CANDIDATE / OF FICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Ricardo NAME Date Received NICKNAME 4 CANDIDATE / ADDRESS / PO BOX; 1806 West Texas AUR SAN JUAN TX 75589 **OFFICEHOLDER** MAILING PSJA FINANCE-RCU'D 70CT '24 PH1:08 **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked (956) 331-3787 **OFFICEHOLDER** PHONE Receipt # Amount S MS / MRS / MR MI 6 CAMPAIGN **TREASURER** Date Processed NAME Date Imaged Herrera STREET ADDRRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; CITY: ZIP CODE 7 CAMPAIGN **TREASURER** 1030 W Ellis Ave Alamo 78516 TX ADDRESS (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE (956) 330-5566 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (প্রেমিন্ডানার্ডান্ড, আন্স), Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month COVERED 8 /27 /24 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Description Month Special General

13 OFFICE SOUGHT (if known)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT

THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY MAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

GU	IU	PA	JE

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

www.ethics.state.tx.us

COMMITTEE NAME

COMMITTEE ADDRESS

12 OFFICE

14 NOTICE FROM

POLITICAL COMMITTEE(S)

Additional Pages

OFFICE HELD (if any)

COMMITTEE TYPE

GENERAL

SPECIFIC

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	· · ·		\$ 6,250.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (O THER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,250.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3,275.38
	4.	TC)TAL POLITICAL EXPENDITURES	\$ 3,275.38
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 2,974.62
OUTSTANDING LOAN TOTALS	6.	TC)TAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LA ST DAY OF THE REPORTING PERIOD	THE \$

18 SIGNATURE

া জনজন, এন এর্নালন; এনবাল চুক্রনার্য্য প্রকৃতি কর্মান্ত, ক্রান্ত্র ক্রান্ত ক্রান্ত ক্রান্ত্র ক্রান্ত্র ক্রান্ত ক্রান্ত ক্রান্ত ক্রান্ত ক্রান্ত্র ক্রান্ত ক্রান

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit	Notary ID My Commi	EL GARCIA #131702013 ission Expires 29, 2026				
NOTARY STAMP/SEAL		-				'n
Sworn to and subscribed befo	re me by Ricardo	Rodrigue	this	the 741	day of	dober.
20 29 to certify which	h, witness my hand'and'seal'of off	īce.				/
Maribel Sava	ia Maribe	1 Garcin		E	yecuthe	Admin Ass
Signature of officer administering of	path Printed name	of officer administerin	g oath			administering oath
		OR		1 1 1		7-7-9-1
(2) Unsworn Declaration						
My name is		, an	d my date of bir	rth is		
My address is						
(4)	(street)		(city)	(state)	(żip coàe)	(country)
Executed in	Cou nty, State of	, on the	day of	month)	, 20 (year)	
L A		-	Signature of C	andidate/Offi	iceholder (Decla	erant)

SUBTOTALS - C/C)H

FORM C/OH

19	19 FILER NAME 20 Filer ID (Ethics Commission Filers)			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDLILEE: LOANS	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	\$ 3,275.39		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHA SE OF INVESTMENTS MADE FROM POLITICAL CONTR	IBUTIONS \$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$		
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$			
rr.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	ITIONS \$		
12,	SCHEDULE K: INTERES¹IT, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RI	ETURNED \$		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Ricardo Rodriguez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (Alberto Trevino 6 Contributor address; City;		7 Amount of contribution (\$) 5,000.60
8127124	6 Contributor addr.ess; City;	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
8130124	Linebarger Contributor addiress; City; P.O. BOX 17428 Austin 7	State; Zip Code	1,250.00
	10.000 17428 Hustin 7	518 18160	
Principal occup	pation / Job title (See IInstructions)	Employer (See Instruct	tions)
Date	_	(ID#:)	Amount of contribution (\$)
	Contributor addr∉ess; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	iions)
Date	Full name of constributor	(10#:)	Amount of contribution (\$)
ļ	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	·		
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NI	EEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENIDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee Credit Card Payment

Ev. eritExpensie Fex as
Fox add Beverage Expense
Git VAwards/N/lemorials Expense Legal Service-s

Loan Repaymenl/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District
Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 F	Filer ID (Ethic	s Commission Filers)
4 Date 9-24-24 6 Amount (S) 425.00	5 Payee name Juan Somehez 7 Payee address; 502 N. Veterons Blud.	City; San Juan	State;	Zip Code 78589
PURPOSE OF EXPENDITURE	(a) Category (Size Categorie's listed at the top of this schedule) Office/Reutal Expense	(b) Description Site Rental		
	(c) Check if travel ou "side of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
9-24-24	Compa Print, LLC			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$143.75	508 S. 12th St.	Mc Allen	7x	78501
PURPOSE OF EXPENDITURE	Category (se e Categories Islandar libertop of this societoble) Advertising	Banners		
0 1. 0.00.00.00	Candidate / Officebolder pame.	Office sought.	, officeholder livin	Office held.
Complete <u>ONY</u> if direct expenditure to benefit C/O		conversion fine		
Date	Payee name-			
9-24-24	Ontiverus Printing			
Amount (S)	Payee address;	City;	State:	Zip Code
\$245.00	915 E. Ferguson Ave	Pharr	TX	78577
PURPOSE OF EXPENDITURE	Category/Sea Categorie:s listed at the top of this schedule) Advertising	Description Cards, fly	ers (ers	
	Cher sk if travel our tside of Texas. Complete Schedule T.	Check if Auslin, TX	. officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENIDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking সোজ্ঞায়ানু Expense Contributions/DonationsMade By Candidate/Officeholder/Politica Credit Card Payment	Feras Off ਨਿ:ਸਹੋਰਿਆਬਾਰਪੁਵ-Expense Poi / Gif VAwards/N: lemonals Expense Prin	an Repayment/Reimbursement fice Overhead/Rental Expense I IrigExpense nting Expense aries/Wages/ContractLabor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel'in District Travel Out Of District Other (enter acategory not listed above)		
orear coro r gymens	?fhe Instru:ction Guide explains how	w to complete this form.			
1 Total pages Schedule F1:	2 FILER NAM E		3 Filer ID (Ethics Commission Filers)		
4 Date 9-24-24	5 Payee name Selena Medrano 7 Payee addre ss;				
6 Amount (S)	7 Payee addre ss;	City;	State; Zip Code		
217.81	412 W. Nolana	McAllen	TX 78501		
8	(a) Category (Siee Categorie: slisted at the top of this sched	dule) (b) Description			
PURPOSE OF EXPENDITURE	Advertising	Tohrt	<u>چ</u>		
1	(c) Check if traveou: side of Texas. Complete Scheduli	eT. Check if Ausli n.	.TX. officeholder living expense	1	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officehod dername H	Office sought	Office held	_	
Date	Payee name				
9-18-24	Selena Medrano				
Amount (\$)	Payee addresss;	City;	State; Zip Code		
\$ 625.00	le 12 W. Nolana	M CAllen	TX 78501		
	Category (Se e Categories disturbathe dup of this subod	ole) Description			
PURPOSE OF EXPENDITURE	Consulting	Fundrai	sing		
	Che.ck if trav elout/side of Texas.CompleteSchedu	le T. Check if Austin	n, TX, officeholder living expense		
ರಾಗಾಭೀಕೀ <u>೦೩೪೭</u> ಗೆ ರ್ರೇಚರೆ. expenditure to benefit C/O	Candidate / Officebodder.came. H	Qffice. ബസ്റ്റർ.	Office beld.		
Date	Payee name-		***		
9-18-24	Selena Medrano				
Amount (\$)	Payee address;	City;	State: Zip Code		
\$ 100.00	le (2 W. Nolana	McAllen	Tx 78501		
	Category (Se a Categorie:s listed at the top of this schedu	ule) Description			
PURPOSE OF EXPENDITURE	Event Expenses	Flyers			

Office held

Check i fAustin, TX, officeh oder living expense

Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Cherick if travel our tside of Texas. Complete Schedule T.

