

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
Vaquero PAC

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)   
 TX

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Rafael Vela

Signature of Treasurer Rafael Vela [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Vaquero PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="17477.50"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="46900.00"/>	<input type="text" value="59400.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="64377.50"/>	<input type="text" value="64400.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="24137.63"/>	<input type="text" value="24160.13"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="40239.87"/>	<input type="text" value="40239.87"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Vaquero PAC**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	27850.00	35350.00
(ii) Unitemized .....	550.00	550.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	28400.00	35900.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	18500.00	23500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	46900.00	59400.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	46900.00	59400.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	46900.00	59400.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	8137.63	8160.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	8137.63	8160.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	16000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	24137.63	24160.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24137.63	24160.13

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	46900.00	59400.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	46900.00	59400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	8137.63	8160.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8137.63	8160.13

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Vaquero PAC**

**A. Alonzo Cantu**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2673

City McAllen State TX Zip Code 78502-2673

FEC ID number of contributing federal political committee. **C**

Name of Employer Cantu Construction Occupation Developer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
11 / 12 / 2015  
**Transaction ID : VPF8XG6SKV0**

Amount of Each Receipt this Period  
5000.00

**B. Carlos G. Cantu**  
Full Name (Last, First, Middle Initial)

Mailing Address 4121 N 10th St Apt 240

City McAllen State TX Zip Code 78504-3004

FEC ID number of contributing federal political committee. **C**

Name of Employer McAllen Surgeons Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
11 / 16 / 2015  
**Transaction ID : VPF8XG6SM41**

Amount of Each Receipt this Period  
750.00

**C. Christopher Zaleski**  
Full Name (Last, First, Middle Initial)

Mailing Address 131 E Tulip Ave

City McAllen State TX Zip Code 78504-2418

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
11 / 24 / 2015  
**Transaction ID : VPF8XG96E61**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6250.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Vaquero PAC**

Full Name (Last, First, Middle Initial)  
**A. ActBlue**

Mailing Address **PO Box 441146**

City **West Somerville** State **MA** Zip Code **02144-0031**

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4750.00**

Date of Receipt  
**12 / 04 / 2015**

**Transaction ID : VPF8XG96E1E**

Amount of Each Receipt this Period  
**500.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)  
**B. Roger J. Vitko**

Mailing Address **2603 Michaelangelo Dr**

City **Edinburg** State **TX** Zip Code **78539-1417**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self Employed** Occupation **Physician**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**11 / 16 / 2015**

**Transaction ID : VPF8XG6SM91**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**C. Larry Safir**

Mailing Address **812 E Sundown Dr**

City **McAllen** State **TX** Zip Code **78503-1481**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Not Employed** Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2700.00**

Date of Receipt  
**11 / 12 / 2015**

**Transaction ID : VPF8XG6SKP1**

Amount of Each Receipt this Period  
**2700.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>3200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Vaquero PAC**

**A. Jose Pena**  
Full Name (Last, First, Middle Initial)  
Mailing Address 401 Eagle Ave  
City McAllen State TX Zip Code 78504-2020  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 11 / 24 / 2015  
**Transaction ID : VPF8XG96E12**  
Amount of Each Receipt this Period 1000.00  
\* Earmarked Contribution: See Below

**B. ActBlue**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 441146  
City West Somerville State MA Zip Code 02144-0031  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation Conduit total listed in Agg. field  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 4750.00

Date of Receipt 12 / 04 / 2015  
**Transaction ID : VPF8XG96E12E**  
Amount of Each Receipt this Period 1000.00  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**c. Margartia De Leon Munizgallo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4413 S K Center St  
City McAllen State TX Zip Code 78503-1786  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation Gorditas Do?a Tota Owner  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 11 / 12 / 2015  
**Transaction ID : VPF8XG6SKT2**  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... 1500.00  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Vaquero PAC**

Full Name (Last, First, Middle Initial)  
**A. Felipe M. Avila**

Mailing Address 1224 Meadow Wood Dr

City	State	Zip Code
Weslaco	TX	78596-3432

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Weslaco Pediatrics	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	16	/	2015

**Transaction ID : VPF8XG6SM83**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Sathiyaraj George**

Mailing Address 2607 Solera

City	State	Zip Code
Mission	TX	78572-7583

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Valley Internal Medicine Associates	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	12	/	2015

**Transaction ID : VPF8XG6SKN3**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Eugenio G. Galindo**

Mailing Address 2601 Solera

City	State	Zip Code
Mission	TX	78572-7583

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Cancer Center At Renaissance	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	24	/	2015

