code South Padre Island, TX 78597	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Troy Giles Realty	
Date 08/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez, Victor (Dr.) Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) owner/MD		Employer (See Instructions) Ophthalmic Consultants of Texas	
Date 12/16/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goranson, William Paul Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Mestena Uranium LLC	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/31 Report: 10/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 11/22/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Groves, Helen K 6 Contributor address; City; State; Zip Code San Antonio, TX 78205	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Shareholder/rancher		10 Employer (See Instructions) King Ranch	
Date 08/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guillot, Virginia Contributor address; City; State; Zip Code Laguna Vista, TX 78578	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/17/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guinn, Alfred Contributor address; City; State; Zip Code Wichita Falls, TX 76301	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gustafson, James W Contributor address; City; State; Zip Code Houston, TX 77024	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/14/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hale, Frank M Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of contribution (\$) \$100.00	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 INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/31 Report: 11/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 12/10/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herrgard, Damaris 6 Contributor address; City; State; Zip Code South Padre Island, TX 78597	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hill, Lyda Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of contribution (\$) \$200.00 (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 08/18/2009	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 (\$) \$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 12/10/2009	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 12/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holt, Julianna Hawn & Peter Contributor address; City; State; Zip Code Blanco, TX 78606	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) owners		Employer (See Instructions) San Antonio Spurs	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/31 Report: 12/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 12/22/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HomePAC 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Horton, David Contributor address; City; State; Zip Code South Padre Island, TX 78597	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 11/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Horton, David Contributor address; City; State; Zip Code South Padre Island, TX 78597	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 11/18/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hotel PAC of the Texas Hotel & Lodging Association 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)	
Date 08/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howell, Phillip (Dr.) Contributor address; City; State; Zip Code Harlingen, TX 78521	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/31 Report: 13/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 12/23/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howenstine, John B 6 Contributor address; City; State; Zip Code Houston, TX 77056	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 12/23/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Huffines, Phillip W 6 Contributor address; City; State; Zip Code Dallas, TX 75225	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 11/19/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hyll, Michael Scott 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 11/18/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) IBAT PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 12/16/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) IBAT PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/31 Report: 14/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 12/16/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) International Bank of Commerce IBC PAC State 6 Contributor address; City; State; Zip Code San Antonio, TX 78265	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kim, Lillian Contributor address; City; State; Zip Code Harlingen, TX 78552	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kim, Lillian Contributor address; City; State; Zip Code Harlingen, TX 78552	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kleberg, Stephen Contributor address; City; State; Zip Code San Antonio, TX 78217	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Rancher/Board member		Employer (See Instructions) SFD Enterprises	
Date 12/15/2009	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>CC0023648</u>) Koch Industries Inc. Pac Contributor address; City; State; Zip Code Washington, DC 20005	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/31 Report: 15/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 12/23/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kramer, William A 6 Contributor address; City; State; Zip Code Dallas, TX 75204	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) L & F Distributors Contributor address; City; State; Zip Code Harlingen, TX 78552	Amount of contribution (\$) \$77.30 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) wine & beer donation for event
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/14/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Labar, George Jr. Contributor address; City; State; Zip Code South Padre Island, TX 78597	Amount of contribution (\$) \$200.00 (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 12/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Levy, Laswrence I Contributor address; City; State; Zip Code Houston, TX 77056	Amount of contribution (\$) \$150.00 (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 11/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Liberty Mutual Insurance Co PAC - Texas Contributor address; City; State; Zip Code Boston, MA 02117	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/31 Report: 16/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 12/16/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger, Rodney 6 Contributor address; City; State; Zip Code Austin, TX 78760	7 Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Linebarger Goggan Blair & Sampson LLP	
Date 09/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Long, Wade Contributor address; City; State; Zip Code Austin, TX 78703	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 10/24/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Love, Cynthia Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of contribution (\$) \$1,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) in-kind- place food and music for event
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/16/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Luthiger, Peter J Contributor address; City; State; Zip Code Portland, TX 78374	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 12/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lyondell Chemical Company PAC Contributor address; City; State; Zip Code Houston, TX 77010	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 15/31 Report: 17/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)			3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 09/01/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maelstrom Solutions 6 Contributor address; City; State; Zip Code Brookfield, WI 53005	7 Amount of contribution (\$) \$180.00	8 In-kind contribution description (if applicable) website (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 08/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maldonado, Cesar Contributor address; City; State; Zip Code Harlingen, TX 78552	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) President			Employer (See Instructions) Texas State Technical College	
Date 10/07/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marathon Oil Company Employee PAC Contributor address; City; State; Zip Code Houston, TX 77056	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 08/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marin, Elena Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 12/04/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCann, Kelly Contributor address; City; State; Zip Code Dallas, TX 75252	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/31 Report: 18/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 12/02/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCombs, BJ 6 Contributor address; City; State; Zip Code San Antonio, TX 78201	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Red McCombs Automobile Center	
Date 08/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mills, Kirk Contributor address; City; State; Zip Code South Padre Island, TX 78597	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mills, Kirk Contributor address; City; State; Zip Code South Padre Island, TX 78597	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mills, Sid Contributor address; City; State; Zip Code South Padre Island, TX 78597	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/07/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Money, Phillip Contributor address; City; State; Zip Code South Padre Island, TX 78597	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) South Padre Kiteboarding	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/31 Report: 19/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 12/23/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Occidental Petroleum Corp PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/14/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ohlenbusch, Herman H Contributor address; City; State; Zip Code Kingsville, TX 78364	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/17/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) OXYPAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/16/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PAAC of the Independent Insurance Agents of Texas Contributor address; City; State; Zip Code Austin, TX 78768	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/18/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parker, Robert Contributor address; City; State; Zip Code Corpus Christi, TX 78469	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Builder		Employer (See Instructions) Repron Inc.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/31 Report: 20/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 12/29/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parker, Robert 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78469	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Builder		10 Employer (See Instructions) Repcon Inc.	