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENIDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Feras Offici ਨਿ: ਅੰਡਿੰਦਅਕਟ੍ਰਾਵ ਟਿਸ਼ਕਤਵਾਂ y Gif Mawardsi Memorials Expense Printi al Committee Legal Services Salar	o Overhead/Rental Expense g Expense ng Expense ies/Wages/Contract Labor	Travel in District Travel Out Of Distric	pment & Related Expense
2	The Instruction Guide explains how	to complete this form.	1	
1 Total pages Schedule F1:	2 FILER NAM E		3 Filer ID (Ethic	s Commission Filers)
4 Date 9-19-24	5 Payee name City of Pharr			
6 Amount (S)	7 Payee addre ss;	City;	State;	Zip Code
175.00	1011 W. Kelly	Pharr	TX	78577
8	(a) Cafegory (See Categorie's listed at the top of this schedul	(b) Description		
PURPOSE OF EXPENDITURE	Rental	Buildin	g space v	reut
	(c) Check if travel ou "side of Texas. Complete Schedule T	T. Check if Austi	in, TX. officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
9-21-24	Maria C. Gonzal.	e 2		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 150.00	3533 Cessna Ave	Edinbur	g Tx	78542
	Category' (Se e Categories distend the low of this schedule	a) Description		
PURPOSE OF EXPENDITURE	Advertising	Signs+	setup	
	Che:ck if travel out:side of Texas. Complete Schedule	T. Check if Aus	itin, TX, officeholder livin	g expense
<u>Complete CNUX</u> में संगल्ध expenditure to benefit C/O	Candidate / Officebolder name H	Office ടവശ്യർ.		Office held
Date	Payee name			****
9-25-24	Juan Sanchez			
Amount (S)	Payee address;	City;	State;	Zip Code
1750.00	502 N. Veterans 6	Blrd. San I	uan Tx	78589
	Category (Se a Categorie:s listed at the top of this schedule	e) Description		
PURPOSE OF EXPENDITURE	Office / Rental Expens	se Site	Rental	
1	Cher ck if travel ou Iside of Texas. Complete Schedule	eT. Check if Aus	stin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	አጠልሮዝ ልክስነገነስነነልነ <i>የነ</i> ነውና ስፍገ	HESTHERM E ASWE	TETTET)	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENIDITURE CATEGO	RIES FOR BOX 8(a)		
Advertising Expense EvientExpense Loan Repayment/Reimbursement Accounting/Banking Fe es Office Overhead/Rental Expense Transportation Equipment& Related Expense Travel in District Travel Out of District Other (enter a category not listed above)				
, orebreador of mark	₹Fhe Instruction Guide explains ho	ow to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 9-25-24	5 Payee name Marco Perez			
6 Amount (S)	7 Payee addre ss;	Cîty;	State; Zip Code	
750.00	2008 W. Jonquil A	sve M'Allen	TX 78501	
.8	(a) Category (SeeCategoria's listed at the top of this school	edule) (b) Description		
PURPOSE OF EXPENDITURE	Consulting	Event ?	Expenses	
	(c) Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin	ı. TX. officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9-24-24	Maria C. Gunzal	ez		
Amount (\$)	Payee address;	City;	State; Zip Code	
* 6.29	3533 Cessna Ave	Edinburg	TX 78542	
	Category (Se e Categories listed at the top of this subm	utute) Description		
PURPOSE OF EXPENDITURE	Event Expense	Gasoli	ne	
	Check if travel out side of Texas. Complete Sched	dule T. Check if Austi	n. TX, officeholder living expense	
Complete ONLY: flines, expenditure to b selft C O	Candidate / Officeb older name OH	Office sought.	Office beld	
Date	Payee name.			
10-4-24	Printing B.			
Amount (\$)	Payee addresss;	City;	State; Zip Code	
\$10221	315 main Street	Denna	Texas 785 37	
	Category (Se a Categorie:s listed at the top of this sched	dule) Description		
PURPOSE. OF EXPENDITURE	Printing	T Shir	ts	
	Cher ak if travel our tside of Texas. Complete Scher	dule T. Check if Aust	in, TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
ATTAICH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense EveantExpense Loan Repaymet/Reimbursement Sol ici talion/Fundrai siltigapense Transportation Equipment & Relat et Expense Accounting/Banking Consulting/Expense Contributions/Donations/ladeBy Feras Focad Beverage Expense Office Overhead/RentaExpense Polling Expense Frav el l'inDistrict Gi t/Awards/MI emorial Expense Printi m Expense Salaries/Wages/ContractLabor TravelOutOfDi \$ ri ct Other (entera cat egorynotli stedabove) Candida te/Officehol der/Polit icanmit tee Leggal Service:s Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAM E 3 Filer ID (Ethics Commission Filers) 5 Payee name Kamona 6 Amount (S) 7 Payee addre ss; 1127 Ortega Civile Alamo 78516 (a) Category (Sie eCategorie slistedat the top of this schedule) (b) Description **PURPOSE** BBQ items EXPENDITURE Check if travel oursi deof Texas . Complete Schedule T. Check if Austin. TX, officeholder I ivingexpense 9 Compl ete<u>ONLY</u> if direct exp enditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name Date Amount (\$) City: State; Zip Code Payee address; Category (Se e Categories stated at the day of this scriedule) Description **PURPOSE OF** EXPENDITURE Cheick if travel out: sideof Texas .Complete Schedule T. Check if Austin. TX, of ficehol derl ivingexpense Candidate / Officeboildecoame. Office sought. Office held Complete ONLY if timet. expenditure to benefit C/OH Payee name Amount (\$) State: Zip Code Payee address: City: Category (Se a Ca egori :alisted at the top of this schedule) Descripton PURPOSE OF EXPENDITURE Cherck ift ia voelu tsof oo fTeessa Compil tee Schedule T. Check if Au st in, TX , affiolden living ex perse Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditur eto benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 3 CANDIDATE/ MS / MRS / MR FIRST OFFICE USE ONLY OFFICEHOLDER MR **ELEAZAR** NAME Date Received NICKNAME LAST SUFFIX **GUAJARDO** 4 CANDIDATE / APT / SUITE #; ADDRESS / PO BOX; CITY; ZIP CODE STATE: PSJA FINANCE-RCVD **OFFICEHOLDER** PO BOX 2856 **MCALLEN** TX 75777 7 OCT '24 PM2:25 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (956)221-5245 **PHONE** Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN MI **TREASURER ELEAZAR** MR Date Processed NAME NICKNAME LAST Date Imaged **GUAJARDO** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN **TREASURER** 3611 YVETTE DR PHARR TX 78577 ADDRESS (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** CAMPAIGN **TREASURER** PHONE 221-5245 (956 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded Modified Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Day Year Month Year COVERED 26 / 24 7 /1 / 24 **THROUGH ELECTION TYPE** FLECTION DATE 11 ELECTION Primary Other Description Dav 5 / 24 OFFICE HELD (If any) 13 OFFICE SOUGHT (if known) 12 OFFICE PSJA SCHOOL DISTRICT TRUSTEE PL 4 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME ELEAZAR GUAJARI	0	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 6,000.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,000.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 8,700.00				
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,700.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 0.00				
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD 	THE \$				
(1) Affidavit NOTARY STAMP/SEAL						
Sworn to and subscribed 20, to certify	which, witness my hand and seal of office.	, day of,				
Signature of officer administe	Ing oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declaration						
My name is ELEAZAR (7/21/1964				
My address is 3611 YVE	TTE DR PHARR T					
Executed in HIDALGO	(street) (city) (city) (street) (city) (city) (street) (city) (city) (city) (street) (city)	(Aest)				
	— Signature of Candid	late/Officeholder (Declarant)				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

11	9 FILER NAME ELEAZAR GUAJRDO 20 Filer ID (Ethics Com			ion Filers)		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	6,000.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00			
4.	SCHEDULE E: LOANS	\$	2,700.00			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	8,700.00			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	0.00			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	0.00			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	0.00			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ TO FILER					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT inc	clude this page in the	report.		
The	Instruction Guide explains how to complete this	form,	1 Total pages Schedule A1: 1		
2 FILER NAME ELEAZAR (GUAJARDO	(è	3 Filer ID (Ethics Commission Filers)		
4 Date	ADVANCE PAIN MANGEMENT	(ID#:)	7 Amount of contribution (\$)		
09/23/2024	6 Contributor address; City; 5111 N 10TH ST MCALLE		2,500.00		
8 Principal occu OWNER	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC SHARYLANDCHIROPRACTIC CEN	11 13	Amount of contribution (\$)		
09/23/2024 Contributor address; City; State; Zip Code 2422 GRIFFIN PKWY MISSION TX 78572			1,000.00		
Principal occup OWNER	pation / Job title (See Instructions)	Employer (See Instruct	dons)		
Date	Full name of contributor out-of-state PAC BRUH CREEK INJURY AND ACCID		Amount of contribution (\$)		
09/25/2024	Contributor address; City; 8801 N 10TH ST MCALLE	State; Zip Code	1,500.00		
Principal occup OWNER	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Princlpal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: 1
2 FILER NAME ELEAZAR GU	JAJARDO	4	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$ 2,700.00
5 Date of Ioan 09/20/2024	7 Name of lender out-of-state PAC (ID#:) LEYDA GUAJARDO		9 Loan Amount (\$) 2,700.00
6 Is lender a financial Institution?	8 Lender address; City; State; Zip Code 3611 YVETTE DR PHARR TX 78577		10 Interest rate 0.00
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colling	ateral	15 Check if personal fun account (See Instruc	nds were deposited Into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City:	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	I.
* Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
TY N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colle	ateral	Check if personal fun- account (See Instruct	ds were deposited into political tlons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEW struction guide for additional re	

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report**.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME ELEAZAR GUAJARDO		3 Filer ID (Ethics Commission Filers)
4 Date 09/25/2024	5 Payee name BERNARDO DIAZ		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8,700.00	10301 N 26TH ST	MCALLEN	TX 78504
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	PRINTING EXPENSE	POLITICAL SI	IGNS PRODUCTION
EXPENDITURE			
	(c) Check If travel outside of Texas, Complete Schedule T.	Check If Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name ELEAZAR GUAJARDO	Office sought PSJA SCHOOL DISTRICT TRUS	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	1 2 1	e
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	9 904EDOLE 42 NEE	טבט

CANDIDATE / OF FICEHOLDER CAMPAIGN FINAINCE REPORT				ORM C/OH HEET PG 1	
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Grizelda	.wı	OFFICE	USEONLY
NAME	NICKNAME	Quintani	Suffix	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address			CITY; STATE; ZIP CODE		PSJA FINANCE 7 OGT '24
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956) 3	PHONE NUMBER	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	Gilbert	MI	Receipt #	Amount S
NAME	NICKNAME	Herrera	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / S E(lis Ave	Alamo	STATE;	78514
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	330-5566	EXTENSION		1
9 REPORT TYPE	January 15	30th day before e			fter campaign ppointment ଝ, ପ୍ରୀଧ୍ୟ),
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Mi onth	Day Year / 27 / 24	THROUGH 10 /	Day Yea / 7 / 24	. 1
11 ELECTION	ELECTION DA	Year Primary General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC CONSENT. CANDIDATES	CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQU	ACCEPTED OR POLITICAL EXPENDITURES M IS MAY HAVE BEEN MADE WITHOUT THE CAN IRED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICENC	LDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
-	SPECIFIC	COMMITTEE CAMPAIGN TRE			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	*	
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		16 Filer ID (Et	hics Commission Filers)
PILEDGES, LOANS, OR GUARANT	EES OF LOANS, OR	N \$	6,250.00
		\$	6,250.00
3. TOTAL UNITEMIZED POLITICAL EX	KPENDITURE.	\$	3.275.38
4. TC)TAL POLITICAL EXPENDITU	RES	\$	3,275.38
5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	S MAINTAINED AS OF THE LAS	ST DAY \$	2.974.62
		F THE \$	
Please complete	e either option below	v:	
efore me by Griselda Quin	this the	14 day	of October
To the state of th		Execut	ive Admin. Assis
Times name of smeet a		litle of	f officer administering oath
	, and my date of birth is		
	·		
(street)			*
Cou my, State of,	on the day of(mont	h) ((year)
	Signature of Candid	date/Officeholder	(Declarant)
	PILEDGES, LOANS, OR GUARANT C:ONTRIBUTIONS MADE ELECTRO 2. FCTAL POLITICAL CONTRIBUTION (O THER THAN PLEDGES, LOANS, 3. TOTAL UNITEMIZED POLITICAL EXPENDITU 5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PIECES, or affirm; under panalty of pagiury, that are to be reported by me under Title 15, Election of the principal panalty of pagiury, that are to be reported by me under Title 15, Election of the principal panalty of pagiury, that are to be reported by me under Title 15, Election of the principal panalty of pagiury, that are to be reported by me under Title 15, Election of the principal panalty of pagiury, that are to be reported by me under Title 15, Election of the principal panalty of pagiury, that are to be reported by me under Title 15, Election of the principal panalty of pagiury and and seal of office. Printed name of officer are to printed name of officer are to panalty of the panalty of the panalty of the panalty of the panalty of pagiury. (street)	PILEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (O THER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAID OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD 2. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAID OF REPORTING PERIOD 2. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAID OF REPORTING PERIOD 2. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL EXPENDITURES 2. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL EXPENDITURES 2. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL EXPENDITURES 2. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL EXPENDITURES 7. SIGNATURE OF CASH OF THE LAY OF THE	1. TCTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PILEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY 2. TCTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TCTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TCTAL POLITICAL EXPENDITURES 5. TCTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 6. TCTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 7. ANTIROT, under panalty of parglury, that the accompanying report is true and correct a red to be reported by me under Title 15, Election Code. **Please complete either option below:** **Please complete either option belo