**Transaction ID : VPF8XG96E04**

Amount of Each Receipt this Period  
750.00

\* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Vaquero PAC**

Full Name (Last, First, Middle Initial)  
**A. ActBlue**

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 04 / 2015

**Transaction ID : VPF8XG96E04E**

Amount of Each Receipt this Period  
750.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)  
**B. Norma L. Cavazos-Salas**

Mailing Address 2121 E Griffin Pkwy Ste 6

City Mission State TX Zip Code 78572-3072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 16 / 2015

**Transaction ID : VPF8XG6SMC4**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Guillermo D. Marquez**

Mailing Address 1017 S Stewart Rd

City Mission State TX Zip Code 78572-9065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rodriguez Alleyn & Marquez Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 12 / 2015

**Transaction ID : VPF8XG6SKS4**

Amount of Each Receipt this Period  
2700.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3200.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Vaquero PAC**

**A. Renuka Sathiyaraj**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2607 Solera  
 City Mission State TX Zip Code 78572-7583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2015  
**Transaction ID : VPF8XG6SKY4**  
 Amount of Each Receipt this Period  
 250.00

**B. Dewitt Davenport**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2101 Pease St  
 City Harlingen State TX Zip Code 78550-8307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2015  
**Transaction ID : VPF8XG6SM25**  
 Amount of Each Receipt this Period  
 500.00

**C. Leonardo Salcedo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5409 N 1st Ln  
 City McAllen State TX Zip Code 78504-2209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2015  
**Transaction ID : VPF8XG96E46**  
 Amount of Each Receipt this Period  
 250.00  
 \* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Vaquero PAC**

Full Name (Last, First, Middle Initial)  
**A. ActBlue**

Mailing Address **PO Box 441146**

City <b>West Somerville</b>	State <b>MA</b>	Zip Code <b>02144-0031</b>
--------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
	Conduit total listed in Agg. field

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

**Transaction ID : VPF8XG96E46E**

Amount of Each Receipt this Period  

250.00
--------

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)  
**B. Hiram L. Garcia**

Mailing Address **2712 E Mile 5 Rd**

City <b>Mission</b>	State <b>TX</b>	Zip Code <b>78573-9720</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>Self Employed</b>	Occupation <b>Physician</b>
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2015

**Transaction ID : VPF8XG6SMB6**

Amount of Each Receipt this Period  

500.00
--------

Full Name (Last, First, Middle Initial)  
**C. Nelda M. Pope**

Mailing Address **5600 N 5th St**

City <b>McAllen</b>	State <b>TX</b>	Zip Code <b>78504-2730</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>Self Employed</b>	Occupation <b>Dentist</b>
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2015

**Transaction ID : VPF8XGA6SB6**

Amount of Each Receipt this Period  

5000.00
---------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>5500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Vaquero PAC**

Full Name (Last, First, Middle Initial)  
**A. Alfredo Lopez Jr.**

Mailing Address 2312 Silverado S

City State Zip Code  
Palmhurst TX 78573-8453

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
McAllen Family Practice Clinic Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2015

**Transaction ID : VPF8XG6SKR6**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Moses Mercado**

Mailing Address 1333A Constitution Ave NE

City State Zip Code  
Washington DC 20002-6419

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ogilvy Public Relations Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : VPF8XG96DZ6**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)  
**C. ActBlue**

Mailing Address PO Box 441146

City State Zip Code  
West Somerville MA 02144-0031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2015

**Transaction ID : VPF8XG96DZ6E**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Vaquero PAC**

Full Name (Last, First, Middle Initial)  
**A. Charity Abreu**

Mailing Address 910 S Bryan Rd  
Ste 105

City Mission State TX Zip Code 78572-6615

FEC ID number of contributing federal political committee. **C**

Name of Employer Abreu Adult Clinic Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
11 / 16 / 2015  
**Transaction ID : VPF8XG6SM17**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Aaron Guerra**

Mailing Address 5000 N 23rd St

City McAllen State TX Zip Code 78504-4013

FEC ID number of contributing federal political committee. **C**

Name of Employer South Texas Clinic of Chiropractice, L Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
11 / 16 / 2015  
**Transaction ID : VPF8XG6SM67**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Tawhid Shuaib**

Mailing Address 4000 Burns Dr South

City McAllen State TX Zip Code 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
11 / 24 / 2015  
**Transaction ID : VPF8XG96E38**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Vaquero PAC**

Full Name (Last, First, Middle Initial)  
**A. ActBlue**

Mailing Address PO Box 441146

City West Somerville      State MA      Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C**