Date 10/05/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perry, Bob & Doylene Contributor address; City; State; Zip Code Houston, TX 77234	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Builder		Employer (See Instructions) Perry Homes	
Date 10/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perry, Bob & Doylene Contributor address; City; State; Zip Code Houston, TX 77234	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Builder		Employer (See Instructions) Perry Homes	
Date 10/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perry, Bob & Doylene Contributor address; City; State; Zip Code Houston, TX 77234	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Builder		Employer (See Instructions) Perry Homes	
Date 11/13/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillips, W Norman Contributor address; City; State; Zip Code The Woodlands, TX 77381	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/31 Report: 22/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 12/10/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rio Grande Valley AGC-PAC 6 Contributor address; City; State; Zip Code Harlingen, TX 78551	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 08/20/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rios, Gloria 6 Contributor address; City; State; Zip Code South Padre Island, TX 78597	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/08/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rios, Gloria 6 Contributor address; City; State; Zip Code South Padre Island, TX 78597	7 Amount of contribution (\$) \$75.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 11/17/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robinson, C Clifton 6 Contributor address; City; State; Zip Code Waco, TX 76703	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/24/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rowe, James (Dr.) 6 Contributor address; City; State; Zip Code Harlingen, TX 78550	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/31 Report: 23/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 12/04/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rushing, Thomas V 6 Contributor address; City; State; Zip Code Houston, TX 77005	7 Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sandoval, Vanessa Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of contribution (\$) \$75.00 (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 11/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shipton, Patricia 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) lobbyist		Employer (See Instructions) Patricia A Shipton Government Affairs Consultant	
Date 11/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) South Texas Sugar Cane Producers RGVSG Inc. PAC Contributor address; City; State; Zip Code Santa Rosa, TX 78593	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 11/16/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strama, Thomas Contributor address; City; State; Zip Code Lakeway, TX 78734	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/31 Report: 24/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 11/19/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strama, Virginia 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/18/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TBA Bank PAC- State 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 08/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Lawsuit Reform Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$3,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) in-kind consulting services
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/09/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Lawsuit Reform Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$5,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) in-kind consulting services
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/16/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Lawsuit Reform Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$3,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) in kind consulting services
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/31 Report: 25/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 09/28/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Lawsuit Reform 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of contribution (\$) \$729.49 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable) in-kind consulting services
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Lawsuit Reform Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$4,500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) in-kind consulting services
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Lawsuit Reform Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$784.34 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) in-kind consulting services
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/06/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Lawsuit Reform Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$5,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) in-kind consulting services
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Lawsuit Reform Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$3,076.66 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) in-kind event expense
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/31 Report: 26/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 10/27/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Lawsuit Reform 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of contribution (\$) \$703.99 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable) in-kind printing for event
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/04/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Lawsuit Reform Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$487.13 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) in-kind event expense
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/04/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Lawsuit Reform Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$779.42 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) in-kind media services
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/04/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Lawsuit Reform Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$791.90 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) in-kind travel reimbursement TLR Staff
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Lawsuit Reform Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$2,031.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) in-kind event expenses & travel reimbursement TLR staff
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/31 Report: 27/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 12/17/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Lawsuit Reform 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of contribution (\$) \$10,058.86	8 In-kind contribution description (if applicable) in kind postage & printing
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/18/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Lawsuit Reform Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable) in-kind consulting services
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/22/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans For Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$167.29	In-kind contribution description (if applicable) in kind event expense
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/16/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Building Branch AGC PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/18/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Chemical Council/Association of Chemical Ind. of Tx FreePAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$300.00	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 INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/31 Report: 28/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 08/10/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas DENPAC 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/22/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Employee PAC Contributor address; City; State; Zip Code Dallas, TX 78201	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Energy Associations PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/09/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Homecare PAC State Contributor address; City; State; Zip Code Austin, TX 78731	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Land Title Association PAC Contributor address; City; State; Zip Code Austin, TX 78703	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/31 Report: 29/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 08/12/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Medical Association PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The American Electric Power Company Tx Com for Responsible Gov' Contributor address; City; State; Zip Code Austin, TX 78701	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 08/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The American Electric Power Company-TX 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 08/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Independent Insurance Agents of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78768	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 12/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, Jerry W Contributor address; City; State; Zip Code Dallas, TX 75219	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/31 Report: 30/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 11/17/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Toomey, Michael 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Lobbyist		10 Employer (See Instructions) The Texas Lobby Group	