SUBTOTALS - C/C)·H

FORM C/OH

_		
19	FILER NAME 20 Filer ID (Ethics Cor	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDLLE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,275.39
6.	SCHEDULE F2: UNPAID IN CURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHA'SE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPEND ITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
ተሴ.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
_		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Griselda Quintan	illa.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of constributor out-of-state PAC	(IO)):	7 Amount of contribution (\$)
8/27/24	Alberto Trevino 6 Contributor address; City;	State; Zip Code	5,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		(ID#:)	Amount of contribution (\$)
8130124			1,250.00
	P.D. Box 17428 Austin	Tx 78760	
Principal occup	pation / Job title (See IInstructions)	Employer (See Instruc	tions)
Date	_	(ID#:)	Amount of contribution (\$)
	Contributor addr:ess; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of constributor	: (ID#:)	Amount of contribution (\$)
]	Contributor address; City;	State; Zip Code	7
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED

If contributor is out?-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENIDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Evi ant Expensie Felas Faladou en age Expanse Git vAwards Nemorials Expense Lei gal Service's

Loan Repayment/Reimbursement Office Owarhead/Rental Expense Philling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

Total pages Schedule F1:	2 FILER NAMÆ	Ì	3 Filer ID (Elhic	s Commission Filers)
9-24-24	Juan Sanchez			
Amount (S) 425.00	For N. Veterons Blud.	City; San Juan	State;	Zip Code 78589
PURPOSE OF EXPENDITURE	(a) Category (Siee Categorie s listed at the top of this schedule) Office/Reutal Expense	(b) Description Site Ren	tal	
	(C) Check if Iravel ou?side of Texas, Complete Schedule T.	Check if Austin	. TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeho.lder name OH	Office sought		Office held
Date 9-24-24	Compu Print, LLC			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$143.75	508 S. 12th St.	McAllen	7x	78501
PURPOSE OF EXPENDITURE	Category (See Categorican Site of an International Category) (See Categorican Site of Category)	Banner.	5	
	Check if travel out side of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONY</u> ಗೆ direct expenditure to benefit C/C	Candidate. /. Officeholder. name. DH	Office sought.		Office held
Date	Payee name			
9-24-24	Ontiveros Printing			
* 245.00	915 E. Ferguson Ave	City: Pharr	State:	78577
	Category (Se = Categorie:s listed at the top of this schedule)	Description Cards, 4	lyers	
PURPOSE OF EXPENDITURE	Advertising		•	
OF	Cherck if travel our tside of Texas. Complete Schedule T.		in, TX. afficeholder livi	ng expense

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Advertising Texpense Accounting/Banking Consulting/Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fe3s Fc: ක්පිනසාකුද පිදනයප Git t/Awards/ly lemonials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Fravel in District Travel Out Of District Other (enter a category not listed above)		
Dicarrosio Agricia	?fhe Instruction Guide explains I	how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)	
4 Date	Selena Medrano				
9-24-24 6 Amount (S)	7 Pavee addre ss:	City;	State:	Zip Code	
217.81	612 W. Nolana	M ^c Allen	TX	78501	
8	(a) Category (Siee Categorials listed at the top of this so	hedule) (b) Description			
PURPOSE OF EXPENDITURE	Advertising	Tshirt	3		
1	(c) Check if travel ou tside of Texas. Complete Sche	edule T. Check if Austin	. TX. officeholder living	д ехрепѕе	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
9-18-24	Selena Medrano	0			
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$ 625.00	le 12 W. Nolana	M CAllen	TX	78501	
	Calegory (Se e Calegories Vinley of the top of this so	herbule) Description			
PURPOSE OF EXPENDITURE	Consulting	Fundrai	sing		
	Check if travel out side of Texas. Complete Sch	nedule T. Check if Austi	n. TX, officeholder livin	ng expense	
Complete <u>ಯಿVನ</u> ್, ಗೆ ನರ್ಗಬ್ expenditure to benefit C/O	Candidate. / Officeboolder, name. H	 ਉਜਾਣ ਵਹਾਯੀਸਂ.		Office beld.	
Date	Payee name-				
9-18-24	Selena Medran Payee address; Le 12 W. Nolana	0			
Amount (\$)	Payee address;	City;	State:	Zip Code	
\$ 100.00	le 12 W. Nolana	McAllen	TX	78501	

EXPENDITURE CATEGORIES FOR BOX 8(a)

Description

Office sought

Check if Austin, TX. officeholder living expense

Category (Se a Categorie:s listed at the top of this schedule)

Candidate / Officeholder name

Cher x if travel our tside of Texas. Complete Schedule T.

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Office held

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Adverfising Expense Accounting/Banking Consulting-Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fe as Offic For ad Beneral pe Expanse Pollir y Gif vAwards Memorials Expense Print	Repayment/Reinbursement e Overhead/Rental Expense ng Expense ng Expense ies/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travef in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAM'E		3 Filer ID (Ethics Commission Filers)
9-19-24	5 Payee name City of Pharr		
6 Amount (S)	7 Payee addre ss; 1611 W. Kelly	Pharr	State; Zip Code 7X 78577
8	(a) Category (See Categorie's listed at the top of this schedul	(b) Description	
PURPOSE OF EXPENDITURE	Rental	Building	space rent
	(c) Check if travel outside of Texas. Complete Schedule	Check if Austin	n. TX. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officehoolder name H	Office sought	Office held
Date	Payee name		
9-21-24	Maria C. Gonzal	e2	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 150.00	3533 Cessna Ave	Edinbur	9 Tx 78542
	Category (ওঁচ চৰোধ্যক্তাভিত্যভিত্যভাগনানিকাক্সক'নিট মসাধ্যক্ত।	e) Description	
PURPOSE OF EXPENDITURE	Advertising	Signs+	setup
	Che:ck if bavet out:side of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense
ರಾಗುಗಳು <u>೧೧೧೪ </u> ಕ್ಕೆ ಸೋಚ್ಚ expenditure to benefit C/O	Candidate / Officeholder name. H	Office නොල්)t.	Office beld
Date	Payee name·		
9-25-24	Juan Sanchez		1
1750.00	SO2 N. Veterans (Blrd. San I	state: Zip Code uan Tx 78589
	Category (Se a Categoria:s listed at the top of this schedul	e) Description	
PURPOSE OF EXPENDITURE	Office / Rental Expens	se Site (Rental
	Cherck if travel or tside of Texas. Confiders Schedule	eT. Check if Aus	ti n, TX, of G eholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTAICH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

		EXPE	NIDITURE CAT	EGORIES F	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica			ige Syers e Memorials Expense	Office Ove Polling Exp Printing Ex		Solicitation/Fundraisin Transportation Equipr Fravel in District Travel Out Of District Other (enter a categor	nent & Related Expense	
Credit Card Payment		The Instri	u:ction Guide expl	ains how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER N	AM-E				3 Filer ID (Ethics	Commission Filers)	
4 Date 9-25-24	5 Payeena		Perez					
6 Amount (S)	7 Payee ac	ldre ss;			City;	State;	Zip Code	
[†] 750.00	200	8 W.	Jonqui	1 Ave	M'Allen	TX	78501	
8	(a) Categor	y (Siee Calego	ria s listed at the top of	this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Con	sult	ing		Event	Expenses		
	(c)	Check if travel o	usside of Texas. Comple	le Schedule T.	Check if Aus	tin. TX. officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/O		date / Officel	holder name		Office sought		Office held	
Date	Payee n	ame						
9-24-24			C. Gun	zalez				
Amount (\$)	Payee ac				City;	State;	Zip Code	
* 6.29	3533	3 Ces	ssna Av	e	Edinbur	g TX	78542	
	Categor	් (පිළ ප රිහා්භුග	าโอราโรเซนีสาปายณ์สุดทำ	instructure)	Description			
PURPOSE OF EXPENDITURE	Even	t Ex	pense		Gasol	ine		
a		Che:ck if travel	out side of Texas. Comple	ete Schedule T.	Check if Au	slin. TX, officeholder living	expense	
िट्यामिस्ट <u>टीप्रेप्</u> ं रिचाल्स्टर expenditure to benefit C/O		late / Office	boulder name.	-1910.10	Office නොල්ht.		Office held	
Date	Payeen	ame.						
10-4-24	Prim	ting	B.					
Amount (\$)	Payee a	ddre:ss;		×	City;	State;	Zip Code	
4/0221	315	<u>,</u> Ma	in Stree	e)ł	Donna	Textes	78537	
	Categor	V (Se a Catego	ris:s listed at the top of	this schedule)	Description			
PURPOSE. OF EXPENDITURE	Prin	ting			T Shi	rts		

Unice noid

Check if Austin, TX. officeholder living expense

Office sought

Comple 6 ONLY if direct expenditure to benefit C/OH

Cherick if travel our isside of Texas. Complete Schedule T.

Condidate / Uticeholder name

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENIDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking কোল্ডাগ্রিক স্থিত্বনান্ত Consulting Supense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

EviantExpensia
Feras
ForadBaveragye:Expense
Git VAverds/Miemonals Expense
Legal Service s

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel on District Travel Out Of District Other (enter a category not listed above)

If he Instruction Guide explains how to complete this form.