Name of Employer      Occupation  
Conduit total listed in Agg. field

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2015  
**Transaction ID : VPF8XG96E38E**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)  
**B. Carlos J. Cardenas**

Mailing Address 1000 N Taylor Rd

City McAllen      State TX      Zip Code 78501-3735

FEC ID number of contributing federal political committee. **C**

Name of Employer      Occupation  
Doctors Hospital at Renaissance      CEO & Chariman of the Board

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2015  
**Transaction ID : VPF8XG6SKW8**

Amount of Each Receipt this Period  
2700.00

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City      State      Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	27850.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 24
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Vaquero PAC**

Full Name (Last, First, Middle Initial)  
**A. International Brotherhood of Electrical Workers Political Action Committee**

Mailing Address 900 7th St NW

City Washington State DC Zip Code 20001-4089

FEC ID number of contributing federal political committee. **C C00027342**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : VPF8XGAZ6P1**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. Blue Dog Political Action Committee**

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883-3142

FEC ID number of contributing federal political committee. **C C00305318**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : VPF8XGBVVJ5**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. American Crystal Sugar Company Political Action Committee**

Mailing Address 101 3rd St N

City Moorhead State MN Zip Code 56560-1952

FEC ID number of contributing federal political committee. **C C00110338**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : VPF8XGA6Q47**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 24  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Vaquero PAC**

Full Name (Last, First, Middle Initial)  
**A. Sheet Metal Workers' International Association Political Action League**

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006-5386

FEC ID number of contributing federal political committee. **C C00007542**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2015  
**Transaction ID : VPF8XG42VY7**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**B. CME Group Inc. PAC**

Mailing Address 20 S Wacker Dr

City Chicago State IL Zip Code 60606-7431

FEC ID number of contributing federal political committee. **C C00076299**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2015  
**Transaction ID : VPF8XG42VX9**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	18500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Vaquero PAC**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. American Express</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>04</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	11		04		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
11		04		2015									
Mailing Address 2965 W Corporate Lakes Blvd		<b>Transaction ID : VPE9NA0BP71</b>											
City Weston	State FL	Zip Code 33331-3626	Amount of Each Disbursement this Period										
Purpose of Disbursement Credit Card Payment - Below If Itemized		<input type="text"/>	<input type="text" value="799.00"/>										
Candidate Name		Category/ Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. 99designs</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>04</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	11		04		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
11		04		2015									
Mailing Address 2201 Broadway Ste 815		<b>Transaction ID : VPE9NA0BP89</b>											
City Oakland	State CA	Zip Code 94612-3024	Amount of Each Disbursement this Period										
Purpose of Disbursement Design Production		<input type="text"/>	<input type="text" value="799.00"/>										
Candidate Name		Category/ Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. American Express</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>07</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		07		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		07		2015									
Mailing Address 2965 W Corporate Lakes Blvd		<b>Transaction ID : VPE9NA0XEK1</b>											
City Weston	State FL	Zip Code 33331-3626	Amount of Each Disbursement this Period										
Purpose of Disbursement Credit Card Payment - Below If Itemized		<input type="text"/>	<input type="text" value="1877.61"/>										
Candidate Name		Category/ Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State: District:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="2676.61"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Vaquero PAC**

Full Name (Last, First, Middle Initial)

**A. Traittoria Alberto of Capitol Hill**

Mailing Address 506 8th St SE

City Washington State DC Zip Code 20003-2834

Purpose of Disbursement  
Meeting Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : VPE9NA0XER0

Amount of Each Disbursement this Period

290.03

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Hotwire.com**

Mailing Address 655 Montgomery St Ste 600

City San Francisco State CA Zip Code 94111-2627

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : VPE9NA0XEQ2

Amount of Each Disbursement this Period

643.20

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Korali Estiatorio**

Mailing Address 1662 3rd Ave

City New York State NY Zip Code 10128-3703

Purpose of Disbursement  
Meeting Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : VPE9NA0XEN6

Amount of Each Disbursement this Period

322.56

[MEMO ITEM]

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Vaquero PAC**

Full Name (Last, First, Middle Initial)

**A. Paris Limousine Services**

Mailing Address 747 10th Ave  
Apt 11D

City New York State NY Zip Code 10019-7012

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

**Transaction ID : VPE9NA0XEM9**

Amount of Each Disbursement this Period

315.02

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. MBA Consulting Group**

Mailing Address 10715 Gulfdale St  
Ste 235

City San Antonio State TX Zip Code 78216-3666

Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2015

**Transaction ID : VPE9N9ZWP32**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Fraioli & Associates**

Mailing Address 423B New Jersey Ave SE

City Washington State DC Zip Code 20003-4034

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 10 / 2015

**Transaction ID : VPE9NA0KR62**

Amount of Each Disbursement this Period

1350.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1600.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Vaquero PAC**