Date 12/17/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TREPAC/Texas Association of Realtors Contributor address; City; State; Zip Code Austin, TX 78768	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/16/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) UnitedHealth Group Incorporated PAC Contributor address; City; State; Zip Code Houston, TX 77079	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/16/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) USAA Employee PAC Contributor address; City; State; Zip Code San Antonio, TX 78288	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/16/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) USAA Employee PAC Contributor address; City; State; Zip Code San Antonio, TX 78288	Amount of contribution (\$) \$1,000.00	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 INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29/31 Report: 31/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 08/19/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valdez, Adela S (Dr.) 6 Contributor address; City; State; Zip Code Harlingen, TX 78550	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valero PAC Contributor address; City; State; Zip Code San Antonio, TX 78269	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/16/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valero PAC Contributor address; City; State; Zip Code San Antonio, TX 78269	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vance, Tamina B Contributor address; City; State; Zip Code Weslaco, TX 78596	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weiss, Anne Contributor address; City; State; Zip Code South Padre Island, TX 78597	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 30/31 Report: 32/81	
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183	
4 Date 12/15/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) White, Bob 6 Contributor address; City; State; Zip Code Galveston, TX 77554	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/18/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wholesale Beer Distributores of Texas 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 11/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson, Robert S Contributor address; City; State; Zip Code Brenham, TX 77833	Amount of contribution (\$) \$150.00 (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 12/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson, Wallace S Contributor address; City; State; Zip Code Houston, TX 77002	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) Investments		Employer (See Instructions) self employed	
Date 12/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wolff, Melvyn Contributor address; City; State; Zip Code Houston, TX 77218	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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/44 Report: 34/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 10/05/2009	5 Payee name Alaniz, Jaime 6 Payee address; City; State; Zip Code 411 Magnolia Hebbronville, TX 78361	7 Amount (\$) \$500.00
8 Purpose of payment (See instructions regarding type of information required.) salary staff worker (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/10/2009	Payee name Alaniz, Jaime Payee address; City; State; Zip Code 411 Magnolia Hebbronville, TX 78361	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) salary staff worker (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 10/24/2009	Payee name Alaniz, Jaime Payee address; City; State; Zip Code 411 Magnolia Hebbronville, TX 78361	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) salary staff worker (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 11/07/2009	Payee name Alaniz, Jaime Payee address; City; State; Zip Code 411 Magnolia Hebbronville, TX 78361	Amount (\$) \$700.00
Purpose of payment (See instructions regarding type of information required.) salary staff worker (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: 2/44 Report: 35/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 11/21/2009	5 Payee name Alaniz, Jaime 6 Payee address; City; State; Zip Code 411 Magnolia Hebbronville, TX 78361	7 Amount (\$) \$500.00
8 Purpose of payment (See instructions regarding type of information required.) salary staff worker (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/15/2009	Payee name Alaniz, Jaime Payee address; City; State; Zip Code 411 Magnolia Hebbronville, TX 78361	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) salary staff worker (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 11/05/2009	Payee name All State Fire Extinguishers Payee address; City; State; Zip Code 1713 Nirgab Harlingen, TX 78550	Amount (\$) \$59.48
Purpose of payment (See instructions regarding type of information required.) fire extinguishers for 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 08/11/2009	Payee name Allegra Print and Imaging Payee address; City; State; Zip Code 1273 E Alton Gloor Brownsville, TX 78526	Amount (\$) \$34.64
Purpose of payment (See instructions regarding type of information required.) printing (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: 3/44 Report: 36/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 08/13/2009	5 Payee name Allegra Print and Imaging 6 Payee address; City; State; Zip Code 1273 E Alton Gloor Brownsville, TX 78526	7 Amount (\$) \$23.28
8 Purpose of payment (See instructions regarding type of information required.) printing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/20/2009	Payee name Allegra Print and Imaging Payee address; City; State; Zip Code 1273 E Alton Gloor Brownsville, TX 78526	Amount (\$) \$67.00
Purpose of payment (See instructions regarding type of information required.) printing (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 11/20/2009	Payee name Allegra Print and Imaging Payee address; City; State; Zip Code 1273 E Alton Gloor Brownsville, TX 78526	Amount (\$) \$179.70
Purpose of payment (See instructions regarding type of information required.) printing (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 12/17/2009	Payee name American Legion Post 390 Payee address; City; State; Zip Code 211 W Hidalgo Raymondville, TX 78580	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) advertisement (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: 4/44 Report: 37/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 09/08/2009	5 Payee name Best Buy 6 Payee address; City; State; Zip Code 2701 Pablo Kisel Blvd Brownsville, TX 78520	7 Amount (\$) \$27.05
8 Purpose of payment (See instructions regarding type of information required.) computer item (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/12/2009	Payee name Best Buy Payee address; City; State; Zip Code 2701 Pablo Kisel Blvd Brownsville, TX 78520	Amount (\$) \$108.24
Purpose of payment (See instructions regarding type of information required.) computer -wireless (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 08/25/2009	Payee name Breeden/McCumber Advertising Payee address; City; State; Zip Code 1724 Boca Chica Blvd. Brownsville, TX 78520	Amount (\$) \$750.00
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 10/26/2009	Payee name Breeden/McCumber Advertising Payee address; City; State; Zip Code 1724 Boca Chica Blvd. Brownsville, TX 78520	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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/44 Report: 38/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 11/10/2009	5 Payee name Breeden/McCumber Advertising 6 Payee address; City; State; Zip Code 1724 Boca Chica Blvd. Brownsville, TX 78520	7 Amount (\$) \$2,863.91
8 Purpose of payment (See instructions regarding type of information required.) advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/23/2009	Payee name Breeden/McCumber Advertising Payee address; City; State; Zip Code 1724 Boca Chica Blvd. Brownsville, TX 78520	Amount (\$) \$2,340.00
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 12/21/2009	Payee name Breeden/McCumber Advertising Payee address; City; State; Zip Code 1724 Boca Chica Blvd. Brownsville, TX 78520	Amount (\$) \$1,234.09
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 12/30/2009	Payee name Breeden/McCumber Advertising Payee address; City; State; Zip Code 1724 Boca Chica Blvd. Brownsville, TX 78520	Amount (\$) \$1,106.86
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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/44 Report: 39/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 08/08/2009	5 Payee name Buffalo Wild Wings 6 Payee address; City; State; Zip Code 1500 W Harrison Harlingen, TX 78550	7 Amount (\$) \$192.16
8 Purpose of payment (See instructions regarding type of information required.) food w/supporters (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/24/2009	Payee name C&E Communications Payee address; City; State; Zip Code 8127 Mesa Drive Suite B206-153 Austin, TX 78759	Amount (\$) \$1,500.00
Purpose of payment (See instructions regarding type of information required.) Communications 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 10/12/2009	Payee name C&E Communications Payee address; City; State; Zip Code 8127 Mesa Drive Suite B206-153 Austin, TX 78759	Amount (\$) \$1,500.00
Purpose of payment (See instructions regarding type of information required.) Communications 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 10/12/2009	Payee name C&E Communications Payee address; City; State; Zip Code 8127 Mesa Drive Suite B206-153 Austin, TX 78759	Amount (\$) \$1,500.00
Purpose of payment (See instructions regarding type of information required.) Communications 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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/44 Report: 40/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 10/30/2009	5 Payee name C&E Communications 6 Payee address; City; State; Zip Code 8127 Mesa Drive Suite B206-153 Austin, TX 78759	7 Amount (\$) \$1,500.00
8 Purpose of payment (See instructions regarding type of information required.) Communications Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/21/2009	Payee name C&E Communications Payee address; City; State; Zip Code 8127 Mesa Drive Suite B206-153 Austin, TX 78759	Amount (\$) \$1,500.00
Purpose of payment (See instructions regarding type of information required.) Communications 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 12/12/2009	Payee name Campaign of Joe Rivera Payee address; City; State; Zip Code PO Box 5868 Brownsville, TX 78523	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) contribution (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 11/09/2009	Payee name Capital City Burgers Payee address; City; State; Zip Code 501 S 77 Sunshine Strip Harlingen, TX 78550	Amount (\$) \$98.62