Total pages Schedule F1:	2 FILER NAM-E	3 Filer ID (Ethics Commissi	on Filers)
1 Date 10-5-24	S Payee name Ramona Barron		
*79.33	7 Payee address; 1127 Ortega Circle	City; State; Zip Co Alcumo TX 785	
PURPOSE OF EXPENDITURE	(a) Category (Siee Categories listed at the top of this schedule) Event Expenses	BBQ items	
	(c) Check if travel ou Side of Texas. Complete Schedule T.	Check if Austin. TX. officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office he	ld
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Co	de
PURPOSE OF EXPENDITURE	Category (se e categories listed at the tip of this scrientile)	Description	
	Che.ck if travel out: side of Texas. Complete Schedule T.	Check if Austin. TX, officeholder living expense	
<u>Complete ೧</u> , 4 inect. expendit ue to benefit C/C	Candidate / Officeholder name OH	Office sought. Office be	lď
Date	Payee name-		
Amount (S)	Payee address;	City: State: Zip Co	ode -
PURPOSE	Category (Se. a Categoria:s listed at the top of this schedule)	Description	_
OF EXPENDITURE			
	Cherck if travel our iside of Texas. Complete Schedule T.	Check if Austin, TX. afficeholder living expense	

		ICEHOLDER CE REPORT			ORM C/OH HEET PG 1
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	iled:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	Ped CO	MI		USEONLY
IVAIVIE	NICKNAME	Jarcia	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BO		d Sch Vign		PSJA FIN 7 OC
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 821-7453	EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	Jessica	МІ	Dale Processed	Amount
NAME	NICKNAME	Garcia	SUFFIX	Date imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SL	ITE#. CITY:	STATE:	ZIP CODE
(Residence or Business)	// 0 /	V. 1/4001	GICT IN V	uan	
8 CAMPAIGN TREASURER PHONE	AREA CODE	358 - 932	EXTENSION		
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day aft treasurer ap (Officeholder	
	July 15	8th day before elec	tion Exceeded Modified Reporting Limit	Final Report	(Atlach C/OH - FR)
10 PERIOD COVERED	S .	Day Year / 19 12024	THROUGH /0/	Day Year	24
11 ELECTION	ELECTION DAY	□ Pamani	ELECTION TYPE Runoff Other Description		
	1115	Juay General	Special		
12 OFFICE	OFFICE HELD (if any		13 OFFICE SOUGHT (IF KNOWN)	at Trus	tees is
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURES	CCEPTED OR POLITICAL EXPENDITURES MA MAY HAVE BEEN MADE WITHOUT THE CANDI ED TO REPORT THIS INFORMATION ONLY IF TH	DATE'S OR OFFICEHOLD	ER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			*
	SPECIFIC	COMMITTEE CAMPAIGN TREAT	SURER NAME	ě	- 5
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS	8	
		GO TO F	AGE 2		

NCE-RCVD 1°24 phq:45

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ TOTALS TOTAL POLITICAL EXPENDITURES CONTRIBUTION TGTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY **BALANCE** OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 6 LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information **18 SIGNATURE** required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: **GLORIA RAMIREZ** lotary Public, State of Texas ID# 3827256 My Commission Expires (1) Affidavit 08-17-2028 NOTARY STAMP/SEAL Sworn to and subscribed before me by to certify which, witness my hand and seal of office. Gloria Ramirez Signature of officer administering oath) Printed name of officer administering oath (2) Unsworn Declaration _____, and my date of birth is ____ My name is _ My address is _ (city) (state) (zip code) (country) _____ County, State of __ _____, on the _ (month) Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	1		
19 FILER	NAME / COLO GARCE	20 Filer ID (Ethics Co	ommission Filers)
	ULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,450 00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 7,800
з. 🗌	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4	SCHEDULE E: LOANS		S
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$ 4,107,60
6. <u> </u>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	S
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF CIOH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE TO FILER	IONS RETURNED	S
		7	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

... If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete thi	is form. 1 Total pages Schedule A1
2 FILER NAME Pedro. Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PA	Blair + Simps
8-30-39 6 Contributor address; City; R.D. Box 17438 Austiv	State; Zip Code 7 18160 5 Employer (See Instructions)
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Date Full name of contributor gut-of-state PA	Tanodit of Contribution (C)
G4-24 St. Eulalia Hold, Contributor address; City;	State; Zip C ode 1,500,
608 S. 12 th. street N	Allen Ty xse
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
	C (ID#) Amount of contribution (\$)
9-9-24 Norma Myers Contributor address; City: 3904 View Point Ar.	State; Zip Code 400 Fdinburg
Principal occupation / Job title (See Instructions)	Employer (Şəd Instructions)
Sales	L
	C (ID#) Amount of contribution (\$)
G-16-24 Kichgel DG125, Contributor address; City, Sio W. Treddy Don	State: Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
307	
	OF THIS SCHEDULE AS NEEDED uction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

s If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1
2 FILER NAME	Pedro Garcia		3 Filer ID (Ethics Cammission Filers)
4 Date G-25-35 2 Principal occur	6 Contributor address; City;	State; Zip Code State; Zip Code 5 Employer (See Instruc	
	Retired		
Date / () - Э-Э-Ч	Full name of contributor out-of-state St. Eulalia Hold Contributor address; City; 608 S, 12 th. Street	State: Zip Code McAllen Tryson	Amount of contribution (\$)
Principal occup	Dit SIM CSS	Employer (See Instruct	tions)
Date Date Date Date	Full name of contributor out-of-state Fernando Cast Contributor address; City; Dogo 903 Sri Section / Job title (See Instructions)	State; Zip Code Employer (See Instruct	Amount of contribution (\$)
i imapai occar	Educator	Employer (GCC Institute	
Date	Full name of contributor out-of-state Contributor address; City;	PAC (ID#) State; Zip Code	Amount of contribution (\$)
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	ions)
*	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDING AS NO	EEDED.
	If contributor is out-of-state PAC, please see In		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

Title requested mornation is not applicable, bo Not motor	e uns page in the		
The Instruction Guide explains how to complete this for	n. 1 Total	pages Schedule A2:	6
2 FILER NAME PED TO GETCIS	3 Filer	ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$		
5 Date 6 Full name of contributor Quit-of-state PAC (IDS) H Gn/on Demergt X Y 7 Contributor address; City; State; W. C. C. April Ave. 16.61	Con Zip Code 3, 80 √√√√√√√√√ Chec	punt of tribution \$ In-kind contribution \$ description	Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR I	NON-JUDICIAL) (See Instructions	5)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job	title (FOR JUDICIAL) (See Instru	ctions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contri	butor's spouse (if any) (FOR JUI	DICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor out-of-state PAC (ID#: 9-H-27 Contributor address; City: State; 118 11. Standard Sch	Zip Code H, A	unt of In-kind contribution S description For Major S description	CHS Schedule T.
Principal occupation / Job title (FOR NON-JUDIGIAL) (See Instructions)	Employer (FOR N	ON-JUDICIAL) (See Instructions	;)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job to	itle (FOR JUDICIAL) (See Instruc	ctions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contrib	outor's spouse (if any) (FOR JUD	DICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)):	
		18,	
			· h.
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ATTACH ADDITIONAL COPIES OF T			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

ii ine requesteu ini	iormation is no	it applicable, DO NOT II	iciade un	is page in the re	port	
41 90 .=0		EXPENDITURE CATEG	ORIES FO	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fe Fo By Gi	ent Expense les od/Beverage Expense ff/Awards/Memorials Expense gal Services	Office Overho Polling Exper Printing Expe		Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
Credit Card Payment	1	The Instruction Guide explains	s how to con	nplete this form.		
1 Total pages Schedule F1	2 FILER NAM	Pedro bac	2,9		3 Filer ID (Ethics	Commission Filers)
4 Date 4-5-24	5 Payee name	Rancho E	1 rene	le		
6 Amount (\$)	7 Payee addre	South Neb	rsto	Are S	State;	Zip Code
8	(a) Category (S	ee Categories listed at the top of this s	schedule) ((b) Description		
PURPOSE OF EXPENDITURE	Euc	ent Exper	150			
	(c) Che	ck if travel outside of Texas Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living	ехрепѕе
9 Complete ONLY if direct expenditure to benefit C/ON		/ Officeholder name		Office sought		Office held
Date	Payee name	A	- 6			
9-7-24	Text	n Rubic	Stra	tecia		
Amount (\$) 1500 00	Payee addre	ickers I	GE	Correta	State;	2ip Code 75628
PURPOSE OF EXPENDITURE	Category (Se Adver	e Categories listed at the top of this so	hedule)	Description		
	Chec	ck if Iravel outside of Texas Complete Sci	neduleT.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit G/OH		/ Officeholder name		Office sought		Office held
Date	Рауее пате					H 0
9-11-24	Brand	! Boustos.	Ben	nande.		
Amount (S)	Payee addres	ss;		City;	State;	Zip Code
1,200 00	301 1	J. AcColl	d5	uite fil	MAller	14 7550
į.	Category (See	e Categories listed at the top of this sch	nedule)	Description	•	1
PURPOSE OF EXPENDITURE	Sin					
	Chec	k if travel outside of Texas. Complete Sch	edule T.	Check if Austin.	, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate	/ Officeholder name	,	Office sought		Office held
	ATTAC	H ADDITIONAL COPIES (OF THIS SO	HEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a calegory not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 6 Amount (\$) 7 Payee address; Zip Code PURPOSE OF EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Date Payee name Amount (S) State; Zip Code PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.						
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Experse Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Travel In District Travel Out Of Dist	uipment & Related Expense
1 Total pages Schedule F1	2 FILER	AME OF DEPE			3 Filer ID (Eth	ics Commission Filers)
4 Date 10-2-24	5 Payee na					
6 Amount (\$)	7 Payee a	idress;		City;	State;	Zip Code
280.00	Bac	E Jack	so Ave	· Moth	en To	78503
8	(a) Categor	y (See Categories listed at the lop of th	is schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Br	Frent E	D.			
	(c)	Check if travel outside of Texas Complete	Schedule T.	Check if Austin	n, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Рауее па	ime				
10-3-24	Cos	5/20				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
103.86	150	11 West K	Telly	Ave-	Phare	·Tx 78577
	Category	(See Categories listed at the top of this	schedule)	Description		•
PURPOSE OF EXPENDITURE	for	Event Es	CA			
		Check if travel outside of Texas Complete	Schedule T.	Check if Austin	n. TX, officeholder livin	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder πame		Office sought		Office held
Date	Рауее па	ime				27 11
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Catagories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete 9	Schedule T.	Check if Austin	, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ATT	TACH ADDITIONAL CODIES	OF THIS S	CHEDIII E AS NEE	DED	