Full Name (Last, First, Middle Initial) <b>A. MBA Consulting Group</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2015
Mailing Address 10715 Gulfdale St Ste 235		<b>Transaction ID : VPE9NA0A5A2</b>
City San Antonio State TX Zip Code 78216-3666	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Compliance Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. Avenue Events LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015
Mailing Address 710 1/2 Mount Vernon Ave		<b>Transaction ID : VPE9NA0E7T2</b>
City Alexandria State VA Zip Code 22301-1702	Amount of Each Disbursement this Period 439.68	
Purpose of Disbursement Fundraiser - Food/Beverages/Venue	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. Koob Consulting Group, LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015
Mailing Address 10715 Gulfdale St Ste 235		<b>Transaction ID : VPE9NA0KR46</b>
City San Antonio State TX Zip Code 78216-3666	Amount of Each Disbursement this Period 282.10	
Purpose of Disbursement Reimbursement - Below If Itemized	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	971.78
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Vaquero PAC**

Full Name (Last, First, Middle Initial)

**A. Stanton & Greene**

Mailing Address 319 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1148

Purpose of Disbursement  
Meeting Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 10 / 2015

Transaction ID : VPE9NA0KR54

Amount of Each Disbursement this Period

282.10

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. MBA Consulting Group**

Mailing Address 10715 Gulfdale St Ste 235

City San Antonio State TX Zip Code 78216-3666

Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2015

Transaction ID : VPE9N9ZQ GK6

Amount of Each Disbursement this Period

2387.50

Full Name (Last, First, Middle Initial)

**C. MBA Consulting Group**

Mailing Address 10715 Gulfdale St Ste 235

City San Antonio State TX Zip Code 78216-3666

Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 25 / 2015

Transaction ID : VPE9NA0H879

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2637.50

**TOTAL** This Period (last page this line number only)..... ▶

7885.89

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Vaquero PAC**

Full Name (Last, First, Middle Initial)

**A. Lou Correa for Congress**

Mailing Address 420 N Twin Oaks Valley Rd  
Unit 2229

City San Marcos State CA Zip Code 92079-7090

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Jose Luis (Lou) Correa**

Office Sought:  House  
 Senate  
 President  
State: CA District: 46

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : VPE9NA0P362**

Amount of Each Disbursement this Period

2700.00
---------

Full Name (Last, First, Middle Initial)

**B. Texans for Pete**

Mailing Address 10715 Gulfdale St  
Ste 235

City San Antonio State TX Zip Code 78216-3666

Purpose of Disbursement  
Contribution

Candidate Name

**Pete Gallego**

Office Sought:  House  
 Senate  
 President  
State: TX District: 23

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	10	/	2015

**Transaction ID : VPE9NA0N7E3**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Dr. Raul Ruiz for Congress**

Mailing Address PO Box 3433

City Palm Desert State CA Zip Code 92261-3433

Purpose of Disbursement  
Contribution

Candidate Name

**Dr. Raul Ruiz**

Office Sought:  House  
 Senate  
 President  
State: CA District: 36

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	19	/	2015

**Transaction ID : VPE9NA0P354**

Amount of Each Disbursement this Period

2700.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7900.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Vaquero PAC**

Full Name (Last, First, Middle Initial)

**A. Pete Aguilar for Congress**

Mailing Address PO Box 10954

City San Bernardino State CA Zip Code 92423-0954

Purpose of Disbursement  
Contribution

Candidate Name

**Pete Aguilar**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	1	5

**Transaction ID : VPE9NA0P346**

Amount of Each Disbursement this Period

2	7	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. Espailat for Congress 2016**

Mailing Address 210 Sherman Ave  
Ste A

City New York State NY Zip Code 10034-3350

Purpose of Disbursement  
Contribution

Candidate Name

**Adriano Espailat**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	1	5

**Transaction ID : VPE9NA0JH76**

Amount of Each Disbursement this Period

2	7	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**C. Salud Carbajal for Congress**

Mailing Address PO Box 1290

City Santa Barbara State CA Zip Code 93102-1290

Purpose of Disbursement  
Contribution

Candidate Name

**Salud Carbajal**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	1	5

**Transaction ID : VPE9NA0P338**

Amount of Each Disbursement this Period

2	7	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8	1	0	0	.	0	0
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1	6	0	0	.	0	0
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