Purpose of payment (See instructions regarding type of information required.) meals for staff (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: 8/44 Report: 41/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 08/25/2009	5 Payee name Chanes, Roger <hr/> 6 Payee address; City; State; Zip Code 178 Sugar Tree Brownsville, TX 78520	7 Amount (\$) \$400.00
8 Purpose of payment (See instructions regarding type of information required.) salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/29/2009	Payee name Chanes, Roger <hr/> Payee address; City; State; Zip Code 178 Sugar Tree Brownsville, TX 78520	Amount (\$) \$166.00
Purpose of payment (See instructions regarding type of information required.) salary (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 09/01/2009	Payee name Chanes, Roger <hr/> Payee address; City; State; Zip Code 178 Sugar Tree Brownsville, TX 78520	Amount (\$) \$1,750.00
Purpose of payment (See instructions regarding type of information required.) salary (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 09/15/2009	Payee name Chanes, Roger <hr/> Payee address; City; State; Zip Code 178 Sugar Tree Brownsville, TX 78520	Amount (\$) \$1,750.00
Purpose of payment (See instructions regarding type of information required.) salary (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: 9/44 Report: 42/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 09/30/2009	5 Payee name Chanes, Roger <hr/> 6 Payee address; City; State; Zip Code 178 Sugar Tree Brownsville, TX 78520	7 Amount (\$) \$500.00
8 Purpose of payment (See instructions regarding type of information required.) salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/30/2009	Payee name Chanes, Roger <hr/> Payee address; City; State; Zip Code 178 Sugar Tree Brownsville, TX 78520	Amount (\$) \$50.00
Purpose of payment (See instructions regarding type of information required.) salary (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 10/01/2009	Payee name Chanes, Roger <hr/> 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.) salary (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 10/15/2009	Payee name Chanes, Roger <hr/> 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.) salary (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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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/44 Report: 43/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 12/01/2009	5 Payee name Chanes, Roger 6 Payee address; City; State; Zip Code 178 Sugar Tree Brownsville, TX 78520	7 Amount (\$) \$1,900.00
8 Purpose of payment (See instructions regarding type of information required.) salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/15/2009	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.) salary (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 11/03/2009	Payee name City of Harlingen Payee address; City; State; Zip Code 118 East Tyler Harlingen, TX 78550	Amount (\$) \$110.00
Purpose of payment (See instructions regarding type of information required.) Permit (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 11/04/2009	Payee name City of Harlingen Payee address; City; State; Zip Code 118 East Tyler Harlingen, TX 78550	Amount (\$) \$64.00
Purpose of payment (See instructions regarding type of information required.) electrical fee inspection (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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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/44 Report: 44/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 11/11/2009	5 Payee name City of Harlingen 6 Payee address; City; State; Zip Code 118 East Tyler Harlingen, TX 78550	7 Amount (\$) \$30.00
8 Purpose of payment (See instructions regarding type of information required.) maps (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/13/2009	Payee name Copy Zone Payee address; City; State; Zip Code 4131 North 10th Street McAllen, TX 78503	Amount (\$) \$287.40
Purpose of payment (See instructions regarding type of information required.) printing (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 10/06/2009	Payee name Dan-Tri Payee address; City; State; Zip Code 3700 Sheraton Suite 4 Pharr, TX 78577	Amount (\$) \$1,162.50
Purpose of payment (See instructions regarding type of information required.) yard 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 08/14/2009	Payee name DeLaFuente, Maribel Payee address; City; State; Zip Code 2918 Cypress Harlingen, TX 78550	Amount (\$) \$1,050.00
Purpose of payment (See instructions regarding type of information required.) Staff worker (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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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/44 Report: 45/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 08/25/2009	5 Payee name DeLaFuente, Maribel 6 Payee address; City; State; Zip Code 2918 Cypress Harlingen, TX 78550	7 Amount (\$) \$400.00
8 Purpose of payment (See instructions regarding type of information required.) Staff worker (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/29/2009	Payee name DeLaFuente, Maribel Payee address; City; State; Zip Code 2918 Cypress Harlingen, TX 78550	Amount (\$) \$166.00
Purpose of payment (See instructions regarding type of information required.) Staff worker (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 09/01/2009	Payee name DeLaFuente, Maribel Payee address; City; State; Zip Code 2918 Cypress Harlingen, TX 78550	Amount (\$) \$1,050.00
Purpose of payment (See instructions regarding type of information required.) Staff worker (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 09/15/2009	Payee name DeLaFuente, Maribel Payee address; City; State; Zip Code 2918 Cypress Harlingen, TX 78550	Amount (\$) \$1,050.00
Purpose of payment (See instructions regarding type of information required.) Staff worker (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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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/44 Report: 46/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 10/01/2009	5 Payee name DeLaFuente, Maribel 6 Payee address; City; State; Zip Code 2918 Cypress Harlingen, TX 78550	7 Amount (\$) \$1,200.00
8 Purpose of payment (See instructions regarding type of information required.) Salary Staff worker (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/15/2009	Payee name DeLaFuente, Maribel Payee address; City; State; Zip Code 2918 Cypress Harlingen, TX 78550	Amount (\$) \$1,200.00
Purpose of payment (See instructions regarding type of information required.) Salary Staff worker (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 10/30/2009	Payee name DeLaFuente, Maribel Payee address; City; State; Zip Code 2918 Cypress Harlingen, TX 78550	Amount (\$) \$54.78
Purpose of payment (See instructions regarding type of information required.) reimbursement office supplies (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 11/13/2009	Payee name DeLaFuente, Maribel Payee address; City; State; Zip Code 2918 Cypress Harlingen, TX 78550	Amount (\$) \$1,200.00
Purpose of payment (See instructions regarding type of information required.) salary staff (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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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/44 Report: 47/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 12/01/2009	5 Payee name DeLaFuente, Maribel 6 Payee address; City; State; Zip Code 2918 Cypress Harlingen, TX 78550	7 Amount (\$) \$1,200.00
8 Purpose of payment (See instructions regarding type of information required.) salary staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/15/2009	Payee name DeLaFuente, Maribel Payee address; City; State; Zip Code 2918 Cypress Harlingen, TX 78550	Amount (\$) \$1,008.00
Purpose of payment (See instructions regarding type of information required.) salary staff (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 08/22/2009	Payee name Diamond, Drew Payee address; City; State; Zip Code PO Box 3252 South Padre Island, TX 78597	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) computer 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:
Date 08/10/2009	Payee name Gomez, Sherry Payee address; City; State; Zip Code 112 W Corral South Padre Island, TX 78597	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) planning and site 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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/44 Report: 48/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 10/23/2009	5 Payee name Grande Valley 6 Payee address; City; State; Zip Code 3700 Sheraton Suite 4 Pharr, TX 78511	7 Amount (\$) \$1,324.31
8 Purpose of payment (See instructions regarding type of information required.) yard signs shirts (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/11/2009	Payee name Grande Valley Payee address; City; State; Zip Code 3700 Sheraton Suite 4 Pharr, TX 78511	Amount (\$) \$622.43
Purpose of payment (See instructions regarding type of information required.) yards 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 11/30/2009	Payee name Grande Valley Payee address; City; State; Zip Code 3700 Sheraton Suite 4 Pharr, TX 78511	Amount (\$) \$2,570.94
Purpose of payment (See instructions regarding type of information required.) yard 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 12/21/2009	Payee name Grande Valley Payee address; City; State; Zip Code 3700 Sheraton Suite 4 Pharr, TX 78511	Amount (\$) \$1,353.12
Purpose of payment (See instructions regarding type of information required.) yard 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:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/44 Report: 49/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 10/23/2009	5 Payee name Harlingen Arts & Heritage 6 Payee address; City; State; Zip Code 2424 Boxwood Street Harlingen, TX 78550	7 Amount (\$) \$250.00