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR МΙ 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Mr Jose NAME Date Received LAST NICKNAME SUFFIX Santa Maria CITY; APT / SUITE #; 4 CANDIDATE / ADDRESS / PQ BOX: STATE: ZIP CODE OFFICEHOLDER 2750 N. Cesar Chavez Alamo, Texas 78516 MAILING **ADDRESS** PSJA FINANCE-RCU'D Change of Address 4 OCT '24 AM9:20 PHONE NUMBER 5 CANDIDATE/ AREA CODE EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (956)325-5832 **PHONE** Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** Kennedy F Mr. Date Processed NAME LAST NICKNAME SUFFIX Date Imaged Salinas STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY STATE: ZIP CODE 7 CAMPAIGN **TREASURER** 2112 S. Shary Rd. Ste. 38 **ADDRESS** Mission, Texas 78572 (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE 488-1000 ₹ 956 9 REPORT TYPE January 15 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Altach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year Dav Year COVERED 9 26 24 19 8 24 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Day Month Description 5 General Specia 11 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE PSJA School District Place 6 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME

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COMMITTEE CAMPAIGN TREASURER ADDRESS

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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FORM C/OH COVER SHEET PG 2

Revised 1/1/2024

15 C/OH NAME Jose Isaac Santa Mar	a	16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	\$ 100.00						
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,200.00					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 387.00					
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,137.00					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	THE \$					
Please complete either option below: (1) Affidavit Output O							
20 Plan, to certify a	20 Ph, to certify which, witness my hand and seal of office. Cloria Rawier Motor Rublic						
Signature of officer administer	Printed name of officer administering oath	Title of officer administering oath					
OR (2) Unsworn Declaration							
My name is Jose Isaa	Santa Maria and my date of birth is	11/21/1979					
My address is 2750 N (Cesar Chavez Rd. Alamo T	78516 US					
Executed in Hidalgo	(street) (city) (s County, State of Texas on the 4th day of October						
	Signature of Candid	ate/Officeholder (Declarant)					

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	R NAME Isaac Santa Maria		mmiss	ion Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE	t		SUBTOTAL AMOUNT
1	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS			2,100.00
2.	SCHEDUŁE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		S	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	750.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable. DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1	
2 FILER NAME Jose Isaa	c Santa Maria		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (Diaz Floors and Interiors	(ID#:)	7 Amount of contribution (\$)	
09/11/2024	6 Contributor address; City: 1205 W. Polk Ave. Pharr,Tx	State; Zip Code	500.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (Kennedy Salinas Law Firm PLL)	(ID#)	Amount of contribution (\$)	
09/13/2024		State; Zip Code	1,000.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
<u> </u>				
Date	Full name of contributor out-of-state PAC (IDaI	Amount of contribution (\$)	
09/17/2024	Contributor address; City;	State; Zip Code	300.00	
	2001 S. Nebraska Ave. San Juan, Te:	xas 78589		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor Out-of-state PAC (I	ID#)	Amount of contribution (\$)	
09/30/2024	Contributor address; City:	State; Zip Code	200 00	
	2750 N. Cesar Chavez Rd. Alamo, To	0	300.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1	² FILER NAME Jose Isaac Santa Maria		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
09/13/2024	Bernardo Gomez		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
750.00	Brand Boosters 301 N McColl Rd. Ste G McAllen, Te	xas 78501	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Political signs	
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austi	n, TX officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Can∎idate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Caiegories listed at the top of this schedule)	Description	
	Check if travel outside of Texas Complete Schedule T	Check if Austi	n, TX _i officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
		9.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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Revised 1/1/2024

		E REPORT				ORM C/OH HEET PG 1
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Eth	ics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	Ramona		-WI	OFFICE	USEONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		Barron	CITY; STAT	SUFFIX TE: ZIP CODE	Date Received	PSJA FINANCI 7 OCT '2
Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956) 8	PHONE NUMBER	EXT	ENSION		d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	Gilbert LAST Herrera	•••••	MI SUFFIX	Pate Processed Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / S		CITY;	STATE;	ZIP CODE 78516
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 330-55644		ENSION		
9 REPORT TYPE	January 15	30th day before 8th day before e		Runoff Exceeded Modified Reporting Limit	treasurer a	
10 PERIOD COVERED	M. onth	Day Year / 27 / 24	THROUGH	Month 10	Day Yea / 7 / 2	. 1
11 ELECTION	ELECTI:ON DA	Year Primary		ELECTION TYPE Other Description		-
12 OFFICE	OFFICE HELD (if any)		13 OFFI	ICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	E OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITUR: S AND OFFICEHOLDERS ARE REQU COMMITTEE NAME	ES MAY HAVE BEEN MA	ADE WITHOUT THE CAN	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR '
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRI				
		GO TO	PAGE 2	:S		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	N FINANCE REPORT	,
15 C/OH NAME	16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PILEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 6,250.00
	2. TOTAL POLITICAL CONTRIBUTION'S (O THER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,250.00
EXPENDITURE TOTALS	3. TC)TAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3,275.38
	4. TC)TAL POLITICAL EXPENDITURES	\$ 3,275,38
CONTRIBUTION BALANCE	5. TC)TAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,974.42
OUTSTANDING LOAN TOTALS	6. TC)TAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LA ST DAY OF THE REPORTING PERIOD	\$
	Please complete either option below:	or Cinceriolaei
(1) Affidavit NOTARY STAMP/SEAL		
		day of October
	which, witness my hand and seal of office.	
Manbel Da		ecutive Admin. Assa
Signature of officer administe		Title of officer administering oath
(2) Unsworn Declaration	on or	
My name is	, and my date of birth is	
My address is		
	, , ,	(żip coàe) (couritry)
Executed in	Cou nty, State of , on the day of(month)	, 20 (vear)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/C)·H

FORM C/OH

19	FILER NAME	20 Filer ID (Ethics Cor	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDLIEE: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$ 3,275.39
6.	SCHEDULE F2: UNPAID IN CURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPEND ITURES MADE BY CREDIT CARD		\$
9. I	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
ŕŕ.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	IONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:	
2 FILER NAME	Ramona Barron		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state Alberto Trevino 6 Contributor address; City;	PAC (ID#:) State; Zip Code	7 Amount of contribution (\$) 5,000.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	etions)	
Date 8/30/24	PD. BOX 17428	PAC (ID#) Tx 7.67. LO State; Zip Code	Amount of contribution (\$)	
Principal occup	pation / Job title (See IInstructions)	Employer (See Instruc	ctions)	
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	l tïons)	
Date	Full name of con⊧tributor □ out-of-state Contributor addiress; City;	PAC (ID#) State; Zip Code	Amount of contribution (\$)	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	itions)	
		,		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENIDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Cហារបៅក្នែ Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Ev. art Expens: a Fe. 25 Fo. 24 Develope: Expense Git VAwards Memorials Expense Legal Service: s Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fravel in District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

9-24-24 3 Amount (S) 7 \$25.00	Payee name Suan Somehez Payee address; 502 N. Veterons Blvd. Category (siee Categorie's listed at the top of this schedule) Office/Rental Expense	City; San Juan (b) Description Site Rent	State;	Zip Code
9-24-24 3 Amount (S) 7 \$25.00 (a) PURPOSE OF EXPENDITURE (c) Complete ONLY if direct	Payee address: 502 N. Veterons Blud. Category (Siee Categorie's listed at the top of this schedule) Office/Rental Expense	San Juan (b) Description	TX	•
Amount (S) 7 \$\frac{1}{2}\frac{5}{2}\frac{5}{0}\frac{0}{0}\] PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address: 502 N. Veterons Blvd. Description: Office/Rental Expense	San Juan (b) Description	TX	•
PURPOSE OF EXPENDITURE (c) Complete ONLY if direct	Office/Rental Expense	1	al	
Complete ONLY if direct	Check if travel ou?side of Texas. Complete Schedule T.			
		Check if Austin.	TX. officeholder living	expense
expenditure to denent C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
9-24-24	Compa Print. LLC			
1	Payee address;	City;	State;	Zip Code
\$143.75	508 S. 12th St.	Mc Allen	7x	78501
PURPOSE OF EXPENDITURE	Category' (Se e Categories sisted at the top of this subedule) Advertising Check if travel out side of Texas. Complete Schedule T.	Banners	. TX, officeholder livin	
Consulate ONLY if direct	Candidate / Officeholder name	Office soroby:	. 1X, Officeriolder HVIII	Office beld
Complete <u>ONLY</u> if direct, expenditure to benefit C/OH	varanggan, vangaan enggenranne	· ชากระ ชายปูก:		-3/1132 1/13/2
Date	Payee name			
9-24-24	Ontiverus Printing			
Amount (S)	Payee address:	City:	State:	Zip Code
*245.00	915 E. Ferguson Ave	Pharr	TX	78577
	Category (Se a Categorie:s listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Cards, f	lyers	
	Cherck if travel our 1side of Texas. Complete Schedule T.	Check if Austi	n, TX. officeholder livir	ig axpense
complete ONLY if direct expenditure to benefit C/OH	Condidate / Officeholder name	Office cought		Office held

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENIDITURE CATEGORIES	FOR BOX 8(a)	
Abvertising Expense Accounting/Banking Constalling Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Off	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	ï	3 Filer ID (Ethics Commission Filers)
4 Date	Selena Medrano		
9-24-24 6 Amount (S)	/ Payee addre ss;	City;	State; Zip Code
217.81	412 W. Nolama	McAllen	TX 78501
8	(a) Category (Siee Categoria's listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Adverti ing	Tshirt	ts
	(c) Chack if travel ou iside of Texas. Complete Schedule T.	Check if Austin	n. TX. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
9-18-24	Selena Medrano		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 625.00	lelz W. Nolana	M CAllen	TX 78501
	Calegory (Ge e Calegoriesalisted at the day of this subsubility)	Description	
PURPOSE OF EXPENDITURE	Consulting	Fundrai	sing
	Che:ck if travel out side of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense
Complete <u>ONY</u> if, direct. expenditure to benefit C/O	Candidate / Officebodder name.	Office sought.	Office beld
Date	Payee namem		
9-18-24			
	Payee namem Seleva Medrano Payee address;	City;	State: Zip Code
9-18-24	Seleva Medrano	city: MCAllen	
9-18-24 Amount (S)	Payee namem Seleva Medrano Payee address;	McAllen	
9-18-24 Amount (S)	Payee namem Selessa Medrano Payee address: Le 12 W. Nolana	McAllen	
9-[8-24 Amount (S) \$ 100.00 PURPOSE OF	Payee namem Seleva Medrano Payee address; Le (2 W. Nolana Category (Se a Categories s listed at the top of this sched de)	McAllen Description Flyers	

expenditure to benefit C/OH

| Advertising Expense

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENIDITURE CATEGORIES FOR BOX 8(a)

Advertising Texpense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fe:as Off Fo: යේජිවෙස වෙදුවේ ආභාවිත Gif VAwards N4emonials Expense Prin	on Repayment/Reimbursement ice Overhead/Rental Expense ling Expense suing Expense aries/Wages/Contract Labor w to complet ethis form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fravel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9-19-24	5 Payee name City of Pharr		
6 Amount (S)	7 Payee address; 1611 W. Kelly	Pharr	State; Zip Code 7X 78577
8	(a) Category (Siee Categorie's listed at the top of this sched	(b) Description	
PURPOSE OF EXPENDITURE	Rental	Buildin	space rent
	(c) Check if travel ou tside of Texas. Complete Schedule	eT. Check if Austi	n. TX. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-21-24	Maria C. Gonza	e2	
Amount (9	Payee address;	City;	Stat e Zip Code
\$ 150.00	3533 Cessna Ave	Edinbur	g Tx 78542
	Calegory (Se e Calegoriess) is ten an illestopol (this someof	ole) Description	200.000
PURPOSE QF EXPENDITURE	Advertising	Signs+	setup
	Check if bravet outside of Texas. Complete Schedu	de T. Check if Aust	in. TX, olficeholder living expense
Complete <u>ONY.</u> f. direct. expenditure to benefit C/Ol	Candidate / Officebodder.came I	Qffice ទលរៀវា.	Office beld.
Date	Payee name·		
9-25-24	Juan Sanchez		
Amount (5)	Payee address;	City;	State: Zip Code
1750.00	502 N. Veterans	Blvd. San I	uan Tx 78589
l	Category (Se a Categorie:s listed at the top of this schedu	ule) Description	
PIJRPOSE OF EXPENDITURE	Office / Rental Expen	ise Site 1	Rental
	Cherak if travel our taide of Texas. Complete Schedu	uleT. Check if Aus	lin, TX. officeholder living expense
Gomplete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDIN E AS NE	EDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENIDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Spense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fers Furndfilmenacyණණණ Gift/AwardsiMfernorials Expense l	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAM-E		3 Filer ID (Ethics Commission Filers)
4 Date 9-25-24	5 Payee name Marco Perez		
6 Amount (S)	7 Payee addre ss;	City;	State; Zip Code
750.00	2008 W. Jonquil	Ave M'Allen	TX 78501
.8	(a) Category (Siee Categorials tisted at the top of this so	hedule) (b) Description	
PURPOSE OF EXPENDITURE	Consulting	Event ?	Sorpenses
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Auslin	n. TX. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
9-26-24	Maria C. Gunza Payee address;	lez	
Amount (\$)	Payee address;		State; Zip Code
• 6,29	3533 Cessna Ave	Edinburg	TX 78542
	Category (Se e Categories Islanda) the top of this so	teutula) Description	1
PURPOSE OF EXPENDITURE	Event Expense	Gasoli	ne
	Che:ck if travel out/side of Texas. Complete Sah	redule T. Check if Aust	in. TX, officeholder living expense
<u>ेट्टमाहोटट २००२</u> में चाल्छः expenditure to benefit C/O	Candidate. / Officeboolder. name. H	Qffice නොල්ත්.	Office beld
Date	Payee name-		
10-4-24	Printing B.		
Amount (\$)	Payee address;	City;	State; Zip Code
4/0221	315 Main Street	Denne	Texas 78537
PURPOSE	Category (Se a Categories listed at the top of this so	nedule) Description	à.
OF EXPENDITURE	Printing	TShir	ts
	Cherck if travel our side of Texas. Complete Sci	hedule T. Check if Aus	tin, TX. officeholder living expense
Camplete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office neld

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Fexas Constiting/Sepanse Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form.

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

1 Total pages Schedule F1: 2 FILER NAM E 3 Filer ID (Ethics Commission Filers) 10-5-24 Kamona 6 Amount (S) City; State; 7 Payee addre ss; Zip Code 1127 Ortega Circle Alamo 78516 +79.33 (b) Description (a) Category (S:ee Categorie s listed at the top of this schedule) **PURPOSE** BBQ items Event Expenses OF **EXPENDITURE** (c) Check if travel ou "side of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officehedder name expenditure to benefit C/OH Pavee name Date Amount (\$) City: State; Zip Code Payee address; **වනෙ**ාන්තා Category (Se e-Categories alisted at the dop of this scategory) **PURPOSE** EXPENDITURE Cheick if travel out side of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense Office held. Complete ONLY if direct. Candidate / Officebolder name Office sought. expenditure to benefit C/OH Date Payee name-Amount (S) Payee addre₃ss; State: Zip Code City: Category (Se a Categoria:s listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Cherck if travel our tride of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense Office held Candidate / Officernolder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

		CEHOLDER CEREPORT		COVER SH	ORM C/OH HEET PG 1
The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file 13	ed:
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mrs.	FIRST Cynthia	мі А .	OFFICE	USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received	
		Gutierrez		1	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	•	city; state; zip code an Juan TX 78589	Phoe	SJA FINANCE 7 OCT ' 24 A
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER PHONE	(956)51	5-3502			
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt#	Amount \$
TREASURER NAME	Mrs.	Maria	A.	Date Processed	
	NICKNAME	Pena	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (116 E. Gar	(NO PO BOX PLEASE); APT / SI denia Ave.	suite #; city; McAllen,	STATE;	ZIP CODE 78501
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	(956) 33	PHONE NUMBER 31-9883	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day afte treasurer app (Officeholder	pointment
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit		(Attach C/OH - FR)
10 PERIOD COVERED	Month 07	Day Year / 16 / 2024	THROUGH 10	Day Year / 202	14
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		
	Month Day	Year Primary	Run off Other Description		
	11/05/	2024	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known))	
	PSJA ISD Sci	hool Board Trustee F	Pl. 7 PSJA ISD School E	3oard Trustee I	Pl. 7
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES MI S MAY HAVE BEEN MADE WITHOUT THE CAND IRED TO REPORT THIS INFORMATION ONLY IF TO	DIDATE'S OR OFFICEHOLDI	ER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Cynt	thia A. Gutierrez	16 Filer I	D (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0
	4. TOTAL POLITICAL EXPENDITURES		\$ 13.749.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 6,250.41
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE	\$ 20,000.00
(1) Affidavit	Please complete either option below GLORIA RAMIREZ Notary Public, State of Texas ID# 3827256 My Commission Expires 08-17-2028		r Officeholder
Sworn to and subscribed 20 2024 , to certify Signature of officer administer	which, witness my hand and seal of office. Gloria Ramirez	7th	No tary Public
Signature of officer autilitiste	ring oath Printed name of officer administering oath		Title of officer administering oath
	OR		
(2) Unsworn Declaration			
My name is Cynthia A.	Gutierrez, and my date of birth is	11/04	1/19/1
My address is 400 W. 1	_		1589 USA
i*		state) (z	zip code) (country)
Executed in Hid ago	County, State of , on the 7th day of (month)	ber	_, 20 <u>(year)</u> .
	Signature of Candid	ate/Officel	nolder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			mmissio	on Filers)	
		Cynthia A. Gutierrez				
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT	
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	15,000	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0	
4.		SCHEDULE E: LOANS		\$	20,000	
5.	V	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	13,749.59	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	0	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$	0	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0	

NON-MONETARY (IN-KIND) POLITICAL **CONTRIBUTIONS**

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

Th	ne Instruction Guide explains how to complete this form	1 Total pages Schedule A2:			
2 FILER NAM	E Cynthia A. Gutierrez	3 Filer ID (Ethics Con	nmission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 15,000		
Politi	Oscar Javier Gutierrez Sr. 7 Contributor address; City; State; 400 W. 12th St., San Juan TX Supation / Job title (FOR NON-JUDICIAL) (See Instructions) cal Sign Rentals principal occupation (FOR JUDICIAL)	Se	8 Amount of Contribution \$\frac{1}{2}\$ In-kind contribution description Frames, Sandbag Labor, Trailers Check if travel outside of Texas. Complete Scheduler (FOR NON-JUDICIAL)(See Instructions) Elf Employed Utor's job title (FOR JUDICIAL)(See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	e (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date Type text F	Full name of contributor □ out-of-state PAC (ID#: ⊕F⊖ Contributor address; City; State;	Zip Code	Amount of Contribution \$	In-kind contribution description	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUD	DICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse	e (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF T	ここ ろくせにひひ	FE W9 MEEDED		