8 Purpose of payment (See instructions regarding type of information required.) donation for event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/19/2009	Payee name Harlingen Chamber of Commerce Payee address; City; State; Zip Code 311 East Tyler Avenue Harlingen, TX 78550	Amount (\$) \$130.00
Purpose of payment (See instructions regarding type of information required.) membership dues (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 08/25/2009	Payee name Harlingen Hispanic Chamber Payee address; City; State; Zip Code 2309 N Ed Carey Harlingen, TX 78550	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) membership fee (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 12/07/2009	Payee name Hauschildt, Wendy Payee address; City; State; Zip Code 36046 Chachalaca South Padre Island, TX 78597	Amount (\$) \$159.90
Purpose of payment (See instructions regarding type of information required.) website (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: 17/44 Report: 50/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 10/29/2009	5 Payee name HEB 6 Payee address; City; State; Zip Code 613 S. Expressway 83 Harlingen, TX 78550	7 Amount (\$) \$54.78
8 Purpose of payment (See instructions regarding type of information required.) food for meet & greet (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/25/2009	Payee name Howard Johnson Payee address; City; State; Zip Code 1709 Padre Island South Padre Island, TX 78597	Amount (\$) \$206.10
Purpose of payment (See instructions regarding type of information required.) hotel room for media consultant (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 09/11/2009	Payee name Katz Deli Payee address; City; State; Zip Code 618 W 6th Street Austin, TX 78701	Amount (\$) \$59.35
Purpose of payment (See instructions regarding type of information required.) meals w/staff (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 09/21/2009	Payee name La Playa Mexican Cafe Payee address; City; State; Zip Code 502 South 77 Sunshine Strip Harlingen, TX 78550	Amount (\$) \$13.69
Purpose of payment (See instructions regarding type of information required.) meals w/staff (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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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/44 Report: 51/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 09/21/2009	5 Payee name La Playa Mexican Cafe <hr/> 6 Payee address; City; State; Zip Code 502 South 77 Sunshine Strip Harlingen, TX 78550	7 Amount (\$) \$87.37
8 Purpose of payment (See instructions regarding type of information required.) meals w/staff and supporters (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/20/2009	Payee name Laura Foncerruea <hr/> Payee address; City; State; Zip Code 1875 W San Marcelo Brownsville, TX 78526	Amount (\$) \$350.00
Purpose of payment (See instructions regarding type of information required.) music 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 10/14/2009	Payee name Lone Star Restaurant <hr/> Payee address; City; State; Zip Code 4201 W Business 83 Harlingen, TX 78550	Amount (\$) \$172.06
Purpose of payment (See instructions regarding type of information required.) meals w/staff (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 09/07/2009	Payee name Longhorn Barbeque <hr/> Payee address; City; State; Zip Code 701 N Smith Ave Hebbonville, TX 78261	Amount (\$) \$42.18
Purpose of payment (See instructions regarding type of information required.) meals w/staff (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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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/44 Report: 52/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 10/02/2009	5 Payee name Longhorn Barbeque 6 Payee address; City; State; Zip Code 701 N Smith Ave Hebbonville, TX 78261	7 Amount (\$) \$67.98
8 Purpose of payment (See instructions regarding type of information required.) meals w/supporters (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/20/2009	Payee name Longoria, Rick Payee address; City; State; Zip Code 2937 Impala Brownsville, TX 78520	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) DJ 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 10/05/2009	Payee name Louie's Backyard Payee address; City; State; Zip Code 2305 Laguna Blvd. South Padre Island, TX 78597	Amount (\$) \$108.83
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 10/05/2009	Payee name Louie's Backyard Payee address; City; State; Zip Code 2305 Laguna Blvd. South Padre Island, TX 78597	Amount (\$) \$91.75
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:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/44 Report: 53/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 11/06/2009	5 Payee name Lowe's 6 Payee address; City; State; Zip Code 4705 S Expressway 77/83 Harlingen, TX 78550	7 Amount (\$) \$110.43
8 Purpose of payment (See instructions regarding type of information required.) supplies for signs (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/10/2009	Payee name Lozano, Jose Omar Payee address; City; State; Zip Code c/o J. Alaniz 411 Magnolia Hebbronville, TX 78361	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) music 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 08/20/2009	Payee name M5 Designs Payee address; City; State; Zip Code 424 W. Harrison Harlingen, TX 78550	Amount (\$) \$175.00
Purpose of payment (See instructions regarding type of information required.) Printing (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 09/04/2009	Payee name M5 Designs Payee address; City; State; Zip Code 424 W. Harrison Harlingen, TX 78550	Amount (\$) \$54.12
Purpose of payment (See instructions regarding type of information required.) banner (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: 21/44 Report: 54/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 10/06/2009	5 Payee name M5 Designs 6 Payee address; City; State; Zip Code 424 W. Harrison Harlingen, TX 78550	7 Amount (\$) \$151.55
8 Purpose of payment (See instructions regarding type of information required.) Printing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/16/2009	Payee name M5 Designs Payee address; City; State; Zip Code 424 W. Harrison Harlingen, TX 78550	Amount (\$) \$357.22
Purpose of payment (See instructions regarding type of information required.) Printing (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 10/09/2009	Payee name Merle Norman Spa La Posada Payee address; City; State; Zip Code 1205 Tyler Harlingen, TX 78550	Amount (\$) \$279.00
Purpose of payment (See instructions regarding type of information required.) fundrasier 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 11/16/2009	Payee name Office Depot Payee address; City; State; Zip Code 605 S Expressway Harlingen, TX 78550	Amount (\$) \$19.46
Purpose of payment (See instructions regarding type of information required.) computer supplies (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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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/44 Report: 55/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 12/09/2009	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 605 S Expressway Harlingen, TX 78550	7 Amount (\$) \$67.57
8 Purpose of payment (See instructions regarding type of information required.) office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/03/2009	Payee name Perez, Marco Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	Amount (\$) \$2,500.00
Purpose of payment (See instructions regarding type of information required.) staff 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:
Date 10/01/2009	Payee name Perez, Marco Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	Amount (\$) \$3,500.00
Purpose of payment (See instructions regarding type of information required.) Salary staff 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:
Date 10/13/2009	Payee name Perez, Marco Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	Amount (\$) \$450.00
Purpose of payment (See instructions regarding type of information required.) canvassing (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: 23/44 Report: 56/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 10/13/2009	5 Payee name Perez, Marco 6 Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	7 Amount (\$) \$190.00
8 Purpose of payment (See instructions regarding type of information required.) reimbursement food - canvassing workers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/20/2009	Payee name Perez, Marco Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	Amount (\$) \$600.00
Purpose of payment (See instructions regarding type of information required.) canvassing (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 10/30/2009	Payee name Perez, Marco Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	Amount (\$) \$230.00
Purpose of payment (See instructions regarding type of information required.) reimbursement (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 11/05/2009	Payee name Perez, Marco Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) canvassing workers (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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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/44 Report: 57/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 11/06/2009	5 Payee name Perez, Marco 6 Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	7 Amount (\$) \$230.00
8 Purpose of payment (See instructions regarding type of information required.) expense canvassing workers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/11/2009	Payee name Perez, Marco Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	Amount (\$) \$35.70
Purpose of payment (See instructions regarding type of information required.) emergency lights (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 11/13/2009	Payee name Perez, Marco Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	Amount (\$) \$1,750.00
Purpose of payment (See instructions regarding type of information required.) salary staff worker (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 11/17/2009	Payee name Perez, Marco Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	Amount (\$) \$280.00