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS SCHEDULE E

	ii the requested	imormation is not applicable, bo N	101 include this page in the re	port.
	The	Instruction Guide explains how to con	nplete this form.	Total pages Schedule E: 1
2	FILER NAME Cynth	ia A. Gutierrez		3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS		\$ 20,000
5	Date of loan 09/09/2024	7 Name of lender □ out-of-sta	ate PAC (ID#:)	9 Loan Amount (\$) \$ 20,000
6	Is lender a financial Institution?	8 Lender address; City; 1202 Harris Drive, Harling	gen, State; Zip Code TX 78550	10 Interest rate
	Y 0			11 Maturity date
12 Principal occupation / Job title (See Instructions) Primary Care Provider 13 Employer (See Instructions) Tropical Texas Behave			oral Health	
14	Description of Coll	ateral	Check if personal fun account (See Instruct	nds were deposited into political tions)
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	✓ not applicable	18 Guarantor address; City;	State; Zip Code	
20	Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender	ate PAC (ID#:)	Loan Amount (\$)
	Is lender a financial	Lender address; City;	State; Zip Code	Interestrate
	Institution? Y N			Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
	Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political tions)
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	not applicable	Guarantor address; City;	State; Zip Code	
	Principal Occupation	on (See Instructions)	Employer (See Instructions)	J
	If lo	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS NEE	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Other (enter a category not listed above)

t Card Payment		
-	The Instruction Guide	e explains how to complete this form

Credit Card Payment	The Instruction Guide explains how to c	complete this form.			
1 Total pages Schedule F1:	² FILER NAME Cynthia A. Gutierrez		3 Filer ID (Ethic	s Commission Filers)	
4 Date 09/04/2024	5 Payee name Lonestar Bank				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
20.50	300 S. Cage Blvd.	Pharr	TX	78577	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Checks	•		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
09/11/2024	Leticia Rodriguez				
Amount (\$)	Payee address;	City;	State;	Zip Code	
750.00	115 W. 9th St.,	San Juan	TX	78577	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Other - Political Consultant	GOT	GOTV		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
09/12/2024	Las Pupusas				
Amount (\$)	Payee address;	City;	State;	Zip Code	
37.74	807 S. Jackson Rd. suite 6	Pharr,	TX	78577	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Volunteer	Meals		
78 I	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		
				D	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations/Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel Out Of Distr

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME Cynthia A. Gutierrez		3 Filer ID (Ethics	Commission Filers)		
4 Date 09/12/2024	5 Payee name Brianda Espinoza	-				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
300.00	1209 Victory St.,	San Juan,	TX	78589		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Other/Political Consultant	GC	TV			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
09/12/2024	Rosa M. Espinoza					
Amount (\$)	Payee address;	City;	State;	Zip Code		
700.00	1209 Victory St.,	San Jua	n, TX	78589		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Other/Political Consultant	GO	TV			
4 5	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held		
Date	Payee name					
09/16/2024	Pollo Palenque					
Amount (\$)	Payee address;	City;	State;	Zip Code		
44.11	1050 S. 10th St.,	McAllen,	TX	78501		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Volunteer Meals				
	Check if traveloutside of Texas. Complete Schedule T.	Check if Austin	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

	Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:			3 Filer ID (Ethics	s Commission Filers)	_	
8	Cynthia A. Gutierrez				_	
4 Date	5 Payee name					
09/16/2024 6 Amount (\$)	Michael's Burgers	City;	States	Zin Codo	_	
6 Amount (\$)	7 Payee address;	City,	State;	Zip Code		
69.96	909 W. First st.,	San Juan,	TX	78589		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Volunteer M	leals			
7 1	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	g expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name				_	
09/17/2024	Korner Mini Mart					
Amount (\$)	Payee address;	City;	State;	Zip Code	_	
30.00	721 S. Cage Blvd,	Pharr,	TX	78577		
	Category (See Categories listed at the top of this schedule)	Description			_	
	Other/Eugl	Valuntaar =	teer Travel Expense			
PURPOSE OF EXPENDITURE	Other/Fuel	Volunteer	i i avci Exp	01100		
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living			
OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name		TX, officeholder living			
OF EXPENDITURE Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin	TX, officeholder living	expense	_	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin	TX, officeholder living	expense		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name	Check if Austin	TX, officeholder living	expense		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFDate 09/17/2024	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Jesse Martinez	Check if Austin	TX, officeholder living	expense Office held		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 09/17/2024 Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Jesse Martinez Payee address;	Check if Austin Office sought City;	TX, officeholder living	expense Office held Zip Code		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 09/17/2024 Amount (\$)	Candidate / Officeholder name Payee name Jesse Martinez Payee address; 400 E. Minnesota Rd.,	Check if Austin Office sought City; San Juan,	State;	expense Office held Zip Code		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 09/17/2024 Amount (\$) 1,000.00 PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Jesse Martinez Payee address; 400 E. Minnesota Rd., Category (See Categories listed at the top of this schedule)	City; San Juan, Description GOTV	State;	expense Office held Zip Code 78589		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 09/17/2024 Amount (\$) 1,000.00 PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Jesse Martinez Payee address; 400 E. Minnesota Rd., Category (See Categories listed at the top of this schedule) Other/Political Consultant Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	City; San Juan, Description GOTV	State;	expense Office held Zip Code 78589		

SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ng Expense Travel In District ting Expense Travel Out Of District

Candibate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Cynthia A. Gutierrez		3 Filer ID (Ethics Commission Filers)	
4 Date 09/18/2024	Javier Jr. Moreno			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
500.00	504 W. Ebony St.,	San Juan,	TX 78589	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Other/Political Consultant	Social Medi	ia Promotion	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
09/19/2024	Whataburger			
Amount (\$)	Payee address;	City;	State; Zip Code	
51.05	1410 S. Cage Blvd.,	Pharr,	TX 78577	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Volunteer Meals		
i	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
09/19/2024	Brenda Solis			
Amount (\$)	Payee address;	City;	State; Zip Code	
500.00	310 Scooby Ave.,	Donna,	TX 78537	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other/Political Consultant	GOT	V	
* 1	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME Cynthia A. Gutierrez		3 Filer ID (Ethics	Commission Filers)		
4 Date 09/19/2024	5 Payee name Bernardo Gomez					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
6,000.00	301 N. McColl Rd. Suite G,	McAllen,	TX	78501		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Printing Expense	Signs, Bann	ners, Push Ca	ards		
	(c) Check if Iravel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
09/20/2024	Public Research Group					
Amount (\$)	Payee address;	City;	State;	Zip Code		
500.00	135 Paseo Del Prado Suite 62,	Edinburg,	TX	78541		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Consulting Expense	Research and	d Data Analyti	cs		
(C) (1)	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held		
Date	Payee name					
09/20/2024	Yareli Cavazos					
Amount (\$)	Payee address;	City;	State;	Zip Code		
500.00	511 W. Albatroz St.,	Pharr,	TX	78577		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Other/Political Consultant	GOTV				
	Check if Iravel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
	ATTACHADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Manes/Contract Labor

Credit Card Payment	The Instruction Guide explains how to a	complete this form.	Other (enter a catego	ory not listed above)	
1 Total pages Schedule F1:	² FILER NAME Cynthia A. Gutierrez		3 Filer ID (Ethics	s Commission Filers)	
4 Date	5 Payee name				
09/23/2024	James Echavarria				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
500.00	944 W. Nolana Loop, Ste A.,	Pharr,	TX	78577	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Multimedia Ad	dvertisement		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	_	Office held	
Date	Payee name				
09/25/2026	Caridad Murillo				
Amount (\$)	Payee address;	City;	State;	Zip Code	
500.00	206 W. Third St.,	San Juan,	TX	78589	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Other/Political Consultant	GOTV			
	Check if Iravel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
09/26/2024	Diana Martinez				
Amojunt (\$)	Payee address;	City;	State;	Zip Code	
100.00	1002 N. Raul Longoria Ave.,	San Juan,	TX	78589	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Contribution/Donation	Funeral Expe	enses Benefi	t Fundraiser	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNEE	DED		

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candibate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Other (enter a category	not listed above)
1 Total pages Schedule F1:	² FILER NAME Cynthia A. Gutierrez		3 Filer ID (Ethics C	Commission Filers)
4 Date 09/30/2024	5 Payee name Orlando Hernandez			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,500.00	2108 Central Blvd.,	Brownsville,	TX	78520
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Multimedia Management		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
9 Complete ONLY if direct candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				ffice held
Date	Payee name			
10/03/2024	McDonald's Restaurant			
Amount (\$)	Payee address;	City;	State;	Zip Code
46.23	824 W. Business 83,	San Juan,	TX	78589
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Voluntee	er Meals	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Of	fice held
Date	Payee name			
10/06/2024	Oscar J. Gutierrez			
Amount (\$)	Payee address;	City;	State;	Zip Code
80.00	400 W. 12th St.,	San Juan,	TX	78589
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other/Marketing Expense	Nails, Zip Ties	, Staples, Paint	
ar j	Check iftravel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	O	ffice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

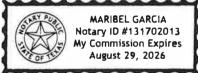
Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Cynthia A. Gutierrez		3 Filer ID (Ethics	Commission Filers)
4 Date 10/06/2024	5 Payee name Kassandra Montanez			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
20.00	1121 E. Nolana Loop,	Pharr,	TX	78577
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		- i
PURPOSE OF EXPENDITURE	Contribution/Donation	Benefit	Fundraiser	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name	-		
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
- r	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED	

CANDIDATE / OF FICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME 4 CANDIDATE/ ADDRESS / PO BOX: PSJA FINANCI -RCU'D 7 OCT '24 PM1:07 **OFFICEHOLDER** 122 King MAILING **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount S MS / MRS / MR 6 CAMPAIGN TREASURER Date Processed NAME NICKNAME Date Imaged STREET ADDRRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE 7 CAMPAIGN TREASURER 1030 W. Ellis Ave Alamo 78516 **ADDRESS** (Residence or Business) AREA CODE **EXTENSION** 8 CAMPAIGN PHONE NUMBER **TREASURER** PHONE (956) 330-5566 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment Officetables, Only), Exceeded Modified July 15 Final Report (Altach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 8/27/24 **THROUGH** ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE 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. CANDADATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDADATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

EODM C/OH

C/OH NAME	16 Filer	ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PILEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 6.250.00
	2. TOTAL POLITICAL CONTRIBUTIONS (O THER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3,275.38
	4. TC)TAL POLITICAL EXPENDITURES	\$ 3,275.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,974.62
OUTSTANDING LOAN TOTALS	6. TC:TAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LA ST DAY OF THE REPORTING PERIOD	\$
	wear, or affirm; under penalty of perjury, that the accompanying report is true and conuired to be reported by me under Title 15, Election Code. Signature of Candidate of	
	Please complete either option below:	
1) Affidavit	MARIBEL GARCIA Notary ID #131702013 My Commission Expires August 29, 2026	



Sworn to and subscribed before r	ne by Victor Per	e2	this the	day of	Ictober	
20 24 to certify which, w	itness my hand and seal of office.	Garas	E	leculive l	Admin ()	
Signature of officer administering oath	Printed name of offi	cer administering oath			r administering	oath
THE RESERVE		OR				
(2) Unsworn Declaration						
My name is		, and my dat	te of birth is			_
lwy address is	(street)	(ċlty)	(state)	(żip code)	(country)	- 1
Executed in	Cou nty, State of	, on the da	(month)	, 20 (your)		

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/C)·H

FORM C/OH

19	FILER NAME	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULFE: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 3,2 75.39
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHA-SE OF INVESTMENTS MADE FROM POLITICAL	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. L	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
rt.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report**.