Purpose of payment (See instructions regarding type of information required.) canvassing (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: 25/44 Report: 58/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 11/17/2009	5 Payee name Perez, Marco 6 Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	7 Amount (\$) \$233.41
8 Purpose of payment (See instructions regarding type of information required.) canvassing expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/23/2009	Payee name Perez, Marco Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) canvassing (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 11/23/2009	Payee name Perez, Marco Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	Amount (\$) \$80.00
Purpose of payment (See instructions regarding type of information required.) gas reimbursement (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 12/01/2009	Payee name Perez, Marco Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	Amount (\$) \$1,750.00
Purpose of payment (See instructions regarding type of information required.) salary staff 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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/44 Report: 59/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 12/10/2009	5 Payee name Perez, Marco 6 Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	7 Amount (\$) \$50.00
8 Purpose of payment (See instructions regarding type of information required.) gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/14/2009	Payee name Perez, Marco Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	Amount (\$) \$420.00
Purpose of payment (See instructions regarding type of information required.) canvassing (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 12/15/2009	Payee name Perez, Marco Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	Amount (\$) \$1,750.00
Purpose of payment (See instructions regarding type of information required.) salary staff 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:
Date 12/31/2009	Payee name Perez, Marco Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	Amount (\$) \$122.33
Purpose of payment (See instructions regarding type of information required.) gas & food (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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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/44 Report: 60/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 12/31/2009	5 Payee name Perez, Marco 6 Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501	7 Amount (\$) \$1,750.00
8 Purpose of payment (See instructions regarding type of information required.) salary staff worker (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/29/2009	Payee name Raymondville Chronicle & Willacy News Payee address; City; State; Zip Code 192 North 4th Street Raymondville, TX 78580	Amount (\$) \$204.75
Purpose of payment (See instructions regarding type of information required.) advertisement (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 08/18/2009	Payee name Rental World Payee address; City; State; Zip Code 2615 Boca Chica Blvd. Brownsville, TX 78521	Amount (\$) \$229.00
Purpose of payment (See instructions regarding type of information required.) table chairs & fans 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 08/19/2009	Payee name Rental World Payee address; City; State; Zip Code 2615 Boca Chica Blvd. Brownsville, TX 78521	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) tables chairs & fans 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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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/44 Report: 61/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 12/01/2009	5 Payee name Rios, Tara (Dr.) 6 Payee address; City; State; Zip Code PO Box 3967 South Padre Island, TX 78597	7 Amount (\$) \$1,000.00
8 Purpose of payment (See instructions regarding type of information required.) reimbursement for item ID 116 in schedule F (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/01/2009	Payee name Rivera, Dann Payee address; City; State; Zip Code 5196 Sugar Mills Road Brownsville, TX 78526	Amount (\$) \$2,000.00
Purpose of payment (See instructions regarding type of information required.) staff 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:
Date 10/01/2009	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.) 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 11/10/2009	Payee name Ruiz, Rogelio Payee address; City; State; Zip Code 2201 Central Blvd Apt C Brownsville, TX 78520	Amount (\$) \$50.00
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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29/44 Report: 62/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 11/18/2009	5 Payee name Ruiz, Rogelio <hr/> 6 Payee address; City; State; Zip Code 2201 Central Blvd Apt C Brownsville, TX 78520	7 Amount (\$) \$40.00
8 Purpose of payment (See instructions regarding type of information required.) gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/01/2009	Payee name Ruiz, Rogelio <hr/> 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.) 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 12/10/2009	Payee name Ruiz, Rogelio <hr/> Payee address; City; State; Zip Code 2201 Central Blvd Apt C Brownsville, TX 78520	Amount (\$) \$21.00
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 12/14/2009	Payee name Ruiz, Rogelio <hr/> Payee address; City; State; Zip Code 2201 Central Blvd Apt C Brownsville, TX 78520	Amount (\$) \$87.71
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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 30/44 Report: 63/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 12/15/2009	5 Payee name Ruiz, Rogelio 6 Payee address; City; State; Zip Code 2201 Central Blvd Apt C Brownsville, TX 78520	7 Amount (\$) \$500.00
8 Purpose of payment (See instructions regarding type of information required.) gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/21/2009	Payee name Ruiz, Rogelio Payee address; City; State; Zip Code 2201 Central Blvd Apt C Brownsville, TX 78520	Amount (\$) \$80.00
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 12/22/2009	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.) 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 09/01/2009	Payee name Sac N Pac Payee address; City; State; Zip Code 1550 IH 35 San Marcos, TX 78666	Amount (\$) \$54.98
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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 31/44 Report: 64/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 08/27/2009	5 Payee name Sam's Club 6 Payee address; City; State; Zip Code 3570 Alton Gloor Brownsville, TX 78520	7 Amount (\$) \$140.25
8 Purpose of payment (See instructions regarding type of information required.) computer materials (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/04/2009	Payee name Sam's Club Payee address; City; State; Zip Code 3570 Alton Gloor Blvd Brownsville, TX 78521	Amount (\$) \$88.41
Purpose of payment (See instructions regarding type of information required.) office supplies (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 12/05/2009	Payee name Sam's Club Payee address; City; State; Zip Code 3570 Alton Gloor Brownsville, TX 78520	Amount (\$) \$22.67
Purpose of payment (See instructions regarding type of information required.) office supplies (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 10/29/2009	Payee name Shell Service Station Payee address; City; State; Zip Code 3310 N Capitol of TX Hwy Austin, TX 78701	Amount (\$) \$52.09
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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 32/44 Report: 65/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 12/04/2009	5 Payee name South West Airlines 6 Payee address; City; State; Zip Code P.O. Box 36649 Dallas, TX 75235	7 Amount (\$) \$225.20
8 Purpose of payment (See instructions regarding type of information required.) airfair for Dallas event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/04/2009	Payee name South West Airlines Payee address; City; State; Zip Code P.O. Box 36649 Dallas, TX 75235	Amount (\$) \$234.30
Purpose of payment (See instructions regarding type of information required.) airfair for Dallas 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 10/28/2009	Payee name Southwest Airlines Payee address; City; State; Zip Code P.O. Box 36649 Dallas, TX 75235	Amount (\$) \$119.20
Purpose of payment (See instructions regarding type of information required.) flight 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 10/29/2009	Payee name Southwest Airlines Payee address; City; State; Zip Code P.O. Box 36649 Dallas, TX 75235	Amount (\$) \$119.20
Purpose of payment (See instructions regarding type of information required.) flight 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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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 33/44 Report: 66/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 10/29/2009	5 Payee name Southwest Airlines 6 Payee address; City; State; Zip Code P.O. Box 36649 Dallas, TX 75235	7 Amount (\$) \$128.30
8 Purpose of payment (See instructions regarding type of information required.) flight for event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/07/2009	Payee name Staples Payee address; City; State; Zip Code 2436 Pablo Kisel Blvd. Brownsville, TX 78521	Amount (\$) \$50.76
Purpose of payment (See instructions regarding type of information required.) office supplies (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 11/11/2009	Payee name Staples Payee address; City; State; Zip Code 2436 Pablo Kisel Blvd Brownsville, TX 78521	Amount (\$) \$82.04
Purpose of payment (See instructions regarding type of information required.) office supplies (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 12/17/2009	Payee name Staples Payee address; City; State; Zip Code 2436 Pablo Kisel Blvd. Brownsville, TX 78521	Amount (\$) \$27.37
Purpose of payment (See instructions regarding type of information required.) office supplies (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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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 34/44 Report: 67/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 08/15/2009	5 Payee name Stripes 6 Payee address; City; State; Zip Code 840 E Ruben Torres Brownsville, TX 78521	7 Amount (\$) \$39.00
8 Purpose of payment (See instructions regarding type of information required.) gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/30/2009	Payee name Stripes Payee address; City; State; Zip Code 3602 N Commerce Harlingen, TX 78550	Amount (\$) \$50.68
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 09/11/2009	Payee name Stripes Payee address; City; State; Zip Code 6240 Hwy 77 Riviera, TX 78379	Amount (\$) \$59.20
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 09/25/2009	Payee name Stripes Payee address; City; State; Zip Code 6240 Rivera Riviera, TX 78379	Amount (\$) \$50.30
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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 35/44 Report: 68/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date	5 Payee name Stripes	7 Amount (\$)
09/28/2009	6 Payee address; City; State; Zip Code 3936 IH 35 S San Marcos, TX 78666	\$51.65
8 Purpose of payment (See instructions regarding type of information required.) gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name Stripes	Amount (\$)
11/03/2009	Payee address; City; State; Zip Code 7800 Expressway Olmito, TX 78575	\$50.00
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	Payee name Stripes	Amount (\$)
11/11/2009	Payee address; City; State; Zip Code 7800 Expressway Olmito, TX 78575	\$50.00
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	Payee name Stripes	Amount (\$)
11/13/2009	Payee address; City; State; Zip Code 1544 Palm Blvd Brownsville, TX 78520	\$52.00
Purpose of payment (See instructions regarding type of information required.) gas card for staff use (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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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 36/44 Report: 69/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 11/21/2009	5 Payee name Stripes 6 Payee address; City; State; Zip Code 1826 W Tyler Harlingen, TX 78550	7 Amount (\$) \$30.00
8 Purpose of payment (See instructions regarding type of information required.) gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/07/2009	Payee name Stripes Payee address; City; State; Zip Code 1826 W Tyler Harlingen, TX 78550	Amount (\$) \$50.00
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 12/23/2009	Payee name Stripes Payee address; City; State; Zip Code 840 E Ruben Torres Brownsville, TX 78521	Amount (\$) \$80.00
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 12/02/2009	Payee name SXT Photo Lab Payee address; City; State; Zip Code 117 N East Court Suite 1 Harlingen, TX 78550	Amount (\$) \$97.43
Purpose of payment (See instructions regarding type of information required.) film processing (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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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 37/44 Report: 70/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 12/02/2009	5 Payee name Target 6 Payee address; City; State; Zip Code 708 E Expressway 83 McAllen, TX 78503	7 Amount (\$) \$108.24
8 Purpose of payment (See instructions regarding type of information required.) camera (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/31/2009	Payee name Texas Democratic Party Payee address; City; State; Zip Code 505 W 12th Street Suite 200 Austin, TX 78701	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) sponsorship 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 09/11/2009	Payee name Texas Democratic Party Payee address; City; State; Zip Code 505 W 12th Street Suite 200 Austin, TX 78701	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) donation (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 09/03/2009	Payee name The Cherry Tree Payee address; City; State; Zip Code 230 East Kleberg Kingsville, TX 78363	Amount (\$) \$67.76
Purpose of payment (See instructions regarding type of information required.) meals w/constituents (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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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 38/44 Report: 71/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 11/03/2009	5 Payee name The Home Depot 6 Payee address; City; State; Zip Code 605 Morrison Brownsville, TX 78520	7 Amount (\$) \$42.15
8 Purpose of payment (See instructions regarding type of information required.) supplies for yard signs (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/23/2009	Payee name The Home Depot Payee address; City; State; Zip Code 605 Morrison Brownsville, TX 78520	Amount (\$) \$38.21
Purpose of payment (See instructions regarding type of information required.) supplies for yard 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 10/01/2009	Payee name Tilas Mexican Restaurant Payee address; City; State; Zip Code 906 Dixieland Harlingen, TX 78552	Amount (\$) \$57.63
Purpose of payment (See instructions regarding type of information required.) meals for volunteers 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 09/01/2009	Payee name Toscafino Payee address; City; State; Zip Code 3001 Pablo Kisel Suite N Brownsville, TX 78521	Amount (\$) \$28.60
Purpose of payment (See instructions regarding type of information required.) meals (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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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 39/44 Report: 72/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 11/09/2009	5 Payee name Toscafino 6 Payee address; City; State; Zip Code 3001 Pablo Kisel Suite N Brownsville, TX 78521	7 Amount (\$) \$58.93
8 Purpose of payment (See instructions regarding type of information required.) meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/10/2009	Payee name US Postal Services Payee address; City; State; Zip Code Highway 77 Olmito, TX 78575	Amount (\$) \$79.20
Purpose of payment (See instructions regarding type of information required.) stamps (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 09/11/2009	Payee name Valero Payee address; City; State; Zip Code 5239 US 87 E San Antonio, TX 78210	Amount (\$) \$52.35
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 08/18/2009	Payee name Victory Data Payee address; City; State; Zip Code 5196 Sugar Mills Rd. Brownsville, TX 78526	Amount (\$) \$2,000.00
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:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 40/44 Report: 73/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 08/22/2009	5 Payee name Victory Data 6 Payee address; City; State; Zip Code 5196 Sugar Mills Rd. Brownsville, TX 78526	7 Amount (\$) \$1,900.00
8 Purpose of payment (See instructions regarding type of information required.) Pollitical Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/05/2009	Payee name Victory Data Payee address; City; State; Zip Code 5196 Sugar Mills Rd. Brownsville, TX 78526	Amount (\$) \$1,200.00
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 09/18/2009	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 10/01/2009	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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 41/44 Report: 74/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 10/15/2009	5 Payee name Victory Data 6 Payee address; City; State; Zip Code 5196 Sugar Mills Rd. Brownsville, TX 78526	7 Amount (\$) \$1,000.00
8 Purpose of payment (See instructions regarding type of information required.) Pollitical Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/13/2009	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 11/23/2009	Payee name Victory Data Payee address; City; State; Zip Code 5196 Sugar Mills Rd. Brownsville, TX 78526	Amount (\$) \$1,500.00
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 12/01/2009	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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 42/44 Report: 75/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 12/15/2009	5 Payee name Victory Data 6 Payee address; City; State; Zip Code 5196 Sugar Mills Rd. Brownsville, TX 78526	7 Amount (\$) \$1,000.00
8 Purpose of payment (See instructions regarding type of information required.) Pollitical Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/06/2009	Payee name Walmart Payee address; City; State; Zip Code 1801 W Lincoln Harlingen, TX 78551	Amount (\$) \$90.84
Purpose of payment (See instructions regarding type of information required.) picture frames (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 11/07/2009	Payee name Walmart Payee address; City; State; Zip Code 1801 W Lincoln Harlingen, TX 78551	Amount (\$) \$48.21
Purpose of payment (See instructions regarding type of information required.) food and water for staff (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 11/07/2009	Payee name Walmart Payee address; City; State; Zip Code 1801 W Lincoln Harlingen, TX 78551	Amount (\$) \$48.21
Purpose of payment (See instructions regarding type of information required.) candy for parade (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: 43/44 Report: 76/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 11/12/2009	5 Payee name Walmart 6 Payee address; City; State; Zip Code 3500 WALton Gloor Blvd Brownsville, TX 78521	7 Amount (\$) \$87.60
8 Purpose of payment (See instructions regarding type of information required.) office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/12/2009	Payee name Walmart Payee address; City; State; Zip Code Alton Gloor Blvd Brownsville, TX 78521	Amount (\$) \$87.60
Purpose of payment (See instructions regarding type of information required.) office supplies (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 08/20/2009	Payee name Welcott, Irma Payee address; City; State; Zip Code 1834 N Shore Port Isabel, TX 78566	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) cleaning (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 08/18/2009	Payee name Wild Fork Payee address; City; State; Zip Code 3305 Padre Blvd South Padre Island, TX 78597	Amount (\$) \$1,500.00
Purpose of payment (See instructions regarding type of information required.) caterer 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:

POLITICAL EXPENDITURES

SCHEDULE F

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

1 PAGE #
Schedule: 44/44 Report: 77/81