				The state of the s
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Victor Per		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of constributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
913124	Alberto Tre 6 Contributor address;		State; Zip Code	5,000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of constributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
8130124	Contributor addiress;	City;	State; Zip Code	l, 250.00
المالي	PD. Box 17428	-	TR 78760	-
Principal occup	pation / Job title (See IInstructions)		Employer (See Instruc	etions)
Date	Full name of contributor	Oul-of-state PAC	C (ID#:)	t Amount of contribution (\$)
	Contributor addr∞ess;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	l trions)
Date	Full name of constributor	□ out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor addiress;	City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
			-	
E ast				
	ATTACH ADDITION		OF THIS SCHEDULE AS Nuction guide for additional r	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENIDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting/Syanse
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Ewant Expensia Feras ਨਿਕਰੀ ਉੱਝੇ ਬਾਰਪੁਰਾ Expense Git VAvards Memorials Expense Legal Service's Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fravel in District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	1	3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name		-	
9-24-24	Juan Sonchez			
6 Amount (S)	7 Davide addre es.	City;	State;	Zip Code
\$25.00	502 N. Veterons Blud.	San Juan	TX	78589
8	(a) Category (Siee Categories I it sd at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Office/Reutal Expense	Site Reu	tal	
	(C) Check if travel ou ?side of Texas. Complete Schedule T.	Check if Austin	n. TX. afficeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
9-24-24	Compa Print, LLC			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$143.75	508 S. 12th St.	M Allen	7x	78501
	Calegory (Se e Calegories Historial Hestipor disc sociedale)	Description		
PURPOSE OF EXPENDITURE	Advertising	Banner	S	
	Che:ck if travel out/side of Texas. Complete Schedule T.	Check if Ausli	n, TX, officeholder livin	g excense
೦ಯಾಭೀಕಿ <u>೦NV.Y</u> ಗೆ. ಸೋಶ್: expenditure to benefit C/O	Candidate. / Officebodder name. H	Office නාගුත්		Office beld
Date	Payee name			
9-24-24	Ontiverus Printing			
Amount (\$)	Payee address:	City:	State:	Zip Code
*245.00	915 E. Ferguson Ave	Pharr	TX	78571
	Category (Se a Categorie:s listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Cards, f	lyers	
J	Cher ck if travel ou Iside of Texas. Complete Schedule T.	Check if Aust	lin, TX. officeholder livi	ng expense
expenditure to benefit C/O	Cendidate / Officehelder name H	Office cought		Office held
	ATTAICH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENIDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officetrolder/Politica Credit Card Payment	Gif VAwards/N Temorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Pravel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		<u> </u>	3 Filer ID (Ethics Commission Filers)
4 Date)		
	5 Payee name Selena Medramo		
9-24-24 6 Amount (S)	Selena Medrano 7 Payee addre ss;	City;	State; Zip Code
217.81	612 W. Nolama	McAllen	TX 78501
8	(a) Category (Siee Categoria:s listed at the top of this so	thedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising	Tshirt	rs
	(c) Chack if travel ou tside of Texas. Complete Scho	edule T. Check if Austin	. TX. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
9-18-24	Selena Medran	0	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 625.00	le 12 W. Nolana	M CAllen	TX 78501
	Category (Se e Categories rished a decoration of this so	heubile) Description	
PURPOSE OF EXPENDITURE	Consulting	Fundrai	Sing
	Check if travel out side of Texas. Complete Sch	nedule T. Check if Austi	n. TX, officeholder living expense
Complete <u>QNV</u> if direct. expenditure to benefit C/O	Candidate. / Officebodder.came. H	Office, sought.	Office held
Date	Payee name-		
9-18-24	Sclena Medran	0	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 100.00	le (2 W. Nolane	McAllen	Tx 78501
I	Category (Se a Categorie:s listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Event Expenses	Flyers	
	Cher :: if travel ou: :side of Texas. Complete Sc	thedule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	EX	PENIDITURE CATE	GORIES FOR	R BOX 8(a)		
Abvertising Expense Accounting/Banking Consulting/Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Gif VAwar Committee Legal Ser	eaපුපරිභූපයප ds/k·lemorials Expense vice·s	Office Overheat Polling Expens Printing Expens Salaries/Wages	se s/Contract Labor	Travel in District	pment & Related Expense
	i he ins	stru:ction Guide explain	is how to comp	lete this form.		
1 Total pages Schedule F1:	2 FILER NAME			1	3 Filer ID (Ethic	s Commission Filers)
4 Date 9-19-24	5 Payee name City of	Pharr				
6 Amount (S)	7 Payee addre ss;			City;	State;	Zip Code
175.00	1611 W.	Lelly		Pharr	TX	78577
8	(a) Category (Siee Cat	egorie:s listed at the top of thi	s schedule) (E) Description		
PURPOSE OF EXPENDITURE	Rental			Building	space v	reut
	(c) Check if trav	rel ou:side of Texas. Complete S	Schedule T.	Check if Austin.	TX. officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Offi	cehoilder name		Office sought		Office held
Date	Pavee name					
9-21-24		C. Gonz	ealez			
Amount (\$)	Payee address;			City;	State;	Zip Code
\$ 150.00	3533 (essna A	ve	Edinburg	TX	78542
- 1 14, 849	1		-		5	
PURPOSE OF EXPENDITURE	Adverti	gyanireshishtranihentopanihis BING	rschediule)	Signs +S	etup	
	Che:ck if tra	evel autiside of Texas. Complets	Schedule T.	Check if Austin,	TX, officeholder livin	g expense
Complete <u>CNVS</u> if direct. expenditure to benefit C/O		දෙවලටල්දැ ංකාල.		ටැඩුපේ පහත්වා. —		Office beld.
Date	Payee name·					
9-25-24	Juan S	anchez				
Amount (S)	Payee address;			City;	State;	Zip Code
1750.00	502 N.	Ve teran:	s Blva	! San Ju	an Tx	78589
	Category (Se a Cate	egories listed at the top of this	schedule)	_ Description		
PURPOSE OF EXPENDITURE	Office /R	ental Ex	pense	Site R	Pental	
	Ch ecokiff	ravel our Uside of Texas. Complet	e Schedule T.	Check if Austin	, TX, officeh olderlivit	ng expense
Complete ONLY if direct expenditure to benefit C/O		ficeholder name		Office sought		Office held

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

		EXP	ENIDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Texpense Accounting/Banking Consulting-Expense Contributions/Donations Made Br Candidate/Officeholder/Political Credit Card Payment		Gif #Award: Lex gal Servi	මේල් පිරාණය මේල් පිරාණය	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/ContractLabor	Solicitation/Fundrais Transportation Equi Travel in District Travel Out Of Distric Olher (enter a categ	pment & Related Expense
4 =			ru:ction Guide explair	is now to co	implete this form.	10 === 10 ====	
1 Total pages Schedule F1:	2 FILER N	AM-E				3 Filer ID (Ethic	s Commission Filers)
4 Date 9-25-24	5 Payeen		Perez				
6 Amount (S)	7 Payee ad	idre ss;			City;	State;	Zip Code
[†] 750.00	200	8 W.	. Jonquil	Ave	M'Allen	TX	78501
8	(a) Categor	y (Siee Caleg	poriess listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Con	sult	ing		Event	Expenses	
	(c)	Check if travel	ou@side of Texas. Complete S	ichedule T.	Check if Aust	in. TX, officeholder living	; expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Office	eholder name		Office sought		Office held
Date	Payeen	ame					
9-24-24	Ma	ria	G. Gunz	alez			
Amount (5)	Payee a	dre₃s;			City;	State;	Zip Code
* 6.29	353.	3 Ce	ssna Ave	e.	Edinbur	9 TX	78542
	Catego:	9° (SE e Caley	บาโรราโรโยช่อ"เกียง์มุวบ"เกิร	-ഭവ്യവാട്ര)	Description		
PURPOSE OF EXPENDITURE	Even	t Ex	pense		Gasol	ine	
		Cheack if trave	el out'side of Texas. Complete	Schedule T.	Check if Aus	itin. TX, officeholder livin	g expense
ರಾಗಾಭೀಕ <u>ರಿNY </u> ಗೆ ನಗಣಚಿಸಿ expenditure to benefit C/O		late / Offici	ebodder same		Qffice sought.		Office beld.
Date	Payeer	ame.					
10-4-24	Pra	ting	B.				
Amount (\$)	Payee a	ddre:ss;	ain Stree	.	City;	State;	Zip Code
\$102.21				853	1		
	Categor	V (Se a Categ	orie:s listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Prin.	ting			T Shin	rts	
		Che: _k if trav	el ou: 1side of Texas, Complete	Schedule T.	Check if Aus	slin, TX. officeholder livid	ng expense
Complete ONLY It disect	Candi	data 1 DHi	cobolder came		Office cought		Unice held

expenditure to benefit C/OH

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

EviantExpensia
Felas
FoliaBeverage Expense
Git VAwardsilvTemorials Expense
Legal Service is

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

Total pages Schedule F1:	2 FILER NAM-E	3 Filer ID (Ethics Commission Filers)
10-5-24 Amount (\$)	5 Payee name Ramona Barron 7 Payee address; 1127 Ortega Circle	City; State; Zip Code Alamo 7x 78576
PURPOSE OF EXPENDITURE	(a) Category (Siee Categorie -s listed at the top of this schedule) Event Evenses (c) Check if travel outside of Texas, Complete Schedule T.	(b) Description BBQ i tems Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Calegory' (र्यह ट Calegoric का शिष्टप का तीट तीक्र का तीक्र का विकास है)	Description
Complete ONLY if, direct	Candidate / Officebolder pame	Check if Auslin. TX, officeholder living expense Office sவழர்.
expenditure to benefit C/O		
Date	Payee name-	
Amount (\$)	Payee address;	City; State: Zip Code
	Category (Se a Categorie's listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE		
OF	Cher : k if travel our isside of Texas. Complete Schedule T.	Check if Austin, TX. afficeholder living expense