2 FILER NAME Rios Ybarra, Tara (Dr.)

3 ACCOUNT # (Ethics Commission filers)
00062183

4 Date	5 Payee name Wild Fork	7 Amount (\$)
08/20/2009	6 Payee address; City; State; Zip Code 3305 Padre Blvd South Padre Island, TX 78597	\$1,184.08

8 Purpose of payment (See instructions regarding type of information required.) caterer for event	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name Willacy County Deomcrats	Amount (\$)
11/20/2009	Payee address; City; State; Zip Code 383 North 5th Street Raymondville, TX 78580	\$115.00

Purpose of payment (See instructions regarding type of information required.) golf tournament sponsor	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 78/81								
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183								
4 Date	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">5 Payee name Breeden/McCumber Advertising</td> <td style="width:15%; padding: 5px;">8 Amount (\$)</td> </tr> <tr> <td style="padding: 5px;">09/04/2009</td> <td style="padding: 5px;">\$1,590.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">6 Payee address; City; State; Zip Code 1724 Boca Chica Blvd. Brownsville, TX 78520</td> </tr> <tr> <td colspan="2" style="padding: 5px;">7 Purpose of expenditure (See instructions regarding type of information required.) advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></td> </tr> </table>	5 Payee name Breeden/McCumber Advertising	8 Amount (\$)	09/04/2009	\$1,590.00	6 Payee address; City; State; Zip Code 1724 Boca Chica Blvd. Brownsville, TX 78520		7 Purpose of expenditure (See instructions regarding type of information required.) advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
5 Payee name Breeden/McCumber Advertising	8 Amount (\$)									
09/04/2009	\$1,590.00									
6 Payee address; City; State; Zip Code 1724 Boca Chica Blvd. Brownsville, TX 78520										
7 Purpose of expenditure (See instructions regarding type of information required.) advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>										
Date	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">Payee name Breeden/McCumber Advertising</td> <td style="width:15%; padding: 5px;">Amount (\$)</td> </tr> <tr> <td style="padding: 5px;">09/16/2009</td> <td style="padding: 5px;">\$3,000.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Payee address; City; State; Zip Code 1724 Boca Chica Blvd. Brownsville, TX 78520</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Purpose of expenditure (See instructions regarding type of information required.) advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></td> </tr> </table>	Payee name Breeden/McCumber Advertising	Amount (\$)	09/16/2009	\$3,000.00	Payee address; City; State; Zip Code 1724 Boca Chica Blvd. Brownsville, TX 78520		Purpose of expenditure (See instructions regarding type of information required.) advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Payee name Breeden/McCumber Advertising	Amount (\$)									
09/16/2009	\$3,000.00									
Payee address; City; State; Zip Code 1724 Boca Chica Blvd. Brownsville, TX 78520										
Purpose of expenditure (See instructions regarding type of information required.) advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>										
Date	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">Payee name Breeden/McCumber Advertising</td> <td style="width:15%; padding: 5px;">Amount (\$)</td> </tr> <tr> <td style="padding: 5px;">10/26/2009</td> <td style="padding: 5px;">\$1,430.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Payee address; City; State; Zip Code 1724 Boca Chica Blvd. Brownsville, TX 78520</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Purpose of expenditure (See instructions regarding type of information required.) advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></td> </tr> </table>	Payee name Breeden/McCumber Advertising	Amount (\$)	10/26/2009	\$1,430.00	Payee address; City; State; Zip Code 1724 Boca Chica Blvd. Brownsville, TX 78520		Purpose of expenditure (See instructions regarding type of information required.) advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input type="checkbox"/> Reimbursement from political contributions intended
Payee name Breeden/McCumber Advertising	Amount (\$)									
10/26/2009	\$1,430.00									
Payee address; City; State; Zip Code 1724 Boca Chica Blvd. Brownsville, TX 78520										
Purpose of expenditure (See instructions regarding type of information required.) advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>										
Date	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">Payee name C&E Communicaitons</td> <td style="width:15%; padding: 5px;">Amount (\$)</td> </tr> <tr> <td style="padding: 5px;">09/25/2009</td> <td style="padding: 5px;">\$819.85</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Payee address; City; State; Zip Code 8127 Mesa Dr Suite 206-153 Austin, TX 78759</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Purpose of expenditure (See instructions regarding type of information required.) media consultation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></td> </tr> </table>	Payee name C&E Communicaitons	Amount (\$)	09/25/2009	\$819.85	Payee address; City; State; Zip Code 8127 Mesa Dr Suite 206-153 Austin, TX 78759		Purpose of expenditure (See instructions regarding type of information required.) media consultation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Payee name C&E Communicaitons	Amount (\$)									
09/25/2009	\$819.85									
Payee address; City; State; Zip Code 8127 Mesa Dr Suite 206-153 Austin, TX 78759										
Purpose of expenditure (See instructions regarding type of information required.) media consultation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>										
Date	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">Payee name Capital One Bank</td> <td style="width:15%; padding: 5px;">Amount (\$)</td> </tr> <tr> <td style="padding: 5px;">08/28/2009</td> <td style="padding: 5px;">\$1,505.81</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Payee address; City; State; Zip Code P.O. Box 4539 Houston, TX 77210</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Purpose of expenditure (See instructions regarding type of information required.) Loan Payment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></td> </tr> </table>	Payee name Capital One Bank	Amount (\$)	08/28/2009	\$1,505.81	Payee address; City; State; Zip Code P.O. Box 4539 Houston, TX 77210		Purpose of expenditure (See instructions regarding type of information required.) Loan Payment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Payee name Capital One Bank	Amount (\$)									
08/28/2009	\$1,505.81									
Payee address; City; State; Zip Code P.O. Box 4539 Houston, TX 77210										
Purpose of expenditure (See instructions regarding type of information required.) Loan Payment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>										

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4 Report: 79/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date	5 Payee name Capital One Bank	8 Amount (\$)
09/22/2009	6 Payee address; City; State; Zip Code P.O. Box 4539 Houston, TX 77210	\$1,469.28
	7 Purpose of expenditure (See instructions regarding type of information required.) Loan Payment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Capital One Bank	Amount (\$)
10/08/2009	Payee address; City; State; Zip Code P.O. Box 4539 Houston, TX 77210	\$1,469.28
	Purpose of expenditure (See instructions regarding type of information required.) Loan Payment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Capital One Bank	Amount (\$)
11/04/2009	Payee address; City; State; Zip Code P.O. Box 4539 Houston, TX 77210	\$1,469.28
	Purpose of expenditure (See instructions regarding type of information required.) Loan Payment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Capital One Bank	Amount (\$)
12/08/2009	Payee address; City; State; Zip Code P.O. Box 4539 Houston, TX 77210	\$1,469.28
	Purpose of expenditure (See instructions regarding type of information required.) Loan Payment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Chanes, Roger	Amount (\$)
11/13/2009	Payee address; City; State; Zip Code 178 Sugar Tree Brownsville, TX 78520	\$1,900.00
	Purpose of expenditure (See instructions regarding type of information required.) salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4 Report: 80/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date 10/30/2009	5 Payee name DeLaFuente, Maribel 6 Payee address; City; State; Zip Code 2918 Cypress Harlingen, TX 78550 7 Purpose of expenditure (See instructions regarding type of information required.) salary staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$1,200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/30/2009	Payee name Perez, Marco Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501 Purpose of expenditure (See instructions regarding type of information required.) salary staff worker (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$1,750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/02/2009	Payee name Perez, Marco Payee address; City; State; Zip Code 2008 West Jonquil McAllen, TX 78501 Purpose of expenditure (See instructions regarding type of information required.) canvassing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$400.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/02/2009	Payee name Silva, Tony Payee address; City; State; Zip Code 1322 E Harrison Suite B Harlingen, TX 78550 Purpose of expenditure (See instructions regarding type of information required.) campaign office rent (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$1,400.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/18/2009	Payee name Stripes Payee address; City; State; Zip Code 30984 SH 100 San Benito, TX 78580 Purpose of expenditure (See instructions regarding type of information required.) gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$69.52 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/4 Report: 81/81
2 FILER NAME Rios Ybarra, Tara (Dr.)		3 ACCOUNT # (Ethics Commission filers) 00062183
4 Date	5 Payee name Texas Democratic Party	8 Amount (\$)
12/09/2009	6 Payee address; City; State; Zip Code 505 W 12th Street Suite 200 Austin, TX 78701	\$750.00
	7 Purpose of expenditure (See instructions regarding type of information required.) candidate application fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Victory Data	Amount (\$)
10/30/2009	Payee address; City; State; Zip Code 5196 Sugar Mills Rd. Brownsville, TX 78526	\$1,000.00
	Purpose of expenditure (See instructions regarding type of information required.) Pollitical Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Victory Data	Amount (\$)
11/05/2009	Payee address; City; State; Zip Code 5196 Sugar Mills Rd. Brownsville, TX 78526	\$3,000.00
	Purpose of expenditure (See instructions regarding type of information required.) Pollitical Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended